Fires in Rohingya Refugee Camps: Inclusive Rapid Needs Assessment

March 30, 2021

Bangladesh: Cox's Bazaar District

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Cover Photos (clockwise from left):

1. CBM-CDD client pictured with burnt assistive device. © Ariful Islam, CDD
2. CDD staff conducting KII with NGO worker. © Prosenjit Baidya, CDD
3. Burnt home modification where CBM-CDD have previously installed an accessible pathway including bamboo-made handrail. © Liton Paul, CDD

Introduction

On March 22nd at around 3PM a fire broke out in camp 8W and spread through camps 8E and 9 and touching camp 10. Refugees displaced by the fire moved to adjacent camps where they congregated in open spaces, moved to the Learning Centres (LCs) or stayed in the houses of other family members or friends[1]. According to the ISCG fire incident initial rapid joint needs assessment report 48,267 people are reportedly displaced, 607 people require some form of medical assistance and 399 people are missing so far. There have been 11 casualties[2]. 10,100 shelters have been destroyed along with WaSH facilities (including water points, toilets and bathing facilities) in the affected area. Two WFP nutrition centres and one food distribution point, 149 learning centres and six health facilities (including the IOM hospital, MSF Bulakhali clinic, Turkish Field Hospital) which provided care to 70,000 people have been destroyed[3].
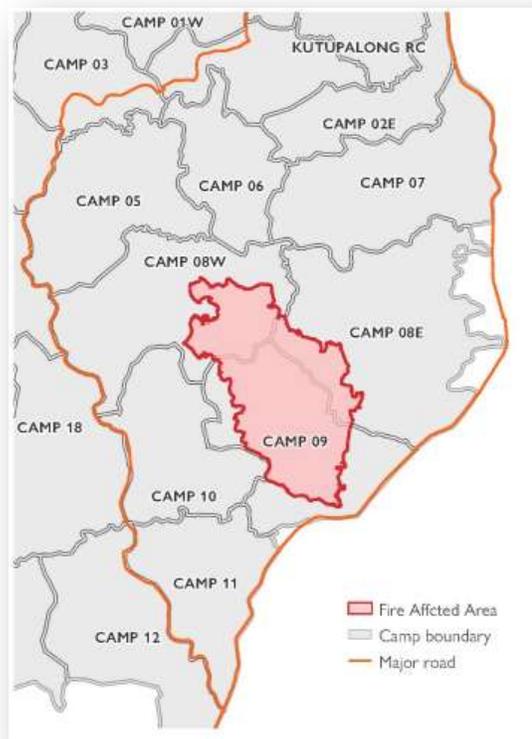
Data from the recent Age and Disability Vulnerability assessment conducted by REACH indicate that the prevalence of disability across the Rohingya camps is twelve percent[4]. Community data from the four affected camps is presented below[5]:

Camp	Households[6]	Population[6]	Persons with disabilities above age two [4]	Older persons[4]
8E	6,652	31,321	13%	6%
8W	6,277	29,500	9%	3%
9	7,224	33,456	18%	4%

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[1] https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Bangladesh%20Humanitarian%20Situation%20Report%20No.%202%20%28Rohingya%20Camp%20Fire%29%20-%2025%20March%202021.pdf

[2] https://reliefweb.int/sites/reliefweb.int/files/resources/Bangladesh%20-%20Cox's%20Bazar%20Camp%20Settlement%20Fire%20-%20Emergency%20Plan%20of%20Action%20%28EPoA%29%20DREF%20Operation%20n°MDRBD026.pdf

[3] https://www.acaps.org/sites/acaps/files/products/files/20210324_acaps_npm_rohingya_refugee_response_fire_in_camps_0.pdf

[4] The Age and Disability Vulnerability Assessment report is currently under review and has not yet been formally published.

[5] Rapid Assessment Report of the Fire Incident, Cox's Bazar Refugee Camps Age and Disability Working Group (ADWG) March 25th, 2021

[6] Population Index UNHCR, RRRC, March 2021

CBM and the Centre for Disability in Development (CDD) conducted a rapid needs assessment (RNA) from March 23rd-29th, conducting interviews with existing beneficiaries in Camp 8W along with key informant interviews.

The purpose of the RNA was to assess both how well persons with disabilities were included in preparedness measures and identify unmet needs to inform inclusive response programming. This report is not designed to provide prevalence on disability, but to complement existing needs assessments with information on the needs and barriers faced by persons with disabilities. This report highlights the findings from the RNA and provides practical recommendations to promote inclusion of persons with disabilities in preparedness and response measures.

Executive Summary

Persons with disabilities have the right to be included in humanitarian preparedness measures and access humanitarian assistance, which is appropriate for their needs, however they are frequently left behind in situations of crisis as relief and recovery efforts are not inclusive.

The rapid needs assessment indicates that while gains have been made to make preparedness methods more inclusive, such as the incorporation of inclusion into training of community volunteers on emergency preparedness, persons with disabilities are still at risk of being left behind in warning and evacuation measures. Inclusive preparedness systems are essential for saving lives in times of crisis.

Initial findings from the assessment highlight the needs for a multi-sectoral inclusive response, targeting those who are at the highest risk. Food security, shelter, non-food items (NFIs) and water, sanitation and hygiene (WaSH) remained a top priority among those interviewed. It is essential that both immediate relief efforts meet the specific requirements of persons with disabilities in terms of the type of aid provided and the methods of distribution and that longer term recovery efforts are inclusive. Barriers which prevent persons with disabilities and other at-risk groups from accessing humanitarian assistance must be analysed and removed. **An opportunity to build back more inclusive exists, and it is imperative that humanitarian actors capitalize on this; persons with disabilities should be consulted in the process and reconstruction is done in an accessible manner.**

The need for rehabilitation is essential for persons with new injuries including burns as well as to replace assistive devices which were lost in the fire is essential. Health services should follow the twin track approach – providing services which are accessible for all people and also meet the specific requirements of persons with disabilities. Access to rehabilitation as well as MHPSS services is essential for the health and well-being of persons with disabilities, and for allowing them to access humanitarian assistance.

Any response efforts must ensure that persons with disabilities are included not just as passive recipients of aid but also as active participants in decision making which affects their lives. Active engagement with persons with disabilities including disability committees in both preparedness planning and response is essential for this.

Methodology

The rapid needs assessment was conducted on March 23rd to 29th and consisted of the following:

1. **Informal home visits** with existing CBM-CDD beneficiaries by Home Based Rehabilitation (HBR) team to collect information on their condition and how they had been affected by the fire.
2. **Survey** with 32 existing CBM-CDD beneficiaries from Camp 8W who had returned back to their location. Interviews were conducted by proxy with children or if individuals were unable to answer the questions. Interviews were conducted face to face by 11 members of the CDD team divided into three groups consisting of Therapy Assistants, Rehab Officers (Physiotherapists, Occupational Therapists, Speech Language Therapists) and Community Mobilizers.
3. **Key informants interviews (KIIs)** with one community volunteer, two Majhi's, DRC Protection Focal, DRC Site Management Focal, UNICEF WaSH Officer, VERC sector focal and PHD Medical Officer
4. **Review of secondary data sources** including the situation reports from WFP, UNICEF, WHO, ADWG and BRAC, IFRC EPoA, government data, REACH age and disability vulnerability assessment[4] and ACAPS briefing note.

NOTE: Figures in this report are presented based on the survey results unless otherwise stated. Quantitative figures are intended to be indicative and due to the small sample sizes are not necessarily statistically significant.

Demographics of Respondents

Respondents to the survey were divided evenly by gender, with 57% of respondents being women and 43% being men. Respondents were selected across the age range, with 15% being older persons.

Gender of Respondants — ■ Male ■ Female

Age of Respondants — ■ <18 ■ 18-59 ■ >60
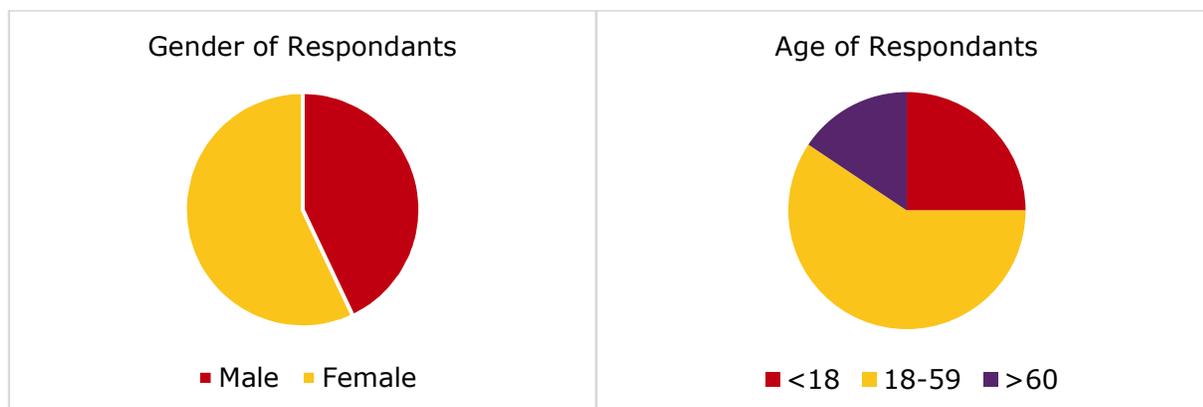
Risk characteristics of the targeted households are depicted in the chart below:
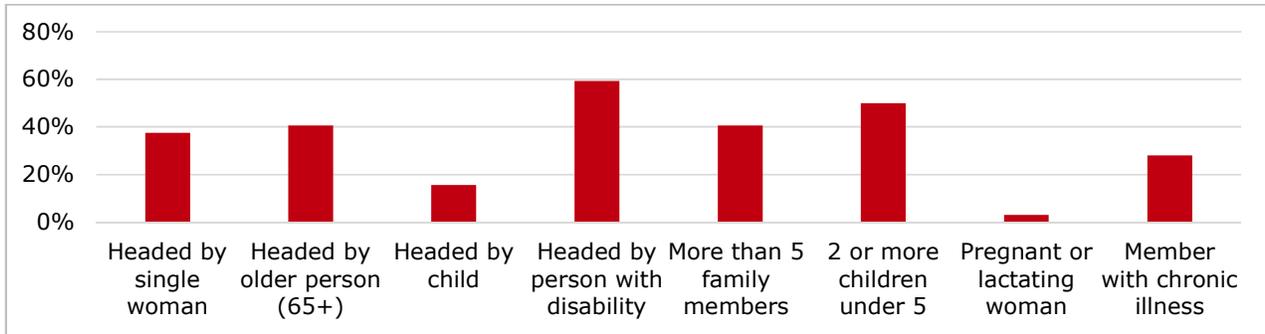
The **Washington Group Short Set of Questions (WGSSQ)** were used to identify persons with functional limitations. The following chart depicts the respondent's answers to the WGSSQ:
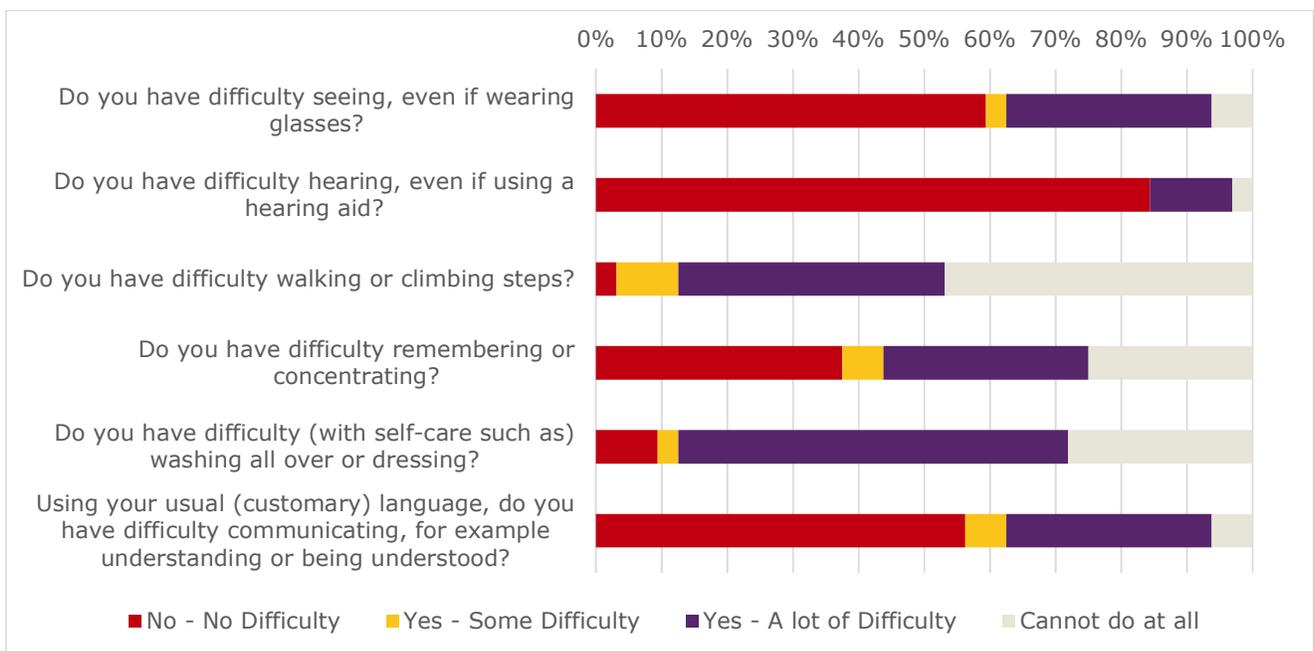
It would be important to note that as the survey was conducted with existing beneficiaries of CBM and CDD rehabilitation services and as such the information on functional limitations depicted in the above graph are not meant to be representative of the population.

In addition, the following two additional questions (adapted from the Washington Group Short Set on Functioning – Enhanced) were asked:
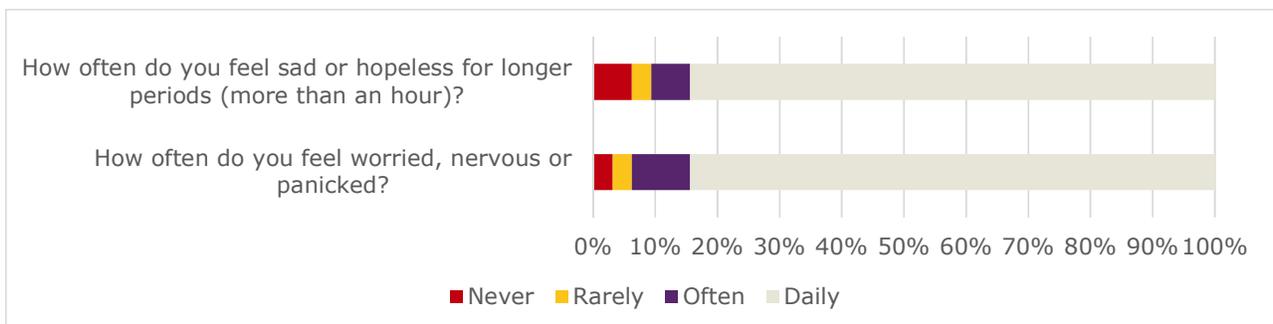
Inclusiveness of warning systems, evacuation procedures and needs assessment

Finding #1: Community Volunteers and Majhi's have been engaged to support warning systems and evacuation, but barriers still prevent safe evacuation of persons with disabilities

KIIs were conducted with one community volunteer and two Majhi's. The community volunteer had said that they have been trained to alert people regarding disaster and help them to evacuate, and that this involved identifying most at risk people including persons with disabilities.

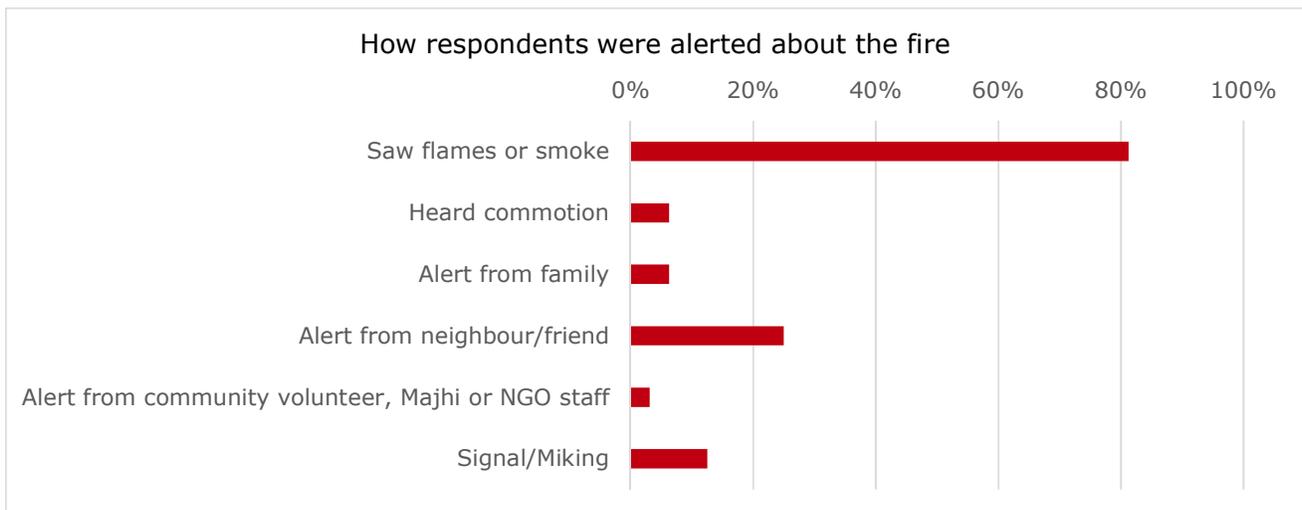One of the Majhi's had said that he received regular orientation from the Camp in Charge (CiC) office on emergency response, however had only basic ideas on the involvement of persons with disabilities in disaster preparedness. The other Majhi said that he has not been involved in any orientation or sessions on emergency preparedness.

Of the five respondents who neither saw the flames nor heard the commotion, all were alerted by a neighbour or friend; only one was additionally alerted by an NGO staff member. Two of these respondents reported "a lot of difficulty" or "cannot do at all" on the vision domain of the WGSSQ.

The KIIs indicate that both volunteers and Majhi's were involved with alerting people to the fire. One Majhi informed that he specifically talked with family members of persons with disabilities on his sub block about evacuation and one volunteer informed that volunteers specifically engaged family members of persons with disability to ensure that the alert reached them.

72% of respondents were not sure where to go for evacuation and 63% faced transportation as a major barrier for evacuation.
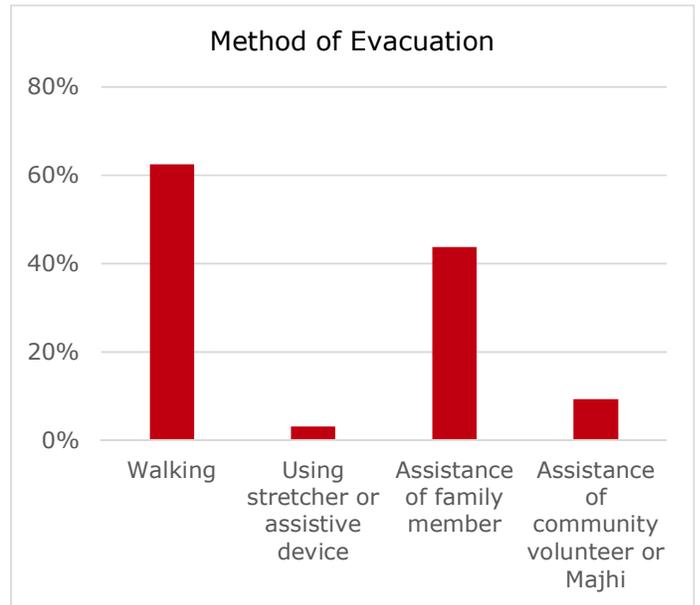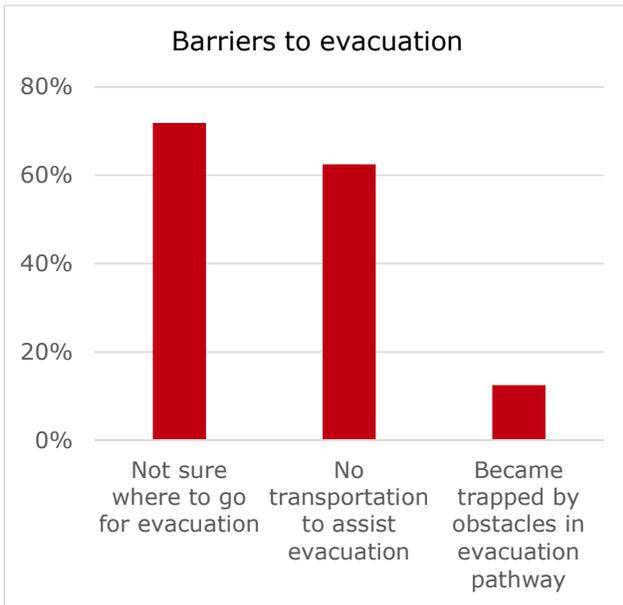
Of the four respondents who reported becoming trapped by an obstacle in the evacuation pathway, three reported "a lot of difficulty" on the vision domain of the WGSSQ and all reported either "a lot of difficulty" or "cannot do at all" for walking or climbing steps. All reported either "some difficulty" or "a lot of difficulty" with remembering or concentrating.

Of the three respondents who reported being evacuated with the assistance of a community volunteer or Majhi, all reported "a lot of difficulty" or "cannot do at all" for walking or climbing steps.

The KIIs indicate that both volunteers and Majhi's were involved in evacuation efforts. The volunteer said that they have stretchers and engage other community members to help evacuate persons with disabilities who are unable to evacuate independently or whose family was not present or able to assist with the evacuation. One of the Majhi's had said that he had only a basic idea on the measures which needed to be taken for evacuating persons with disabilities safely.

Recommendation: Warning systems and evacuation measures need to be accessible for all

Disaster preparedness programs should include persons with different types of disabilities to raise awareness on inclusive disaster preparedness.

Ensuring better accessibility of early warning can be done through the use of a combination of different audio and visual mechanisms for warning dissemination:

- Audio signals such as bells, alarms, sirens, drums, radio or loudspeaker announcements to reach people who are blind or have low vision
- Visual early warning with flags or lights flashing together with alarms and sirens or by mobile phone to reach people who are deaf or hard of hearing

It can be taken for granted that family members would assist persons with disabilities with regard to communicating early warning messages and evacuation. However, this should not be assumed as family members might not be able to perform this function, the person might not have family, or the family might not be at home. These could lead to those with disabilities to be left behind in the evacuation. It would be important to strengthen the capacity of the Emergency Response Team (ERT) – consisting of CPP volunteers, Majhis, community leaders and other members – on inclusive emergency procedures. This could include:

- Training of ERT members to assist with early warning and evacuation for persons with disabilities and others who are not able to evacuate independently
- Providing ERT members with a list of persons and their location who may need to be alerted of emergency situation, and training on how to safely alert and evacuate them
- Ensuring that ERT members are equipped with resources to assist the evacuation of persons with disabilities

Accessible road networks should be considered in reconstruction planning to allow for the safe evacuation of all persons. This would better allow for family members or ERT members to support the evacuation of persons with disabilities, and for transportation within the camp assist in evacuation efforts.

More resources on inclusive early warning systems and accessible evacuation measures can be found on the CBM i-DRR app

Finding #2: Barriers may be preventing persons with disabilities from participating in needs assessments

Over a quarter of respondents reported that they had already been consulted in needs assessments carried out by humanitarian organizations after the fire. Results of KIIs with humanitarian actors indicate that finding the needs of persons with disabilities is a priority for their organization. However, of those who had not been consulted, a quarter had not received any information on needs assessments and almost a fifth were aware of needs assessments but due to barriers to reach the location for the assessment or lack of inclusive facilitation in the assessment were not able to participate.

Consultation in needs assessment

- Consulted in needs assessment
- Not consulted in needs assessment

Barriers to participating in needs assessment
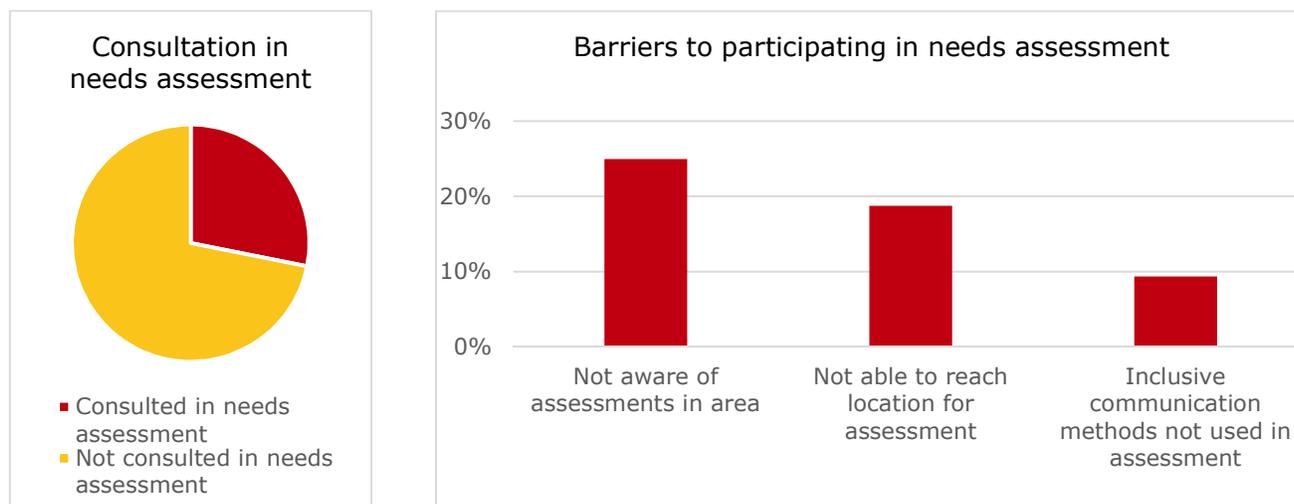
All six respondents who had said they were not able to reach the location for assessment reported "a lot of difficulty" or "cannot do at all" to walking or climbing steps. Of those six, the three who reported that inclusive communication methods were not used, reported "a lot of difficulty" or "cannot do at all" to remembering or concentrating and difficulty communicating in usual language.

It is recognized that at the time of this assessment many organizations are currently engaging in conducting needs assessment. Results of KIIs with humanitarian actors indicate that finding the needs of persons with disabilities and other at risk groups is a priority for their organization. Therefore caution should be taken in extrapolating these results as indicative of the inclusiveness of needs assessments which are being conducted.

The important point to highlight is that persons with disabilities may not be aware of needs assessments being conducted if accessibility is not considered when informing communities about needs assessments. In addition to that they may not be able to participate in needs assessments if accessibility of location of assessments and methods to reach assessment location are not considered, and if facilitation of assessments is not conducted in an inclusive manner.

Recommendation: Needs assessments must be inclusive

It is essential that any needs assessment is inclusive of persons with disabilities and other at-risk groups. This can be done through:

- Engagement of persons with disabilities and disability committees in planning and implementation of needs assessment. Include persons with disabilities on assessment teams.
- Identify persons with disabilities to participate in the assessment – where possible utilize existing data sources with sex, age and disability disaggregated data. Ensure cross disability representation in needs assessments.
- Ensure that the needs assessment includes questions regarding any barriers persons with disabilities may face to access information and services
- Consider the accessibility of the location chosen for needs assessment including the accessibility of the route to the location – consider providing transportation or conducting interviews close to the homes of persons with disabilities
- Ensure that inclusive communication methods are used during the assessment – consider using multiple means of communication such as pictures, verbal descriptions etc.

Six Questions on Short Set

Do you have difficulty seeing, even if wearing glasses?

Do you have difficulty walking or climbing steps?

Do you have difficulty (with self-care such as) washing all over or dressing?

Do you have difficulty hearing, even if using a hearing aid?

Do you have difficulty remembering or concentrating?

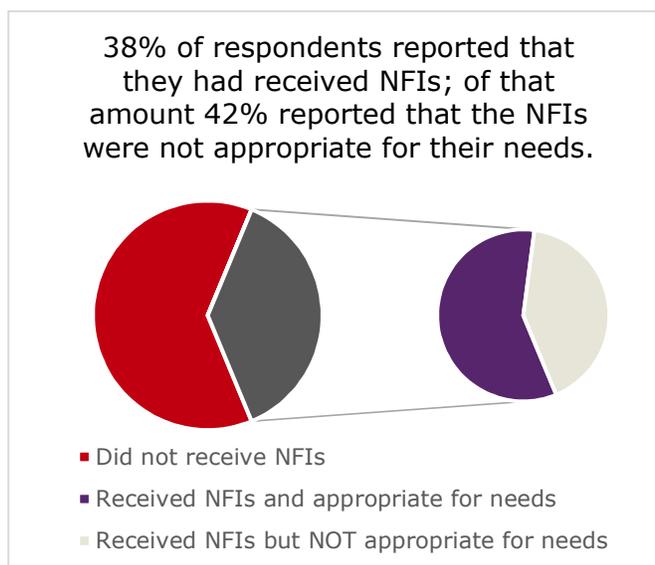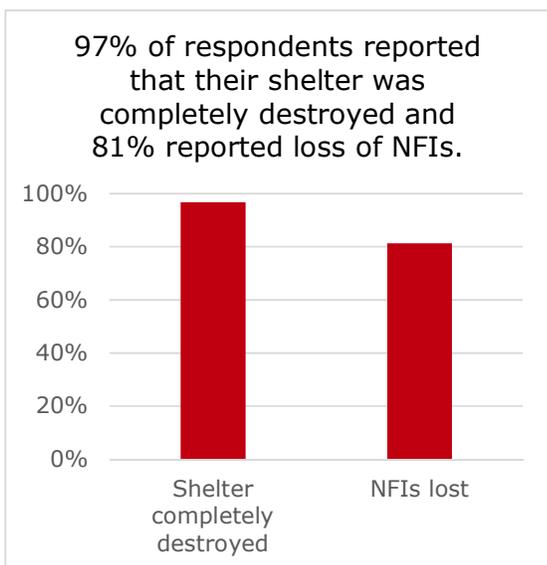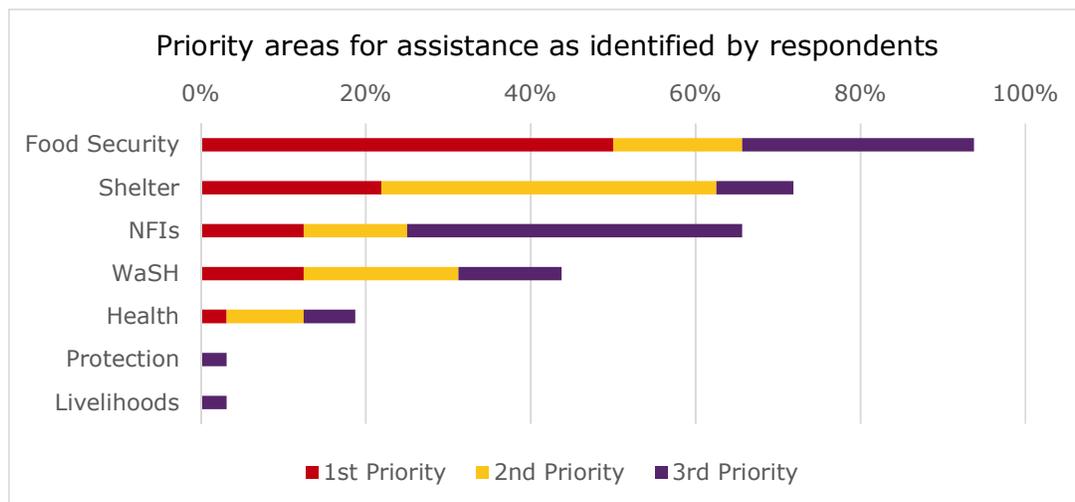Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Data collected in assessments should be disaggregated by sex, age and disability. The Washington Group Short Set of Questions should be administered to identify people with functional limitations.

More resources on inclusive needs assessment, meetings and communication can be found on the CBM HHOT app.

Needs Identified

Finding #3: Food security, shelter, NFIs and WaSH were all identified as primary priority area for assistance

Priority areas for assistance as identified by respondents

- 1st Priority
- 2nd Priority
- 3rd Priority

(Categories: Food Security, Shelter, NFIs, WaSH, Health, Protection, Livelihoods)

97% of respondents reported that their shelter was completely destroyed and 81% reported loss of NFIs.

(Bar chart: Shelter completely destroyed ~97%, NFIs lost ~81%)

38% of respondents reported that they had received NFIs; of that amount 42% reported that the NFIs were not appropriate for their needs.

- Did not receive NFIs
- Received NFIs and appropriate for needs
- Received NFIs but NOT appropriate for needs

Based on the home visits conducted by CDD teams, nine out of the 10 beneficiaries who had received home modifications from CDD to improve the accessibility of their home and access to the WaSH facilities and other humanitarian services had their shelters and modifications completely destroyed by the fire.

KIIs with one community volunteer and two Majhis indicated that volunteers are engaged in carrying relief items for persons who are unable to carry the items to their shelter and that the Majhis are involved in motivating both community people and NGO workers to support with carrying relief items for people who are unable to carry themselves. KIIs with humanitarian actors reveal that some organizations are prioritizing distribution of NFIs for persons with disabilities and will provide home delivery if required.

Recommendation: Immediate relief efforts must be inclusive

- Need to consider the specific requirements of persons with disabilities in the design of relief packages. Consult with persons with disabilities about their requirements.
- Information on relief distributions needs to be accessible – consider using multiple means of communication
- Any distributions of food, shelter materials and NFIs need to be accessible – consider safe route to the delivery site, home delivery, etc.

More resources on accessible distribution, food security and NFI can be found on the CBM HHOT app.

Recommendation: Reconstruction efforts must be inclusive

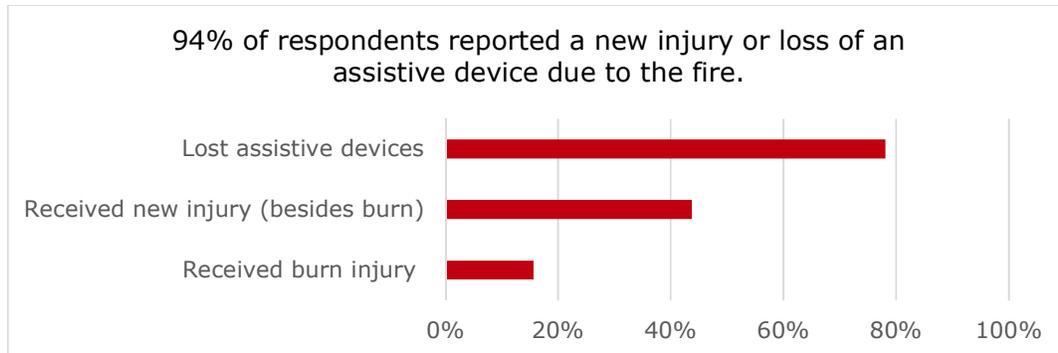Reconstruction provides the opportunity to build back in a more inclusive manner.

- Consult with persons with disabilities regarding the location for their shelters; consider providing priority access to areas with better geographical accessibility and access to services for persons with disabilities.
- Consult with persons with disabilities and disability committees in the design and location of community infrastructure and services. Accessibility must be considered in renovation or construction of shelters, latrines and water points.
- Consider developing prototypes of accessible WaSH facilities and then running and accessibility audit before proceeding with widespread construction.
- Access routes to latrines and water points needs to be considered. Consider locating communal facilities close to the home of persons with disabilities and ensuring that there is an accessible route from their home to the latrine or water points.
- Budget appropriately to ensure accessible shelter and WaSH facilitation in reconstruction efforts

More resources on inclusive shelter and WaSH can be found on the CBM HHOT app.

Please refer to the 16 Minimum Requirements for Building Accessible Shelters and All Under One Roof: Disability Inclusive Shelter and Settlement in Emergencies for more information on constructing accessible shelters.

Finding #4: Need for both rehabilitation and MHPSS services was high among respondents

Rehabilitation:

94% of respondents reported a new injury or loss of an assistive device due to the fire.

Category	Percentage
Lost assistive devices	~78%
Received new injury (besides burn)	~44%
Received burn injury	~16%

(Chart x-axis: 0% — 20% — 40% — 60% — 80% — 100%)

It should be noted that new injuries (including burns) include minor and moderate injuries which did not require hospitalization. According to interviews with Site Management, the majority of injuries reported were mild, including superficial burns. This includes cut injuries caused by lacerations from the sharp metal which was used to strengthen the shelters, burns to the soles of the feet from running over burnt materials with bare feet and injuries from falls while running.

78% of beneficiaries reporting having lost an assistive device. These devices include:
- Walking sticks
- Lumbar corsets
- Toilet chairs
- Mattresses for pressure reduction
- Pulley (therapy device to increase shoulder mobility and range of motion)
- Respirometer
- Adapted therapy items for children such as fine motor tools and picture boards.

It should be noted that this list is not a complete list of all assistive devices which may have been lost by beneficiaries during the fire, but indicates the ones which respondents to the survey reported losing.

According to mapping from the ADWG, CBM-CDD are providing rehabilitation services in Camp 8W and Handicap International/Humanity and Inclusion (HI) are providing rehabilitation services in Camp 9. HelpAge International (HAI) has one physiotherapist in camp 8E who is providing rehabilitation services to persons over the age of 50.

MHPSS:

According to data collected by ADWG members, there is an urgent need for psychological first aid and psychosocial support for persons with disabilities and older persons. Respondents to an assessment conducted indicated that there were strong feelings of insecurity among respondents including concern about threat, robbery, anxiety about the future, abuse and violence especially against women, adolescent girls and children[5].

It has been observed by CDD team that fire incidents have impacted not only the ones directly affected by the fire, but others now fear that it could happen at any time in their camps too. There is a general sense of insecurity following the event.

Recommendation: Health interventions need to be inclusive and should meet the specific requirements of persons with disabilities

- Consult with persons with disabilities about their health and rehab requirements.
- A twin track approach should be utilized – health services including MHPSS need to be inclusive for persons with disabilities and should also meet the specific requirements of persons with disabilities, such as the need for rehabilitation.
- Transportation or in home visits should be considered for people who are unable to reach a health centre.

More resources on [inclusive health services](#) can be found on the CBM HHOT app.

Recommendation: Rehabilitation for persons with injuries including burns should be prioritized to prevent long term complications

- Rehabilitation should be included as part of primary health care package – either directly by the agency providing health services or though referrals to rehabilitation actors (where present). Follow up in the community after discharge is essential.
- Rehabilitation should include provision of replacement assistive devices, including training on how to use the new device.

In order to meet the rehabilitation needs of persons affected by the fire – including both those with new injuries and those who lost assistive devices – it is essential that all affected areas of the fire are reached by rehabilitation service provision. Timely rehabilitation following injuries, even if not severe, is essential to prevent further complications or permanent disability. In the case of burns, rehabilitation is also essential for the prevention of contractures. This could include scaling up rehabilitation services in Camp 8E to supplement those being provided by HAI.

Please refer to the [Early Rehabilitation in Conflicts and Disasters](#) manual for more information on emergency rehabilitation services.

Contact Information

For more information, please contact:

Shajjat Hossain
Inclusive Rohingya Response Manager
+8801714695646
shajjat.hossain@cbm.org
www.cbm.org/

Monjurul Habib Shagar
Programme Development Manager &
Focal Inclusive Rohingya Response Programme
+8801716709253
monjurulshagar@yahoo.com
www.cdd.org.bd