Humanitarian Response to the Fire in Rohingya Refugee Camp 11
Impact and Response Report
Cox’s Bazar, Bangladesh, 20 April 2023

Background

On 5 March 2023, a devastating fire broke out in Rohingya refugee Camp 11 located in Cox’s Bazar, Bangladesh. The fire, which started in the afternoon around 2:50 pm, burned for three hours before local firefighters and authorities could bring it under control by 5 pm. The Refugee Relief and Repatriation Commissioner (RRRC) took charge, and humanitarian partners immediately arrived at the scene to assess the damage and coordinate an effective response. The Rohingya Community Volunteers were the first responders to the fire, and they are still aiding the affected camps alongside other responders. No fatalities have been reported thus far.

![Fire affected area timeline comparison – before incident (June 2022), 12 hours after incident (6 March 2023), 16 April 2023](image)

- **15,926** Individuals affected
- **5,274** Individuals displaced
- **2,805** Shelters damaged or destroyed
- **155** Facilities damaged or destroyed
Shelter and CCCM

Impact Summary
- According to the latest report, there are 15,926 people affected by the recent incident (3,691 men, 4,036 women, 4,121 boys and 4,078 girls). Out of this number, 5,274 people have been displaced from their homes.
- A total of 2,805 shelters have been damaged, with 2,664 of them being destroyed and 141 partially damaged. 155 facilities have been damaged, and 992 WASH facilities have been damaged.

Response
- Non-food items: Emergency non-food item packages were distributed to 2,614 refugee households, clothing packages were provided to 2,566 households, and LPG packages were provided to 2,449 affected households.
- Cash-for-work: Cash-for-work labourers were mobilized to improve mobility and access to the fire-affected area, with an average of 986 individuals per day.
- 4,495 complaints were received through the Complaints and Feedback Mechanism.

Recovery
- 6,046 shelter plots and 34,989 m² of area pathway were cleared, which will help the rebuilding and restoration process.

Health

Impact Summary
- Three health facilities (infrastructures, medical commodities, and equipment) were destroyed.
- There were no deaths or major injuries caused by the fire.

Response
- Four multidisciplinary Mobile Medical Teams (MMTs) were deployed by IOM, BRAC, and IRC to provide immediate healthcare services in the affected camps.
- As the situation stabilized, the partners (IRC, BDRCS, BRAC, and IOM) resumed static health service delivery through makeshift/temporary infrastructures in the camps to ease the burden on the MMTs and ensure continuity of care.

Recovery
- In line with the Health Sector Health Facility Rationalization (August 2022), the Health Sector has prioritized only one affected facility for reconstruction, with functional integration of health and nutrition services under one facility.
- The Health Sector is advocating for the use of fire-resistant materials for reconstruction. BDRCS and IOM healthcare services in Camp 11 will phase out by the end of April 2023 as the prioritized facilities take full coverage.

Food Security (FSS)

Impact Summary
- Rapid food assistance needs were determined by WFP, based on Site Development determined figures.

Response
- WFP and its implementing partners (WVI, RIC, YPSA, CODEC, BRAC) led the rapid food distribution, while FSS coordinated the response of all partner agencies in close coordination with Camp 11 CIC and the Sector Focals.
- Affected people received fortified biscuits, hot meals for lunch and dinner, and dry food packages to complement food needs, at the Camp 11 Temporary Distribution Point set up by WFP.
- A total of 101,605 hot meals were distributed throughout the rapid food response period, with FSS coordinated agencies providing 11,445 meals and WFP and its partners distributing 90,160 meals.
• A total of 14 agencies were involved in rapid food distribution. FSS coordinated agencies were AMAN, BASMAH, ASEAB, IFRC, JAKLEN, MSI, SDI & SBSKS.

Recovery
• On 13 March, the rapid distribution of food came to an end, as all affected Rohingya refugees had been provided with shelter, essential supplies, and had returned to their e-voucher system.
• WFP Logistics Team closed the Temporary Distribution Point after completing the distributions.

Water, Sanitation, and Hygiene (WASH)

Impact Summary
• Following the 72-hour assessment, it was identified that 3,011 households were impacted, along with 445 latrines, 159 bathing cubicles, 209 water points, 3 water networks, 4 faecal sludge treatment plants (FSTPs), and 1 material recovery facility for solid waste (MRF).

Response
• 358,500 litres of water were distributed during the first 2 weeks of operation; 445 latrines and 159 bathing cubicles were repaired; 211 affected tube wells were made functional.
• Three affected water networks were repaired by BDRCS with MSF support within 7 days of response. 295 M³ of faecal sludge were pumped out and treated in external FSTPs by MSF.
• 2,628 households received emergency WASH kits.
• 123 tons of debris were managed in a waste landfill.

Recovery
• Sanitation improved with 307 latrines and 97 bathing cubicles reinforced with bamboo fence and roof.
• Waste management improved with 25 pairs of 120L communal waste bins installed in different locations.
• In-depth damage and needs assessment is ongoing for the reconstruction phase.
• One Decentralized Wastewater Treatment System (DEWATS) is functional, and two are partially restored (not functional yet). Two DEWATS are planned for reconstruction. The next steps for two damaged FSTPs are being reviewed. The affected MRF is partially repaired and functional.

Protection (including Child Protection CP and Gender-Based Violence GBV)

Impact Summary
• Over 800 families lost their documents, causing distress for refugees seeking humanitarian aid. A protection facility managed by DRC was burnt down and 70 persons with disabilities affected in the fire incident were successfully identified and referred to specialized services.

CP:
• The fire directly impacted 8,555 children, including 4,259 girls and 4,296 boys. 13 out of 28 CP facilities were burnt down. 67 children, including 31 girls and 36 boys, were separated and unaccompanied during the incident.

GBV:
• Two UNFPA-supported facilities (Women Friendly Space and Women Led Community Centre) were completely destroyed. Due to lack of proper clothing such as burqa, hijab, and orni, women and girls were unable to move out of the shelters or open space to receive aid. Overcrowding in temporary shelters led to heightened tensions within the community, increasing the risk of GBV.

Response
• The Protection Emergency Response Unit (PERU) was activated the 5 March. A Rapid Protection Assessment team was deployed immediately, reaching 2,132 individuals through the joint work of 10 Protection Partners (UNHCR, NRC, Caritas Bangladesh, IRC, Good Neighbors Bangladesh, Save
435 persons with specific needs were identified from affected blocks. UNHCR and DRC provided case management and referral to specialized services for 352 persons (170 male, 182 female). 70 persons with disabilities received rehabilitation and assistive device support and 78 extremely vulnerable individuals received support for shelter construction through BDRCs. Key messages about fire safety and LPG maintenance were disseminated through community outreach activities. CERF funding was secured to build an integrated Women-Friendly Space and Child-Friendly Space and a Multi-Purpose Centre for Life Skill and Vocational Training for men and boys. This allows refugees to access these key services in a one-stop shop and further integrate the work of Protection actors. These new facilities will be adjacent to each other providing integrated minimum standards for prevention and response to GBV in Emergencies (GBViE) and sexual and reproductive health services together with legal counselling and child protection services.

**CP:**
- Psychological first aid was provided to 376 children after the rapid assessment, and further psychosocial support was provided to 2,632 children.
- Affected children were referred to different service providers to receive necessary support, and efforts were made to identify and reunite temporary lost/missing children and unaccompanied and separated children.
- Emergency items such as clothes and batteries were distributed to support 162 children.
- A temporary safe shelter was established for children using the multi-purpose community centres in Camps 4, 4 Ext, 5, 8W, and 12.

**GBV:**
- Two temporary tents were built to provide integrated information related to GBV (health, mental health and psychosocial support, legal and safe shelter services), benefiting over 1,500 people.
- 3,669 dignity kits were distributed to women and girls above 12 years of age in coordination with the CiC's office.

**Recovery**
- The Protection Sector continued monitoring the situation in the camp and provided immediate support to refugees with specific needs, while also working with authorities to address the results from the Rapid Protection Assessment and refugees' concerns.

**CP:**
- Three CP help desks were set up by Save the Children. All partners will coordinate for resource allocation to reconstruct the damaged CP structures and continue providing psychosocial support and case management to affected children and caregivers.

**GBV:**
- GBV partners who distributed dignity kits will conduct an assessment and focus group discussions to address the use and efficiency of the dignity kit items. The GBV Sub-Sector and the WASH Sector will coordinate and follow-up on menstrual hygiene management (MHM) item distribution.

**Nutrition**

**Impact Summary**
- The fire destroyed one Integrated Nutrition Facility (INF), one warehouse along with nutrition commodities and NFI items, as well as two tube wells in the INF. Programme documents, logistics, and other items were also burnt.
• A total of 21 severe acute malnutrition (SAM) children, 82 moderate acute malnutrition (MAM) children, 315 blanket supplementary feeding programmes (BSFP) children, 456 nutrition-sensitive e-voucher programme (NEP) children, and 251 pregnant and lactating women (PLW) lost their homes.

Response
• Temporary tents were set up within 48 hours by SHED with support from CWW, WFP, and UNICEF to provide life-saving nutrition treatment services, breastfeeding, and hot meal support.
• Life-saving nutrition services were resumed shortly thereafter with support from UNICEF and WFP, using temporary infrastructures in the camp.
• Within 72 hours, additional structures were established, including a warehouse, waiting shed, and a Complaints and Feedback Mechanism point to ensure effective service delivery.

Recovery
• One affected facility has been prioritized for reconstruction by Nutrition and Health Sectors, with a focus on colocation and the use of fire-resistant materials. Feasibility assessment and design are ongoing with SHED, UNICEF, IRC, WFP, and IOM.
• Despite challenges posed by temporary structures, regular nutrition services are being provided.

Education

Impact Summary
• Around 2,299 learners (1,141 girls and 1,158 boys) were affected because of the fire.
• 29 learning facilities were fully destroyed, and 31 facilities were damaged.

Response
• Various items were provided to the learners, including temporary tents, early childhood development kits, decoration materials, attendance and meeting registers, jugs, glasses, water jars, and cleaning materials. Additionally, 722 dignity kits, 120 pieces of clothing, 450 backpacks, 117 pens, 51 notebooks, 302 learning mats, and 92 umbrellas were distributed.
• Psychological First Aid (PFA) orientation training was provided to staff and facilitators, along with PFA support for learners and parents/caregivers. Psychosocial support for 2,000 learners and facilitators was provided.

Emergency Telecommunications (ETS)

Impact Summary
• The fire affected ETS equipment in one of the nutrition centres, resulting in the loss of solar switch, router board, panels, access points, batteries, and ISP devices.

Response
• The UNHCR communication radio channel 6 was made available for ensuring communication.
• Data connectivity of nearby facilities was increased to support beneficiaries and reprint lost cards.

Recovery
• ETS will support the joint effort to rebuild an integrated Health and Nutrition facility in the affected area with technology services.

Inter Sector Coordination Group

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