



## Report of the WFP-UNHCR Joint Assessment Mission

Bangladesh

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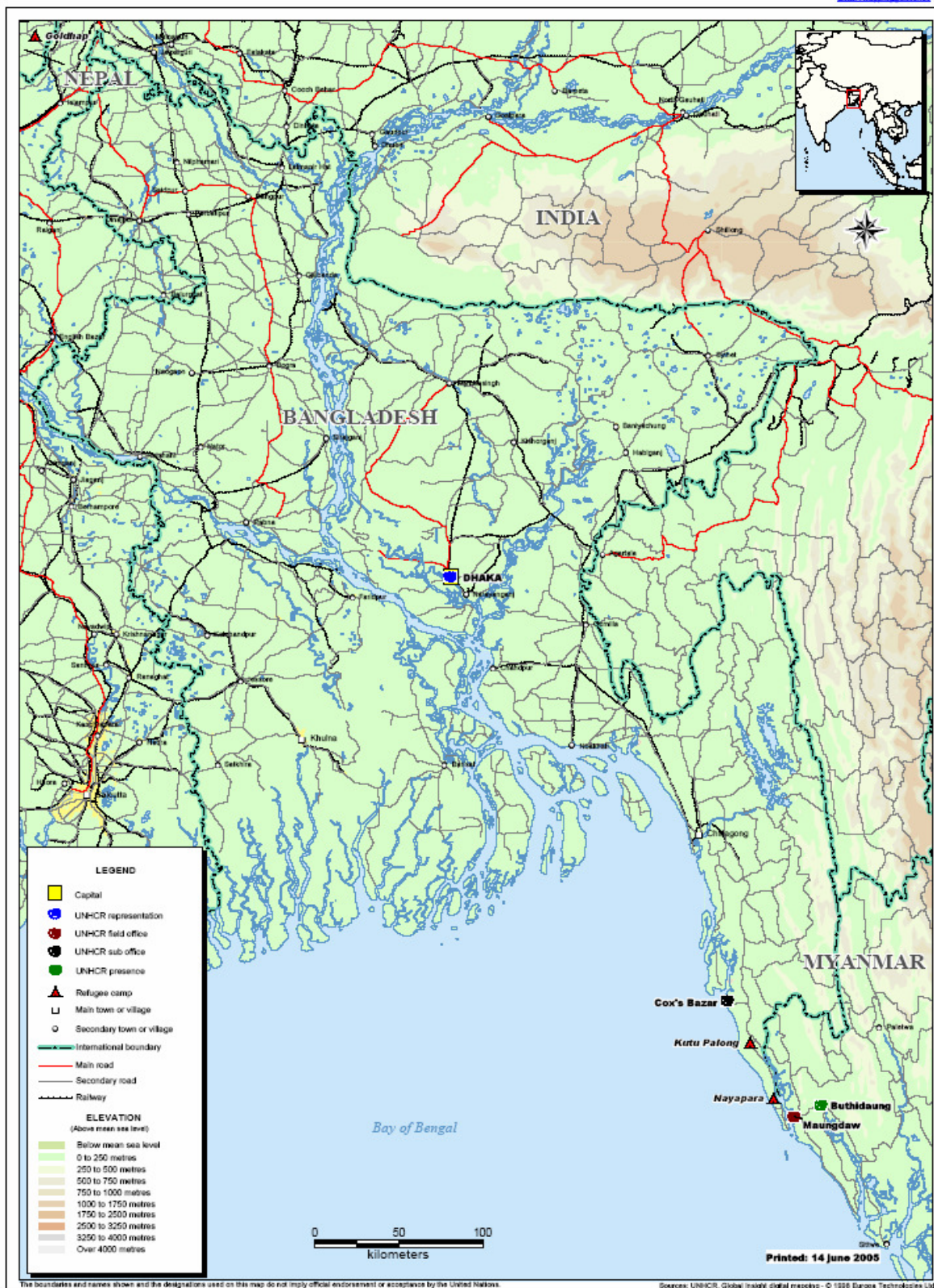
Photo Credits: Iftekhar Rashid. Photos taken in Kutupalong and Nayapara camps during the JAM, June 2010.

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## **Executive Summary**

The current JAM is the eighth since the refugees settled in Ukhiya and Teknaf Upazillas in 1991/92 and follows on from the JAM undertaken in 2008. The aims of this JAM were to review the food security and basic services in the two official camps of Kutupalong and Nayapara as well as self reliance opportunities. The impact of the undocumented population on the official refugees was also taken into account during this JAM.

The team was assisted in this task by the wealth of information that was available from the different actors operating in the camps and supplemented this secondary information with key informant discussions, focus groups with refugees and household interviews. Visits to the camps and observation were a valuable part of this mission to triangulate the information obtained. The main changes since the previous JAM were the change in government from the caretaker government that had been in place in 2008 and a greater number of undocumented Rohingya spontaneously moving from the host community into a makeshift camp next to the Kutupalong official camp, increasing pressure on resources. Despite the large amount of information available the JAM faced the challenge of piecing together all the various elements in what proved to be a very complex situation in this protracted refugee operation.

By the end of the mission, the JAM team was able to draw out some key overarching issues which it felt to be essential to ensure that the refugees' food and nutrition security and protection were ensured in the longer term.

The team noted with alarm that almost one in three children from 6 to 23 months were wasted and that, despite adequate and regular food assistance and health care in the two official camps prevalence of under-nutrition in particular wasting were no different than in the host community or in the site receiving no assistance. More than two out of three children were stunted in the camps – again much higher than in the host community or the non-assisted population. Health indicators (mortality and morbidity) in the camps were well within norms but rates of anaemia in children under five years old were increasing and over 50%. Health care, including nutrition care, in the camps is superior to that in Government of Bangladesh (GoB) establishments covering the host population. However, most of the services are curative with very limited preventive focus. Refugees had very limited participation in the every day activities carried out in the camps. An excellent range of services was on offer – good water supply, educational establishments, skills development training and thus the poor nutrition indicators presented a paradox.

However, a closer examination brought out the following points that have an impact on the refugees' well-being and the mission recommends should be addressed. Details are given in the full report.

### **Registration**

Not all refugees residing in the official camps are registered with both UNHCR and the GOB. It is recommended that UNHCR and the GoB harmonise their databases and generate a new list which will reduce sharing of food rations. The reconciliation and harmonization of the databases will also address some key protection concerns: only those who are registered with the GoB can be processed for repatriation, refugees cannot be submitted for resettlement if they do not appear on the GoB database and also do not have access to all key services in the camps.



UNHCR should work closely with the Government with the aim to obtain demographic and other information on the unregistered refugees.

### **Co-ordination**

Despite efforts to improve co-ordination through regular monthly meetings between all actors at Cox's Bazar level, the JAM noted that inter-sector coordination could be improved. Existing coordination arrangements could be enhanced to increase their effectiveness and have clearer definitions and understanding of the roles and responsibilities of each of the actors be they government, UN agencies, NGOs or refugee committees.

### **Community Involvement**

The protracted nature of this refugee operation and the limited possibilities for durable solutions in the near future lends itself to a move towards greater community involvement in the day to day operation of the camps. The team was aware that the camp population have a more individualistic or family-oriented approach which is further emphasised by the dependency that has been created as a result of the necessity to continue assistance. Changing the mindset across all sectors is a challenge and demands a coordinated approach and clear strategy but will be a positive step towards self reliance when a longer term durable solution is found. A particular focus on women allowing them to appreciate what it means to be empowered and take up positions of leadership is recommended.

### **Health and nutrition strategy**

The mission concluded that a life-cycle approach with greater emphasis on public health and community based health care should be adopted within the camps. In addition, synergy between health services offered in the camps and within the Upazillas of Ukhiya and Teknaf in which they are located needs to be improved.

The present food basket has been in place since 2001 with limited access to fresh food items. The JAM team agreed to retain the same food basket with replacement of blended food with fortified wheat flour. It also recommended including food vouchers for fresh food items for the most vulnerable families. The focus of Nutrition Programme will have preventive approach. This will include adolescent girls, pregnant and lactating women (PLW) and all children 6-24 months- blanket supplementary feeding for PLW and children 6-24 months. In addition targeted programmes to address moderate and severe malnutrition will be implemented with a community based focus.

### **Education**

Education is limited to primary Grade 5 leading to much frustration especially amongst the younger generation who were born in the camps. Access to higher grades is important to keep the youth occupied and to provide further opportunity to girls and boys to enhance their skills and stand them in better stead to be self reliant when their future allows. Provision of fortified biscuits to children in schools is of critical importance to address short-term hunger and provision of essential micronutrients.

### **Future Assessments**

One key gap in knowledge was identified during the mission – that of intra-household food sharing and child feeding and care practices. It is strongly recommended that this study is carried out to have a better grasp of the causes of the high levels of malnutrition and anaemia noted which seem on the surface to be food related.

Without developments on these cross-cutting issues the JAM was convinced that overall improvements in nutrition outcomes, food security and protection could not be achieved.

## Acronyms

ACF	Action Contre la Faim	MFDM	Ministry of Food and Disaster Management
ARI	Acute Respiratory Infection	MNP	Micronutrient Powder
BCM	Beneficiary Contact Monitoring	MoH	Ministry of Health and Family Welfare
BDRCS	Bangladesh Red Crescent Society	MSF	Médécins sans Frontière
CHW	Community Health Worker	NRS	North Rakhine State
CIC	Camp in Charge	PLW	Pregnant and Lactating Women
CMAM	Community Management of Acute Malnutrition	PRRO	Protracted Relief and Recovery Operation
CRH	Compressed Rice Husk	RRRC	Refugee Relief and Repatriation Commission
DSM	Dried Skimmed Milk	RTMI	Research, Training and Management International
FBM	Food Basket Monitoring	SGBV	Sexual and Gender Based Violence
FGD	Focus Group Discussion	TAI	Technical Assistance Incorporated
GBV	Gender Based Violence	TB	Tuberculosis
GoB	Government of Bangladesh	UNFPA	United Nations Population Fund
HI	Handicap International	UNHCR	United Nations High Commission for Refugees
HIS	Health Information System	UNJI	United Nations Joint Initiative
IGA	Income Generating Activities	UNO	Upazilla Nirbahi Officer
JAM	Joint Assessment Mission	WASH	Water, Sanitation and Hygiene
JPA	Joint Plan of Action	WFP	World Food Programme
LSD	Local Storage Depot	WHO	World Health Organisation
MDG	Millennium Development Goal	WSB	Wheat Soya Blend

## Background

From late 1991 to early 1992 approximately 250,000 people from the North Rakhine State (NRS) of Myanmar, commonly referred to as the Rohingya, sought protection in south-east Bangladesh. A process of repatriation began in September 1992 and by mid-1997 about 230,000 refugees had returned to Myanmar, leaving a residual group of around 20,000. Repatriation peaked again in 2003 but there has been no voluntary repatriation since 2005. Among the critical factors affecting voluntary repatriation is that the minimum conditions for voluntary repatriation have not been met in Myanmar.

The Government of Bangladesh (GoB) maintains that repatriation is the preferred durable solution for the refugees and does not consider local integration as a solution. Policies such as the prohibition of permanent structures within in the camp, prohibition of refugees possessing cash or opening bank accounts, limited access to higher education and the restriction of movement in and out of the two camps hinder the attainment of refugee self-reliance and perpetuate refugee dependence on humanitarian assistance.

Resettlement as a durable solution option became available to this group of refugees in 2006, but this will only be a solution for a limited segment of the refugee population. So far, only 796 refugees have been resettled from Bangladesh, although there are plans to modestly increase the resettlement numbers in 2010 and 2011 to some 1000 and 700 persons respectively. Resettlement is used strategically in Bangladesh and aims to complement other programmes in the camp and encourage the remaining refugees is to become more actively engaged in reducing tensions in the camps, improving good parenting, reduction of the drop out rates in school, developing tangible skills and becoming more self-reliant.

As of 31 May 2010 there were 28,620 Rohingya refugees living in Kutupalong and Nayapara camps which are registered with UNHCR<sup>2</sup>. Of these, 24,456 are also registered as refugees with the GoB. Further to this, there are approximately 29,000 unregistered refugees residing in a “makeshift site” next to Kutupalong camp<sup>3</sup> and almost 13,000 unregistered refugees at the Leda unofficial site which is located three kilometres north of Nayapara Camp. Government sources indicate that between 200,000 and 400,000 Rohingya from Myanmar may have spontaneously settled in Bangladesh over the past couple of decades; none currently receive assistance from either the GoB or the international community.

A major change in the overall situation since the 2008 JAM is the increasing number of unregistered Rohingya gathering around Kutupalong Camp. It is felt that particularly the proximity of such a large population in the vicinity of the camps is having a detrimental impact on the registered refugees, particularly with respect to food security and nutrition. The first months of 2010 have also seen an intensification of the anti-Rohingya sentiment among some members of the host population further impacting on the lives of the Rohingya be they registered or not.

The current JAM is the eighth since the refugees settled in Ukhiya and Teknaf Upazillas in 1991/92. The previous JAM, undertaken in 2008 made a series of recommendations many of

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<sup>2</sup> Refugee population per camp is 11,281 in Kutupalong and 17,339 in Nayapara UNHCR Camp Population Report.31 May 2010

<sup>3</sup> Source: Medecins sans Frontieres, 23<sup>rd</sup> July 2010 – personal communication.



which were translated into the UNHCR-WFP Joint Plan of Action (JPA) which was further updated for 2010. Out of 55 recommendations divided by sector, most had been acted upon and closed by January 2010. The current JPA highlights some of the issues which are still outstanding or which are on-going activities.

This report aims to draw out the key issues which the mission felt needed to be addressed if a difference is to be made in ensuring the food and nutrition security and protection of the refugees living in Cox's Bazar district<sup>4</sup>.

## **Objectives and Methodology**

The mission had four main objectives which can be outlined as follows:

- a) To determine how the food security and nutritional status of the refugees can be improved by reviewing the services, food basket, and other factors affecting nutrition and food security.
- b) To evaluate the success of the skills training and livelihood activities implemented to date and recommend how greater refugee self reliance can be attained.
- c) To assess the quality of camp services including health, water, sanitation and education.
- d) To assess the interrelationships between registered refugees, unregistered Rohingya and the host communities and recommend actions and strategies roles for the agencies which may help normalise the situation.

The JAM team was not able to fully address the fourth objective as it was not possible to visit the Kutupalong makeshift camp in light of some of the prevailing perceptions and sensitivities. In the Leda site which also hosting unregistered Rohingya, the visit was curtailed due to some unrest on the day of the visit, although the team was able to observe the medical facility, the market and interview a couple of households.

The team undertook a series of interviews with actors involved in the refugee operation. These included GoB, UN agencies, international and national NGOs at Dhaka, Cox's Bazar District, Ukhiya and Teknaf Upazilla levels. One-day visits were made to the two official camps of Kutupalong and Nayapara as well as the Leda site. Key informant interviews, observation, transect walks, focus group discussions and some household interviews were carried out. Team members optimised their time by separating in the camps to ensure coverage of all sectors and themes. A second one-day visit was made to Kutupalong camp to fill in some key information gaps. The team members visited medical and nutritional centres, skills development centres, WASH infrastructure and home gardens. Food distributions and food basket monitoring were witnessed in both camps. Focus groups discussions were held with male and female refugees, adolescent girls, boy scouts, school management committee and mothers in the feeding centre. A small number of households with home gardens and eco-stoves were interviewed.

Additionally the team interviewed medical personnel in the two government hospitals in Ukhiya and Teknaf Upazillas and visited the GoB local food supply depot (LSD).

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<sup>4</sup> See terms of reference in annex 9 for more details.

The wealth of secondary information provided to the mission was analysed in the light of the team's observations.

The extent of the visits and discussions required to reach conclusions serves to highlight the complexity of this refugee operation; one of the most protracted and complex that the team members had seen.

The following report will not detail information that can be found in the other documents which will be referenced. Rather the team attempts to give a balanced summary of all the information that was provided and will highlight only those issues which were of key concern to the team members and make recommendations accordingly.

The list of organisations interviewed can be found in annex 1. The bibliography is in annex 8.

## **Protection**

### **Registration and Data Harmonization**

Registration and data harmonization are issues on which the UNHCR Office in conjunction with the GoB and other partners have already spent considerable effort and time. The matter was however brought into sharper focus through the profiling exercise carried out by UNHCR in 2009<sup>5</sup> which was needed to reduce the inaccuracy of the data then in existence and thereby improve its reliability and utility. The protection dividend of the exercise has been considerable. In addition to attempting to rectify registration issues, it has, through the application of the heightened risk assessment tool, identified vulnerable refugees and generated better information and data for preparation and pursuit of repatriation and resettlement as durable solutions.

The mission noted a more systematic use of the data by UNHCR and its partners in areas such as skills training and development, protection monitoring and identification of cases for resettlement submission. As regards refugee specific needs, detailed information is now available on diverse issues and areas of concern such as sexual and gender based violence (SGBV - a pervasive but under reported issue), arrests and detentions, child marriage and teenage pregnancy, child labour, unaccompanied and separated minors, women at risk, disabilities and the elderly.

A critical issue that was identified in the profiling and continues to pre-occupy UNHCR and the Government as well as WFP in no small measure is the fact that the Government and UNHCR do not work off the same list of registered refugees in the camps. While there are some 5,000 refugees identified as registered with UNHCR but not the GoB and consequently not listed on family books, and few others are known to the Government and not registered with UNHCR. A total of 28,620 refugees are registered on the UNHCR database and out of this number 5,473 representing 19% of the refugee population in the camps, do not appear on the GoB records and are therefore not eligible to receive food assistance.

A detailed breakdown reveals a complex mix of sub-categories within the group and disparate reasons for either non-inclusion or de-activation from the respective UNHCR and GOB data bases. The net effect of the discrepancy means that those not included on the GoB register and consequently not in possession of a family book or listed in one do not receive food rations. The exclusion of so many refugees from food rations has had a detrimental impact on food intake and availability in sufficient quantities. Refugees on the GoB register who receive food are compelled by circumstances to share it with those who do not. The mission is of the view that the malnutrition rate could be lowered if the data is reconciled and all refugees residing in the camps are supplied with food rations. It was also noted that family books which are used as the basis for food distribution are over 18 years old, many are in poor condition with some reported to have been sold, bought and entries altered. Discontinuation of the family book system in favour of issuance of standard ration cards would also ensure that better security features are incorporated.

The reconciliation and harmonization of the databases will also address some key protection concerns. For example, only persons who are registered with the GoB can be processed for

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<sup>5</sup> UNHCR Bangladesh Profiling Exercise Nayapara and Kutupalong Refugee Camps December 2008 – September 2009.

repatriation should they wish to return to Myanmar. Similarly, refugees cannot be submitted for resettlement if they do not appear on the Government database.

**Recommendations:**

- UNHCR and the Government need to urgently harmonize their respective data sets by compiling a master list of all refugees appearing on their different registers, jointly establish and agree on mechanisms, modalities and criteria for verification and the generation of a new list.
- UNHCR, Government and WFP should establish a standing joint committee that will, amongst other things, do the following:
  - implement and work on the details of verification, consolidation and harmonization of the lists
  - frequently update and maintain the accuracy of the joint list
  - determine and agree on any additions, deletions or alterations to the joint list for purposes of food rations or access to other services by refugees in the camps.

**Unregistered Rohingya**

Some of the challenges relating to the presence and situation of the unregistered Rohingya are captured in the analytical reports, plans and strategy documents prepared by key stakeholders in Bangladesh<sup>6</sup>. According to Government estimates, there are between 200,000 to 400,000 unregistered Rohingya who are regarded as illegal immigrants or more commonly referred to as “undocumented immigrants”. The UNHCR Country Office has, since 1992, been prevented from registering any Rohingya refugee or establishing reception facilities at the border. Many of the unregistered Rohingya reside within the proximity of the refugee camps in Cox’s Bazar and other areas in neighbouring districts. The unregistered Rohingya, despite being large in number, have established a symbiotic relationship with the local host communities who have supported them over the years. However, the lack of recognition and legal status and competition for scarce resources has led to a rise in anti-Rohingya sentiments thus exposing them to security and other risks emanating from local communities and authorities. This has forced many of the unregistered Rohingya to move and put up makeshift structures close to the refugee camps in particular in Kutupalong. A more in-depth analysis of the situation in the makeshift site near Kutupalong is being conducted. Equally, a significant number are reported to have left illegally to other countries.

In discussions with refugees in the camps and humanitarian workers, the JAM mission was informed of the increasing hostility to the presence of the Rohingya in general, including those in the camps. Incidents of arrests and other forms of harassment were reported. The restrictions on livelihood activities and income generation, has compelled those with family links to refugees in the camp to turn to them for support. This sharing of minimal supplies has a detrimental impact on self-sufficiency in the camps. The pressure on resources and services also affects the host communities negatively. Cox’s Bazar district is amongst the least developed in the country. In meetings with the local administrators in Ukhiya and Teknaf

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<sup>6</sup> A list of all documents reviewed is to be found in annex 8

Upazillas respectively, the needs of the local communities were highlighted with a clear acknowledgement that targeted assistance could alleviate the levels of poverty and enhance access to basic services for the host communities and by implication, the unregistered Rohingya as well. Reference was made to the potential of the UN Joint Initiative (UNJI)<sup>7</sup> to address some of the pressing needs of the hosts as well as provide “humanitarian assistance” to the unregistered Rohingya.

**Recommendations:**

- UNHCR should coordinate and work closely with the UN Joint Initiative and other agencies working outside the camps in order to obtain better information on the situation of the larger Rohingya population with a view to influencing interventions that might address their protection and other needs.
- UNHCR should encourage and to the extent possible, support the Government's initiative to obtain demographic and other information on the unregistered refugees.

**Resettlement**

The strategic use of resettlement as a durable solution continues to be used for camp refugees since its inception in 2006. Despite its limited scope in terms of the numbers of refugees that can benefit, there has been steady and progressive increase in the number of submissions and acceptances over the last four years. In 2009, a total of 549 refugees were identified and submitted for resettlement. The mission was informed a total of 120 refugees had been submitted to the UK as at 8 June 2010 and that a submission of 1,000 persons in 2010 is planned. The JAM also coincided with the presence of a team from the US who were in Cox's Bazar to interview refugees for resettlement.

The targeted use of resettlement has been based on a number of criteria which include women at risk, refugees with continued protection problems, survivors of violence and torture, separated children, refugees with special medical needs and elderly refugees. A notable impact of resettlement has been the positive change in the attitude of refugees towards self improvement in skills development, education and the learning of English for themselves and their children, and desisting from harmful practices and violence. These are attributes that are known to improve resettlement chances and acceptance.

There are a number of refugees who are not prioritized or are excluded from resettlement because of inconsistencies in their records as shown in the family books which are maintained by the Government. Refugees who are registered by UNHCR but do not appear on GoB records are also not submitted. This is a matter that is linked to the issue of data harmonization and needs to be addressed.

**Recommendation**

- The protection and resettlement section in UNHCR should work closely with the

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<sup>7</sup> A UN initiative to strengthen coordination and monitoring of UN programmes in Cox's Bazar district. The initiative is coordinated by UNICEF with WFP, UNFPA and UNDP.

harmonization process to ensure that refugees who are in need of resettlement are not excluded from submission on the basis of record inconsistencies or database incompatibility.

### **Sexual and gender based violence**

Sexual and gender based violence (SGBV) as noted in the previous JAM continues to be a matter of concern in the camps. There has however been improvement and a strengthening of the response mechanisms. Some of the measures include the establishment of the multisectoral inter-agency GBV prevention and response system and the establishment of the Women's Support Group in both camps. The groups mobilize refugee women, including GBV survivors to provide peer support and encourage participation in GBV prevention and response. Partially due to the enhanced and sustained awareness-raising and strengthened legal response to cases, refugees are now increasingly coming forward to report incidences of SGBV. The following factors have contributed to the strengthened SGBV reporting and response mechanisms:

- Strengthened monitoring and intervention through the multisectoral approach
- The prosecution and imprisonment of rape perpetrators. There are, for instance, ongoing court cases in Cox's Bazar that are being followed up by the UNHCR office.
- The revision of the Standard Operating Procedures on SGBV last year;

## Coordination

The protection and delivery of services for refugees in the camps is carried out by several partners. UNHCR's main implementing partner is the Government through the Ministry of Food and Disaster Management (MFDM) and its corresponding office of the Refugee Relief and Repatriation Commissioner (RRRC). The Ministry of Health (MoH) provides services through the office of the Civil Surgeon. The key UN operational partners are WFP, UNICEF, UNFPA and UNAIDS in the areas of food and nutrition, education, health and HIV respectively. National and international implementing partners include the Bangladesh Red Crescent Society (BDRCS), Research and Training, Management International (RTMI), Technical Assistance Incorporated (TAI) and Action Contre La Faim (ACF). Details of each agency's activities are found in annex 7.

UNHCR has the primary responsibility of ensuring coordination through inter -agency, bilateral and sectoral meetings. This is complemented by monitoring programme delivery through field visits, assessments, reporting and financial verification. At the camp level, the Government has appointed a Camp-in-Charge (CIC) who reports to the RRRC. The position and role of the CIC is powerful and one that often attracts controversy especially on aspects that relate to the enforcement of law and order.

In discussions with several of the agencies operating in the camps, the Mission was informed about the challenges of trying to ensure coordination and cohesion between the various players in the camps. The high turn over of staff, multiplicity of partners and the apparent overlap or lack of information as to who does what where and when in the delivery of some services and activities calls for better coordination, delineation of responsibilities and streamlining of operations. The role and scope of the responsibilities of the CIC's also need to be better defined and transparently communicated to all the partners. The agencies on their part need to structure and coordinate their interaction with the CIC's and between themselves to lessen the ad hoc nature that currently characterizes such engagement.

### Recommendation

- UNHCR should take the lead in reviewing the existing coordination arrangements with a view to enhancing their effectiveness and should, in this regard, designate a focal person for each of the camps. At the camp level there should be regular bi-weekly or monthly coordination meetings attended by all the key partners working in the camps.
- UNHCR and the Government and in close consultation with the other partners, should review the governance structures in the camps, define and articulate the role and responsibilities of the CIC and to the extent possible, have a written understanding that can be reviewed periodically.
- In view of the high turn over of staff, UNHCR should organize regular orientation meetings for new staff members of all partners, including the Government, police and security personnel in the camps. The focus of the training should be on the protection role and mandate of UNHCR, coordination mechanisms in the camps and the role and responsibilities of the different actors and the refugee program in general.



## Food and Nutrition Security

Refugees living in Kutupalong and Nayapara camps are highly dependent on food assistance, both as a source of food and of income. The food ration is the main food source and the bulk of the refugee diet. Most households (65-75%) lack access to regular income and depend on the sale of food and non-food items, borrowing and purchasing on credit<sup>8</sup>. Their vulnerability is increased by disruptions to the supply of food and non-food items (especially compressed rice husk - CRH).

The JAM team took into account that:

“The majority of households said adults ate two meals per day and only a few households said adults ate three meals per day. However, most households (65%) said children ate three times per day. It should be noted that some refugees do not consider breakfast as a proper ‘meal’, and therefore the number of households eating three times a day may be slightly under-reported<sup>9</sup>.”

The underlying reasons for household food shortage include:

- Sharing of ration with unregistered household members.
- Poor access to complementary food and essential non-food items, resulting in ration sales to purchase necessities (vegetables, fish, spices, fuel and firewood).
- Lack of work opportunities in the host community.

Approximately 23,500 refugees receive a general food ration fortnightly. Supplementary and therapeutic feeding programmes address malnutrition among the most vulnerable refugees, particularly children and PLW.

### Nutrition security

It appears that nutrition situation in both camps has deteriorated from 2008 to 2010 despite general food distribution and nutrition programmes for malnourished children. The numbers of malnourished children were highest in April 2009<sup>10</sup> and continued this pattern in 2010<sup>11</sup>. In anticipation of a peak of malnutrition in 2009, a blanket distribution of Lipid Based Nutrient Supplement was distributed for five months in 2009 for children 6-35 months along with reinforcement of community outreach services to identify malnourished children in a timely manner.

Though global acute malnutrition for children 6-59 months is around 13-15 % in both camps and in the makeshift camp<sup>12</sup>, the prevalence among children 6-23 months is extremely high

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<sup>8</sup> Food Access and Utilization Study, February 2007, WFP

<sup>9</sup>ibid

<sup>10</sup> Caroline Wilkinson, Bangladesh Nutrition Mission Report UNHCR October 2009.

<sup>11</sup> It should be noted that the surveys are not directly comparable due mainly to the different times of year in which they were carried out.

<sup>12</sup> Report of Nutrition and Food Security Rapid Assessment in the Kutupalong unregistered makeshift site of Cox's bazaar in Bangladesh by ACF International Network, 5<sup>th</sup> March 2010

(19.5 - 29%)<sup>13</sup>. This is very serious according to WHO classification. These rates are higher when compared with the surrounding host community (13.4 - 16% for children 6-23 months)<sup>14</sup>. The nutrition data was also characterised by extremely high rates of chronic malnutrition with 64 - 70% of children stunted and up to 60% under weight. A summary table of malnutrition rates is found in annex 2.

In view of the alarming situation it is proposed to introduce a life cycle approach to address both wasting and stunting with the aim to include and target all children 6-23 months in the nutrition programmes. Currently the focus is on treatment of malnourished children in feeding centres. The onsite feeding of children and pregnant and lactating women will be shifted to take home rations from July 2010. Though the causes of malnutrition are very complex to identify, it is foreseen that child care and feeding practices play a significant role along with social issues which makes mother unable to address child nutrition. There is very limited information on intra- household food consumption with particular reference to young children and no study has examined mothers' nutritional status.

### **General Food Basket Composition**

The registered refugees receive general food ration comprised of six commodities providing 2190 kcal with 50 gm of protein and 25 gm of fat and some essential micronutrient. The food basket meets energy and protein requirements but only 60% of fat and is very low in iron content. This food basket provides limited dietary diversity and diet quality. Rice is the most frequently consumed with some vegetables from their own cultivation, collecting wild vegetables and/or purchasing from the market when cheap/ close to perishing. High value items such as meat, fish, fresh milk and eggs are rarely consumed. Spices such as chillies, turmeric, garlic and onion are used in small quantities.

The present food basket has been in place since 2001 with limited access to fresh food items. The JAM team agreed to retain the same food basket with replacement of blended food with fortified wheat flour<sup>15</sup>. The reason for replacement of blended food with wheat flour is two fold; with the change in take home ration of supplementary feeding programme to target PLW and children under two- there will be an increase in the ration for sharing within the family. Secondly, the use of blended food for adults is to make bread and other snacks and the analysis of the JAM team was that beneficiaries would prefer wheat flour. Fortified wheat flour as shown in annex 3 will adequately meet the requirements of the population. In addition the team felt it necessary find a way to include food vouchers for the most vulnerable families for fresh food items such as vegetables and meat/fish to improve dietary quality. The vulnerable families could be identified using physiological vulnerability such as PLW and or socio economic/social vulnerability such as female headed household, elderly etc.

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<sup>13</sup> Preliminary results from ACF Annual Nutrition and Food Security Survey Ukhiya and Teknaf Upazillas including Kutupalong and Nayapara camps, April - May 2010.

<sup>14</sup> Anthropometric and Retrospective Mortality surveys in children from 6 - 59 months, Ukhiya and Teknaf upazillas of Chittagong District by ACF International Network, December 2009

<sup>15</sup> The food basket is detailed in annex 3

### **Sprinkles (micronutrient powders)**

The women at the feeding centres and adolescent girls receiving Sprinkles expressed their dislike for the product. They said Sprinkles made them nauseous and tainted the colour of rice. Overall, the refugee population (including the men) expressed appreciation for Plumpy Doz<sup>16</sup> and requested for this nutritional product to be used instead of sprinkles or porridge. Sprinkles is known as *choto pushti* (small nutritious thing) and Plumpy Doz is known as *boro pushti* (big nutritious thing), which is a reference to the size of the packaging. These perceptions need to be further looked into.

### **Nutrition Strategy**

The nutrition strategy to address high levels of wasting and chronic undernutrition is highlighted below: General ration should continue to be provided to the whole population and supplementary feeding programmes and nutrition services should address the life cycle approach.

1. Adolescent girls – micronutrient powder (MNP) and skills training package curriculum.
2. Pregnant and Lactating Women - health and nutrition education and take home ration comprising of blended food and oil<sup>17</sup>.
3. All children 6-23 months until they graduate using age criteria – take home ration comprising of blended food, oil, sugar and dried skimmed milk (DSM) premixed prior to distribution.
4. Addressing moderate and severe malnutrition through community management (CMAM). Take home ration of blended food, oil, sugar and DSM for moderately malnourished children and PlumpyNut for severely malnourished children following adequate protocols of management of severe malnutrition.
5. Provision of MNP to PLW and moderate and severely malnourished children in line with nutrition guidelines as appropriate.
6. Essential package of all services along with food supplements is crucial. The essential package is comprised of health and nutrition education, immunization, water and sanitation with focus on hand washing, exclusive breast feeding, adequate complementary feeding using Wheat Soya Blend mix and local food available, Vitamin A prophylaxis, family planning methods and devices etc.

#### **Recommendations**

- To implement the above nutrition strategy at the soonest possible to address high prevalence of wasting among children 6-23 months. The plan is already developed by the partners to initiate take home supplementary feeding for PLW and others.

Given poor diet diversity and purchasing power, that a food vouchers to the most vulnerable households are proposed. This will aim to optimise the dietary diversity and increase protein and micronutrient content of the diet. A feasibility study and

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<sup>16</sup> A pilot test of 4 months was carried out from August 2009.

<sup>17</sup>This is the recommendation of the JAM team as it was felt the take-home ration would be used for purposes other than porridge. However, if the UNHCR and implementing partners consider that the ration will be used for porridge then the JAM team accept that DSM and sugar be continued.

strategy should be outlined prior to intervention. This will be the responsibility of UNHCR.

### **Food Security**

Refugees are food secure in terms of energy requirements, largely because of the general food distribution taking place in each camp on a regular basis. A number, however, do have livelihood activities that give them greater opportunities to ensure their food and nutrition security.

A comprehensive assessment of the livelihoods of refugees residing in the camps carried out in 2008<sup>18</sup> summarised that 32 types of income generating activities (IGA) were being carried out in Kutupalong and Nayapara camps. At the time there were a total of 1426 mostly small scale activities in the two camps with the majority in Nayapara (61%). Some households were undertaking several activities, more women than men were involved (56%) and estimated average monthly income was 1700 Taka. A socio-economic ranking revealed that the most vulnerable groups did not have any IGA and a large proportion sold at least part of the food ration to meet other food and non-food food essential needs. Whilst the JAM team have no reason to believe that this profile of livelihood activities has changed significantly, there have been some developments which impact on this. Under the caretaker government in place at the time of the ILO study, refugees enjoyed relaxed freedom of movement inside and outside the camp which allowed them to engage in these diverse IGAs. More recently the movement of refugees outside the camp has been restricted and fear arising increased checks on refugees when in the community has further constrained the refugees in the camp. Recent closure of shops within the camps and increase in population of the makeshift camp in Kutupalong have all contributed to reducing the opportunity to engage in activities which will enable the refugees to ensure their food security by other means than reliance on the food ration. In addition resource sharing with unregistered Rohingya further degrades the food security of the registered refugees.

This supposed food security can also be put into question by the fact that an extremely high proportion of children from 6 to 59 months in the camps are stunted (64 - 70%). This is higher than the average of 55% in the two Upazillas of Ukhiya and Teknaf in which the two camps are located. High wasting rates particularly in children from 6-23 months old suggest that food access, utilisation, the health environment and caring practices are not optimal.

However, outbreaks of disease particularly diarrhoea are minimal, mortality rates are low, food is available and can be accessed, micronutrients are available through WSB and Sprinkles suggesting that caring practices and availability of, access to and utilisation of appropriate foods for this age group is an issue. Indeed an HKI report (2009) highlighted that only 22% of children in this age group received more than 4 food groups per day<sup>19</sup>.

Additionally in the Kutupalong makeshift camp which houses some 29,000 undocumented people and which does not receive food assistance, rates of malnutrition are no higher and

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<sup>18</sup> Rapid Appraisal of the Livelihood Capabilities of Refugees in Kutupalong and Nayapara Refugee Camps, UNHCR and International Labour Organisation, December 2008.

<sup>19</sup> If a child consumes > 4 food groups per day his dietary diversity is adequate.

even less (even if this is not significant<sup>20</sup>). This was one of the paradoxes that the mission faced and which was a main cause of concern for the JAM team especially given the 19 years of assistance in the camps. The other paradox was that despite provision of WSB in the general ration and MNP and WSB porridge for moderately malnourished children and pregnant and lactating women, anaemia rates had increased in 2010 from 2009.

Food rations continued to be sold for essential non-food items and many of the discussions noted that refugees were specifically requesting non-food items which they had received in the past but not over the last two years (notably clothes and mosquito nets)<sup>21</sup>. This also has an impact on diet quantity and quality.

### **Vegetable production**

Vegetable garden projects in each camp run by TAI (for any interested household) and ACF (for families with malnourished children) are an attempt to improve dietary diversity at the household level. Many households engaged in this activity produce sufficient to feed the household but also for sale with buyers coming directly to the household to purchase. Nevertheless, the activity is not optimal due to several factors: the availability of land within the camp is extremely limited, land on sloping areas of the camp is prone to erosion, home gardens are dependent on the seeds distributed three times per year by TAI and sale of products outside the homestead is limited by recent policies within the camps which do not allow shops to function in certain more public areas of the camp.

Due to limited space, seed types have been distributed largely based on their ease of cultivation – those which can be grown in pots, on rooftops and which allow for multi-storey gardening. This is very logical and is not put into question by the JAM team, but it is suggested that the vegetables produced could be optimised nutritionally in addition to their properties for cultivation.

Inputs of tools and training which accompany in particular the ACF programme are appropriate in this setting – use of organic fertiliser and pesticides, seed saving – but it appeared that awareness of the use of the vegetables and their importance in the nutrition of the households was limited. The refugees in the camp are largely illiterate so the focus would be on simple messages to small groups in the community setting<sup>22</sup>. The vegetable grower support groups and/or agricultural advisory services proposed for the camps are to be encouraged.

The JAM team learned that UNHCR and self reliance stakeholders are in the process of finalizing a self reliance strategy and suggests that the above issues are incorporated into this strategy.

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<sup>20</sup> Source: ACF, refer to footnote 11

<sup>21</sup> UNHCR clarified that the last clothes distribution had been over one year ago and that it was no longer to be undertaken.

<sup>22</sup> Improving links between the food security aspect of gardening activities and the nutritional aspect was also highlighted by the UNHCR senior nutritionist from Geneva in her mission report: Caroline Wilkinson, Bangladesh Nutrition Mission Report UNHCR October 2009.

### Food security and nutrition studies

The trends of undernutrition as shown in the graph below, call for careful review in particular the increasing prevalence of anaemia<sup>23</sup>. Joint major surveys are recommended in the future with UNHCR and WFP taking the lead in planning, participation and implementation.

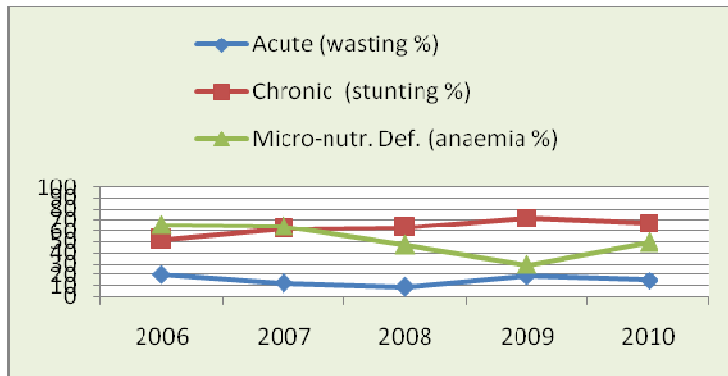


Figure 1: Trends of undernutrition in refugee camps from 2006 to 2010

A study of food access and utilisation carried out by WFP in 2006/2007<sup>24</sup> highlighted many of the same issues regarding access to food that this mission found with no change or improvement and which included sale of the protein element of the ration, yellow split peas, as they were not much liked by the refugees but also as this commodity brought the most income. This was despite recommendations that had been made at the time of the report but not subsequently addressed.

Beneficiary contact monitoring (BCM) is carried out by WFP under the PRRO 10045.4 with six visits in each camp per month. The BCM addresses the use of the ration and looks at the quality of the food received as well as meal diversity via the 7-day recall but does not look into intra-household sharing. Whilst it gives some useful information on the use to which the ration was put it is not designed to gain understanding of and analyse food use.

Neither nutrition surveys nor the food access and utilisation study of 2007 have focused on this aspect of utilisation. The mission felt that this was a gap in the extensive information that was available and that agencies should sit together to look at the whole food availability, access and utilisation cycle, condensing their knowledge and defining more precisely the gaps. Assessing the anthropometric status of females of child-bearing age would also be beneficial. It would be advisable that nutritionists and food security experts from each agency who are not directly involved in the refugee operation also participate in this meeting to bring an unbiased view.

The JAM team noted the wealth of information that was available in the camps and through various published or unpublished documents. A number of documents were initially provided to the JAM team but during the mission a whole host of other written material became

<sup>23</sup> See health section for more detail on anaemia prevalence

<sup>24</sup> WFP Food Access and Utilisation Study, Cox's Bazar, March 2007

evident. It is strongly recommended to catalogue this documentation to be readily available in a central 'library' for use by all.

#### Recommendations

- UNHCR, in consultation with WFP, ACF and TAI to develop a consolidated and comprehensive strategy for vegetable production based on targeting of the more vulnerable households, choice of seeds which optimises both production and nutritional goals and awareness of the utilisation aspects of the production.
- WFP, UNHCR and ACF hold a workshop to map out the food availability, access and utilisation chain to define gaps in knowledge based on which a follow-up study on food access and utilisation focusing on intra-household sharing of food and dietary diversity and feeding practices of children from 6-23 months would be carried out. The study could include consumption and marketing of vegetables produced in home gardens as well as marketing of the food ration in terms of monetary costs.
- The JAM recommends that a mapping exercise of all monitoring /assessments done in the camps is carried out to consolidate information collected. It is recommended to catalogue this documentation in a central 'library'. Food security and nutrition assessments are recommended to be carried out as a collaborative effort between actors in that domain.
- Review the distribution of non-food items (clothes, bednets and blankets) and undertake distributions for the refugee population to allow resources to be focused on food needs and to reduce the need to sell the food ration.



## **Health**

Overall, the health situation of the registered refugees camped in Kutupalong and Nayapara is satisfactory. They have full access to health services in the camps and the GoB hospitals. Coordination and implementation of the refugee health services continues to be under the direct supervision of the Cox's Bazar district Civil Surgeon, MoH.

Services provided are comprehensive primary health care including nutrition, HIV/AIDS, and reproductive health. Refugees are referred to the Cox's Bazar district hospital and Chittagong regional hospital for secondary and tertiary medical care and advanced laboratory and radiological tests. A good range of laboratory tests are performed in the camps by trained Laboratory Technicians.

RTMI implements HIV/AIDS and reproductive health programs while ACF implements nutrition programs (supplementary and therapeutic care) in both camps and WASH activities in Kutupalong camp. The MoH implements out and in-patients, ambulance service and referral care. UNFPA, UNICEF and WHO have contributions to the refugee health program either through the office of the Civil Surgeon or the implementing partners.

Drugs, other needed medical supplies and therapeutic food items are procured by UNHCR and handed over to the MoH and in the case of therapeutic food items to ACF to rationally manage.

There is a sound health information system (HIS) in place which has significantly improved the credibility of health information collected, data analysis and interpretation. There is also a very good individual medical filing system that ensures easy access to health care services for all the registered refugees.

While this Mission acknowledges the achievements made in the health sector, it is very concerned that the services provided are heavily oriented towards curative care with very limited active involvement of the refugees in outreach community based health care. The MoH and RTMI staff spend most of their time providing health facility based health services. Outreach community based health work is relegated to the refugee health volunteers but most of them are deployed in the health and nutrition facilities to do facility based work.

## **Mortality and Morbidity**

Except for maternal mortality, the other core indicators of health are quite satisfactory and well within internationally accepted standards (refer to table in annex 4). Maternal deaths related to pregnancy and child birth can be averted if referral to a health facility is always promptly done. Whereas last year there was only one maternal death, this year by May, there was already a maternal death that could have been averted.

Morbidity due to ARI, acute and bloody diarrhoeas, skin, reproductive tract infections and malaria have been significantly reduced with improvements in shelters, introduction of less smoky ECO cooking stoves, water supply, syndromic management of reproductive tract infections, provision of long-lasting insecticide treated bednets and institutionalization of the use of new generation, more effective, anti malarial medicines.

**Current Health Manpower for the camps.**

Compared to other camp settings with far bigger refugee populations the health manpower deployed in the camps is quite sizeable for just 28,500 refugees. It includes 11 doctors, 14 nurses and 8 medical assistants from ACF, RTMI and the MoH. In addition, UNHCR has on its staff establishment 5 health and nutrition officers of whom 3 are medical doctors (one international and two nationals), 1 nutritionist and 1 assistant nutritionist. In Ukhiya and Teknaf Upazillas, the areas hosting the refugees there are 2 government health complexes that are meant to provide health services to an estimated host population of 400,000-500,000 persons. The health manpower on board in these two complexes is far smaller than the one in the two camps. The table in annex 4 shows the status of health manpower deployed in the camps.

As noted in the last JAM, the number of consultations per professional health worker per day in the camps is well below 50, the acceptable standard.

**Reproductive Health and Immunization**

As a result of the efforts of the Family Planning department of the MoH and UNHCR, the crude birth rate in the two camps has slightly reduced from 3.8% in 2009 to 3.2% in 2010. However, family planning acceptance is still quite low. Deliveries supervised by trained health workers have increased from 20% in 2008 to 80% this year. Many challenges are yet to be surmounted in the reproductive health sub sector to ensure that all the key reproductive health indicators are sustainably satisfactory.

The immunization status of the under five children and pregnant women has significantly improved. Compared to the last JAM findings which showed immunization coverage of about 60%, full immunization coverage is now well above 95%. Integrated management of childhood illnesses is routinely implemented now. Also regular growth monitoring is now the norm making it possible to diagnose medical and nutrition problems in under five children well before complications show up.

**Communicable Diseases Control and Epidemic Preparedness and Response**

Tuberculosis (TB) management is fully implemented based on the national protocols and using the resources provided by the GoB. At the time of the mission there were 23 TB cases under treatment. The incidence of malaria has also very significantly reduced with the introduction and sustained use of long lasting insecticide treated nets and treatment of cases using the new generation of anti malaria drugs.

Since 2008 resources to combat H1N1 Avian Influenza have been deployed to the camps by UNHCR and the GoB. IEC materials, awareness campaigns and pandemic prepared and response measures have been actively pursued and implemented. Active surveillance to detect H1N1, H5N1 and other potential disease outbreaks such as acute diarrhoea, measles, polio etc is in place. Except for an outbreak of cholera in early 2009 which was swiftly contained no disease outbreak has occurred in the camps to date.

Medical waste disposal and universal precautions against infections in the health centres  
Proper medical waste disposal using incinerators has been established in both camps. The incinerators are fully functioning. Regular checks of medical waste disposal are undertaken by the officers in charge. The cleanness of the laboratories and general upholding of universal precautions against infections in the health centres by all the staff is very much commended. The health centres have access to adequate potable water.

**Outreach Community Based Health Care services.**

As already pointed out there is too much emphasis on curative care. The MoH and RTMI staff provides health facility based health services. They rarely go into the camps to check the status of health of the refugees. Outreach community based health work is relegated to the refugee health volunteers. As a result, whatever the health volunteers report is taken without a verification of the validity of the information provided. The knowledge of the refugee health volunteers is limited to what they are told and made to learn at the time of their recruitment. There is no checklist of what they should do and how they should go about their work day to day. Most of them are deployed in the health centres to do manual or messengers' work.

It is important that the key health staff of the MoH, RTMI and ACF receive training on the basics of community based health care principles, strategies and mechanisms. Active involvement of the refugees themselves in the activities should be emphasized. An assessment of the capabilities and abilities of the refugee volunteers is necessary with a view to strengthening community based health care.

All the refugee health volunteers (hygiene promoters, community health workers (CHWs), community nutrition workers, etc) should also receive broad based training on the basic principles of community based health and nutrition care so that they can pass common messages cutting across all aspects good health and nutrition.

**Health services for the host communities of Ukhiya and Teknaf Upazillas**

In each Upazilla there is a health complex, with 30-50 bed inpatient capacity. If fully operational these two health complexes are supposed to be the first level of referral for both the locals and refugees thus reducing the burden on the secondary and tertiary hospitals in Cox's Bazar and Chittagong. Unfortunately, these health complexes are severely understaffed and are in a dilapidated state. As a result, UNHCR and its partners are forced to refer refugee patients from the camps directly to Cox's Bazar and/or Chittagong hospitals. The local population are not happy that refugees have better health care services in the camps with assured quick referral to higher levels of care free of charge while they have to find their own means to do so.

To allay this displeasure the mission recommends that in concert with the UNJI, GoB and partners, UNHCR should contribute towards the refurbishing and equipping of these two health complexes and also encourage the deployment of health and nutrition staff working in the camps to these complexes. Indirectly, such a contribution from UNHCR would also benefit other persons of concern to UNHCR given that the GoB does not encourage extending full direct assistance to the unregistered refugee population. The Director General of health services, Professor Shah Monir Hossain is in support of such a contribution by UNHCR.

**Chronic Anaemia**

Most recent surveys by ACF show that chronic anaemia in children under five years of age has markedly deteriorated in the last 18 months. A project to reduce anaemia<sup>25</sup>, was started in 2008 and by the end of 2008 it had reduced the prevalence of chronic anaemia in Nayapara and Kutupalong camps from 64.2% to 47% and still further in 2009 to 28.9%. This year, the prevalence has shot up to 49.3%!! No convincing reasons explain the marked deterioration. Perhaps it was because it was taken for granted by all the stakeholders as a successful project

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<sup>25</sup> One of the High Commissioner's special projects

without putting in place a solid action plan to consolidate the success and mainstream it into the overall regular health program activities. The summary table of anaemia rates for children under five in the two camps are in annex 4.

### **Recommendations**

- To strengthen community based health care in the camps all the key MoH, RTMI and ACF health and nutrition staff should be oriented on the basics and importance of community based health care programs, strategies and mechanisms to implement such programs in the refugee camps. UNHCR should take the lead in coordinating and organizing the orientation.
- A MoU with the MoH should be reached with UNHCR and UNJI to define support that UNHCR can give to refurbish, equip and/or deploy health and nutrition staff from the camps to Ukhiya and Teknaf health complexes to enable the host communities have access to quality health care at the sub districts level.
- Maintain the active surveillance measures for early disease outbreak detection and intervention.
- In view of the worsening state of chronic anaemia and high malnutrition rates in the under five refugee children, ACF, UNHCR, WFP and the GoB should in a joint manner expeditiously review the causes and steer the rates back to acceptable levels.

## **Water, sanitation and hygiene**

The water systems in both camps have been refurbished and upgraded. Each refugee has access to at least 16 -19 litres of potable water/day. Kutupalong refugees have access to more than 20 litres/person/day. Camp sanitation and personal hygiene remain challenging issues needing sustained mobilization and involvement of the refugees themselves. Use of outreach community health volunteers, mosque and refugee leaders and adolescent groups to mobilize the refugee community for weekly camp cleanliness campaigns and promotion of hygiene should be explored and put to test by the WASH colleagues working with RRRC, UNHCR, ACF and the MoH Doctor in charge of the camps. These different groups will need to be given orientation on issues of sanitation and hygiene that affect the camps with the aim of cascading knowledge to the refugees. Solid waste management continues to be a problem in both camps. It is not regularly taken care of. There are innovative environmentally friendly ways of treating solid waste such that a good portion of it can be used as manure for kitchen gardening and the unusable is properly disposed. The strategy put in place in Kutupalong camp by ACF will address these highlighted issues in addition to promoting more community involvement especially in camp cleanliness and garbage disposal.

### **Recommendations**

- The schools should all be connected to the camp water system to ensure water is available in the schools for drinking and personal hygiene and cleanliness use. To ensure uninterrupted water supply each school should have a water storage tank.
- The WASH section under UNHCR, ACF and RRRC should explore ways and means to best make use of solid waste in the camps such as converting to manure for kitchen gardening and disposing the residual deposits in an environmentally friendly manner. Consideration should be given to introduce school health lessons practical and theoretical to sensitize and instil best hygiene practices in the school-going children. Lessons on food and nutrition should also be included.
- Efforts to improve drainage in the camps should cover all the camp area.

## **Food Management**

### **Warehousing**

WFP is responsible for procurement of food commodities for general distribution and for its transport and delivery to the three GoB's Local Supply Depots (LSD) located in Teknaf, Ukhiya and Zhilonja. They are located at suitable distances from camps, are well structured and appear to be adequately maintained. From the LSD the Bangladesh Red Crescent Society (BDRCS - WFP and UNHCR implementing partner) transports them to the camp storage facilities. At the camp, refugee distribution volunteers are responsible for off-loading and scooping of the commodities. The refugees are given incentive of about 900 Taka<sup>26</sup> per month.

### **Food Distribution**

BDRCS is also responsible for management and distribution of the food at the camp level. Food commodities are distributed to refugees on a fortnightly basis over a six-day period in each camp. Distribution is organised according to their government registration number (known as MRC) through a master roll and refugees collect their ration directly from the distribution centres by presenting their "family book"<sup>27</sup>.

The distribution of commodities such as WSB, sugar, salt and oil is quite cumbersome given the small ration and food safety is a concern. The food access and utilisation study of 2007 revealed that food packaging which was used for pulses and blended foods at the time was highly successful in minimising scooping errors and recommended packaging for other commodities. Whilst reports in the camp suggest that packaging was stopped as it increased the moisture content and thus food spoilage, discussions at the country level revealed that in fact an internal WFP audit had recommended that packaging be discontinued due to higher costs incurred. The report also recommended that refugees be more involved in the distribution. The mission also felt that increased involvement of the refugees in the distribution would be positive and suggests a move towards a family group distribution<sup>28</sup>. Families of the same size would group together and the group elects one person as representative. The representative collects all the food on behalf of the group members, leaves the distribution area and then further (equal) distribution within the group takes place. Monitoring can be carried out by the refugees themselves, WFP, UNHCR and implementing partners. Disparities in the food given to each family are easily visible as each family should receive the same ration. Women can be mobilised to carry this out. This method has been successfully carried out in refugee and idp camp settings<sup>29</sup>. Adopting this approach would be in line with the mission suggestions that refugees should be increasingly empowered in their daily lives.

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<sup>26</sup> At the time of the assessment 70 taka was approximately 1USD

<sup>27</sup> A form of identification for refugee families, issued by the GoB.

<sup>28</sup> The UNHCR guide on Commodity Distribution (1997) highlights this method further.

<sup>29</sup> Ngara camp, Tanzania (see Field Exchange, January 1998), North Darfur – author observation

### **Recommendations**

- As reported in the 2006 JAM, the family book that is being used since the start of the operation continues to obstruct the smooth distribution of food. This should be replaced with ration card or a new family book.
- As the distribution of commodities such as WSB, sugar, salt and oil is quite cumbersome the following options are proposed:
  1. Family group distribution- with no scooping but a bulk package to be distributed at the distribution site and divided equally among the family heads. The groups are proposed as per the family size. This will allow fair, transparent, and equitable system. This will also allow self monitoring by the refugees and community harmonisation.
  2. Provide standard good quality containers for WSB, Oil, Sugar and Salt to maintain food quality and better storage at the household level.
  3. Salt to be procured and distributed in 1 kg to protect loss of iodine.

### **Pipeline Breaks**

The table in annex 5 notes the occasions when WFP was unable to maintain the food pipeline: no major pipeline breaks were reported but when it does happen it is recommended that a substitution be made where possible in order to retain the nutritional contribution of the ration to the overall diet of the refugees.

### **Recommendations**

- When a pipeline break occurs substitute commodities in line with WFP guidelines if possible.

### **Food Basket Monitoring**

One Food Basket Monitor (FBM), employed by TAI and funded by UNHCR, is present in the distribution centre on each distribution day and is responsible for weighing the rations of a random sample of approximately 15% of families collecting their ration on any given day. This is sometimes problematic for the FBM as they receive many requests from families to have their rations weighed as the families are not confident they have received their full entitlement. BDRCS statistics for FBM showed that 98% of the refugees received the ration that was allocated to them per cycle from the sample. The mission members were extremely impressed by this figure but a closer look at the methodology for the FBM highlighted the non-random nature of selection of the beneficiaries. In both camps the food basket monitoring area was located in eye view of the distribution area and in Nayapara camp in particular the food basket monitor watched the distribution and pointed out the beneficiary to take part in the food basket monitoring. The mission was informed that WFP had led the development of a new methodology in collaboration with UNHCR and TAI, whereby a strict random sample would be taken for FBM. This will be important in determining the accuracy of the reported 98% who receive the correct ration which is inconsistent with beneficiary reports and is supported by the mission.



The physical presence of the food basket monitoring station within the distribution centre is causing additional inconvenience due to the limited amount of space and especially in Nayapara.

**Recommendations**

- Ensure that the random sampling methodology for FBM developed by WFP, UNHCR and TAI is applied immediately.

## Education

A 2009 survey found that over 70% of heads of households in the official camps had no formal education, while only 18 had received any primary education (up to 5 years of education). Just 3 had attended any years of secondary education (6 or more years of education). More male household heads had primary or higher education compared to female household heads<sup>30</sup>. GoB has provided permission to upgrade schools from grade 5 to grade 8. This should be implemented soonest with the support from UNHCR and WFP. There is no formal final exam for completion of primary grade in camps which hampers furthering into higher grades. UNICEF/UNHCR to ensure this is taken up with the Ministry of Education.

In the official camps, there are 10 and 11 schools in Nayapara and Kutupalong respectively which are supported by UNICEF. They include formal and non-formal primary education systems with pre-primary and playgroup classes. Current program data shows that a total of 9,098 students are enrolled in the two official camp schools with 49.6% girls. In addition, there is a literacy program for adolescents and adults where around 700 students are enrolled. The school attendance rate in April 2010 was over 80% in both camps. A number of students attend *madrassas* both inside and outside the camps and private tuition is also common. There is no high school in the camps and therefore no provision for secondary education although advocacy is on-going by UNHCR and partners to allow access to secondary education. A table showing the percentage of refugees achieving different levels of education is shown in annex 6.

At the national level, the Net Enrolment Rate in primary education is over 90 (boys 88 and girls 94%) with 50% girls' enrolment<sup>31</sup>. Gross Enrolment Rate in 2008 was 97 with 93% for boys and 103% for girls. Overall absenteeism was 19% in 2008, (20% for boys and 18% for girls). Primary school completion rate 50% in 2008<sup>32</sup>. Ratio of female to male teachers in all the ten categories of primary education is 40.4:59.6<sup>33</sup>.

The UNHCR Profiling Report also found that, of 7,779 children between 5 and 14 years of age on 'active' status (receiving food rations), 66% are enrolled in camp schools. Of the 1,800 children on 'hold' status (not receiving food rations) in the same age group, only 36% are enrolled in camp schools. Therefore, the results show that government registration status and the distribution of food rations has a significant impact on school attendance. These figures can be analysed together with the figures on child labour that show that 11% of the children on 'hold' status from 6 to 17 years of age are engaged in child labour, while only 2% of the children on 'active' status from 6 to 17 years old are engaged in child labour<sup>34</sup>. TAI has been

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<sup>30</sup> Report of Nutrition and Food Security Rapid Assessment in the Kutupalong unregistered makeshift site of Cox's Bazar in Bangladesh by ACF International Network, 5th March 2010.

<sup>31</sup> Bangladesh Bureau of Educational Information and Statistics (BANBEIS)  
[http://www.banbeis.gov.bd/db\\_bb/primary\\_education\\_1.html](http://www.banbeis.gov.bd/db_bb/primary_education_1.html) (24 May 2010)

<sup>32</sup> PEDP-II Annual Sector Performance Report-2009

<sup>33</sup> MDG Needs Assessment Report-2009

<sup>34</sup> UNHCR Bangladesh Profiling Exercise Nayapara & Kutupalong Refugee Camps, December 2008 - September 2009.

conducting adult and adolescent literacy classes since 2005. In these non-formal literacy course- Bengali, English, Burmese and numeracy skills are included. WFP provides fortified biscuits to adolescent girls and UNHCR the micronutrient powder (MNP) to address micronutrient deficiencies.

In the makeshift camp in Kutupalong, there is no education facility available.

The JAM noted the regular distribution of high-energy fortified biscuits to children in schools, Children like the biscuits to enhance their nutritional needs. Both the quality and the quantity of the biscuits are found to be adequate.

### **Recommendations**

- It is necessary to include formal final exam for completion of primary grade in camps in line with national education policy and curriculum. This would provide children with certification for enrolment in higher grades.
- The JAM strongly supports continued advocacy for access to higher grades to be made available to keep the youth occupied and to provide further opportunity to girls and boys to enhance their skills.
- Continue approach to allow schooling up to grade 8 in the camps to be implemented at soonest with support on infrastructure, teachers and other materials from UNHCR with biscuits provided by WFP.
- Consideration should be given to introduce school health lessons practical and theoretical to sensitize and instil best hygiene practices in the school going children.
- Provision of high energy fortified biscuits to be continued to address short-term hunger and micronutrients for school children.
- Ensure that the uniform produced by TAI continues to be distributed by RMTI in consultation with UNHCR.
- Though UNICEF is the lead agency for Education, it is crucial that UNHCR oversees the administration and coordination.

## Skills training

The two camps maintain some excellent skills training workshops and well-developed courses. These include computing, rickshaw and mobile phone repair, electrical skills, carpentry, tailoring and mushroom production.

However, given the restrictions on movement of the refugees outside the camp and the limited potential to undertake income generation or be employed in or out of the camp, the skills developed cannot be optimised. The question remains as to what extent these developed skills can assist the refugees in achieving some reasonable degree of self reliance. Beneficiaries of the skills training expressed their satisfaction with the courses as such and the skills they had built up. Some were optimistic about what they would like to do in the future in terms of practising their trade, others were less enthusiastic saying that they would not be able to use the skills themselves but that, on a positive note, they would have the possibility to pass it on to their sons or even grandsons. This goes to highlight the desperation of the situation and the feeling that the possibility of durable solutions for all is unlikely in this generation. UNHCR pointed out the disappointment for many refugees at the end of their skills training when there was no use for the skills they had learned. Despite this there were some positive stories whereby refugees had been able to build up a small activity which could function within the camp setting and assist in providing for the family. A UNHCR/ILO report<sup>35</sup> highlighted market demand for skills and products of the skills training along with constraints and barriers. This was noted in a comprehensive table (Matrix 2 in the aforementioned report) and the JAM suggests that it is revisited in the light of the recent developments in terms of engagement in IGAs. In addition, as mentioned earlier in this report, skills and improved knowledge are attributes that are known to improve resettlement chances and acceptance.

In addition to the more formalised skills training sessions in the camps the mission felt that efforts could be made to enhance the skills of refugees through greater implication in the regular tasks undertaken in the camp.

For example, toothpowder and soap production is an activity that small groups of women are involved in and for which they receive an incentive. The toothpowder is then distributed as part of non-food items. This activity is however managed by TAI/UNHCR and thus does not empower the refugees to take initiatives and manage at least the production process (and eventually the distribution) by themselves.

Extremely low levels of literacy mean that many people within the camp and especially women are unable to write their name or read numbers on a banknote. This limits their capacity to take full control of activities within the camp (for example weighing the ingredients for the tooth powder) but it could be feasible to work towards this initially under supervision by the agencies and then later with only monitoring<sup>36</sup>. The mission felt that in all

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<sup>35</sup> UNHCR and ILO Rapid Appraisal of the Livelihood Capability of the Refugees: Kutupalong And Nayapara Refugee Camps, December 2008

<sup>36</sup> Indeed the UNHCR/ILO report suggested handover of soap and tooth powder making to the management of camp refugees and application of a more participatory and community-based approach.

aspects of daily life in the camp the refugees could take a more prominent role and a community based, more grass-roots approach should be encouraged and supported by all agencies working in the camp. This means some coordinated discussions between agencies, the CIC, camp committees and refugees and careful planning.

**Recommendations:**

- To continue to carry out and define skills training after careful review of the UNHCR/ILO report and specifically Matrix 2 in the light of developments regarding undertaking income generating activities. The JAM also encourages innovative solutions for skills development in consultation with refugees on optimising the use of these skills. This would include a feasibility study on linking vocational training with work placement.

## Community Services and Management

By the nature of the interventions that the humanitarian community has undertaken over the last 19 years, it has rendered the refugees dependent on them for not only direct assistance but also for taking all decisions on their behalf. Refugees are exploited by those with power be they from within or outside of their community, be they officials or be they agencies whether it is deliberate or inadvertent. Not least this exploitation partly derives from the lack of education which is also linked with lack of empowerment. Part of the complexity of the Rohingya refugee setting is sadly the very low possibility that a political solution which will allow their repatriation will be achieved in the coming years. The JAM appreciated that there are many initiatives on-going to foster community ownership<sup>37</sup> but emphasise that efforts should be enhanced to encourage active involvement of the refugees in the daily activities of the camp. Greater participation in their own outcomes may go some way to reducing the sense of hopelessness and helplessness amongst refugees and increase empowerment. Agencies operating within the camps along with refugees could reflect on the small actions and innovative ways to develop practical skills that can be immediately utilised. Once the feasibility has been worked out the various actions should be adopted. Leadership training is also suggested for existing committees to strengthen their inputs and role in addition to the current activities such as leadership training for female leaders.

Whilst committees exist, their roles and responsibilities do not always seem to be clearly defined. The refugee leaders receive orientation on their roles and responsibilities which were developed on a consultative basis however the school management committee responsibilities were felt to be less clear and it did not seem to have a particular role in decision making in the school. The camp committee seemed to be involved in problem solving (although to what extent it was not clear) rather than being decisional. The JAM team did not map the committees and groups existing in the camps nor did it look into what each was assigned to do and to what extent this was carried out or adhered to, so the preceding statements remain observational not verified.

Active adolescent groups and the recently formed scouting movement (with 48 scouts in each camp) which encourages the male youth to take a role in the community are promising examples of enhancing community participation.

Indeed the above points reiterate the commitment made in the UNHCR Comprehensive Plan 2010 that community mobilization and self management would remain the cornerstone of the UNHCR programme in Bangladesh in 2010 and 2011.

### Recommendations

- The team felt that fostering a sense of community involvement and ownership in the daily life of the camp would be beneficial.
- Involve refugees in camp activities as much as possible and promote a grass roots

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<sup>37</sup> These initiatives include formation of block committees who take action to address their concerns, women support groups, youth and adolescent groups that are being restructured, formation of water and sanitation committees.

approach. Even if, given the current political situation which prevents either their return or ability to interact in the local environment they will remain dependent on international assistance to ensure their food and non-food needs for some time to come, changing the mindset will be a positive step forward in helping towards self reliance when a longer term durable solution is found. A particular focus on women allowing them to appreciate what it means to be empowered, and take up positions of leadership is recommended.



## **Environment**

The eco-stove launched by UNHCR in 2008 aimed to protect the environment and reduce the risk of exposure to physical violence the refugees face when collecting fire wood. The eco-stove should also reduce the cooking smoke in the sheds for the 2412 families who already have it installed. However, not all the refugees are using them. A number of refugees claim it takes a lot of space hence further reducing the residential space for sleeping. CRH is distributed for cooking fuel. There has recently been a reduction in the quantity due to shortage and thus refugees have to return to using firewood which also has a negative impact on security as well as the environment. Men, women, boys and girls alike have expressed their fear of collecting firewood from the forest to meet the shortfall because of beatings and harassment by villagers.

The team visited living sheds with an eco-stove and noted the cleanliness of the internal environment. There were however reports that fuel was not saved but this could be explained by the fact that some stoves had a double burner and thus more food could be cooked at one time. It was unclear to what extent the eco-stove team trains in the use of the stove but the beneficiary informed us that she had been trained only on maintenance but not cooking practices. A monitoring of the use of the stoves including consumption of CRH and wood is recommended.

The biogas project initiated in Kutupalong has shown that human waste can be positively used to provide energy for cooking hence further reducing dependence on firewood. This produces only enough to provide energy for the staff kitchen of the therapeutic feeding centre but appears to be relatively successful. An assessment of its impact would be useful in determining how far this can be replicated in both Kutupalong and Nayapara camps. There are unfounded rumours about the hygiene aspects of using human waste for cooking and it would be necessary to conduct awareness raising to dispel these. This would be advisable with the full participation of the camp leaders and religious leaders as the method offers a very good way of disposing human waste particularly in congested camps such as Kutupalong and Nayapara.

General camp cleanliness and maintenance is an unending challenge. Weekly camp cleanliness campaigns would go a long way in ensuring clean camp settings. In addition to instilling ownership at the household level, refugee groups such as the boy scouts, children of school going age, hygiene promoters and refugee leaders could be continuously encouraged and charged with the responsibility of ensuring that the camps are kept clean at all times. Efforts thus far made to improve drainage in the camps should fully cover the entire camps' area.

Fire hazards are a real concern in both camps given the congestion of the refugee dwellings and materials used to construct the shelters. The offices of the RRRC and UNHCR in Cox's Bazar are strongly urged to seek means and install measures that can minimize fire outbreaks. Training of refugees on management of fires is crucial to their prompt containment.

Afforestation activities in the camps should also be encouraged using school going children, the boy scouts and refugee leaders. Regular tree planting competition with prizes may go a long way to inculcate the importance of tree planting and care. Afforestation would also

minimize soil erosion, a concern in both camps and which also inhibits the possibility of gardening even if efforts are being made in the camp to shore up land around sheds.

### **Recommendations**

- Develop further training for the use of the eco-stoves.
- A detailed assessment of the impact of the biogas pilot project started in Kutupalong is recommended with a view to determining the feasibility of replication in the camps.
- Introduce systematic fire hazards management measures in the camps including training of the refugees to address and minimize the dangers.
- Efforts should also be made to minimize soil erosion including afforestation activities in the camps which should be encouraged using school going children, the boy scouts and refugee leaders. Regular tree planting competition with prizes may go a long way to inculcate the importance of tree planting and care.
- Carry out weekly camp cleanliness campaigns.

## Host Population and working with UN Joint Initiative

The latest data on MDGs indicates that Bangladesh is doing well on a number of indicators, but district and Upazilla level disparities in performance are a major challenge to achieving targets by 2015. If Bangladesh is to achieve MDG targets, priority must be given to accelerating progress in these low-performing districts and Upazilla. This fact is acknowledged by the PRSP-II, which states that *“Sharp regional contrasts exist in the incidence of poverty. Special policy measures are needed to accelerate poverty reduction in the regions lagging behind.”* It is in this context that the United Nations Joint Community Development Initiative (UNJI) is being proposed for a period of four years in two Upazillas, Teknaf and Ukhiya of Cox’s Bazar, which is one of the lowest performing districts in the country and also vulnerable to climate change. The four UN Agencies (UNICEF, WFP, UNDP and UNFPA) already have projects in Cox’s Bazar. These UN agencies will adopt a joint approach to accelerate the progress on MDGs in these Upazilla for greater synergy and complementarities. UNJI will target the poor population, estimated at 282,828, in the two Upazilla, which is approximately 70% of the total population. This also includes Rohingya refugees from Myanmar in the host population. The Government has already approved Cox’s Bazar as a district requiring focused attention and convergence of interventions to reduce poverty and accelerate progress towards achieving MDGs.

An Annual Work Plan was finalized by a wide-spectrum of stakeholders, including District Local Administration officials, representative from the central government (Economic Relation Division, Ministry of Finance), NGOs and elected representatives. The UNJI agencies have earmarked Euro 7.53 million for the initial activities to be started in three unions.

The overall objective of this initiative is to address four key areas which are causes of poverty: poor quality of social services, lack of sustainable livelihood opportunities, food insecurity, governance and weak institutional capacity.

### **Recommendations:**

WFP to initiate a school feeding programme in the host communities and UNICEF and WFP to start nutrition programmes for moderately and severely malnourished children and PLW. This should be integrated with ongoing education and health programmes.

## Summary of Recommendations

<i>Recommendation</i>	<i>Time Frame</i>	<i>Action by</i>	<i>Support from</i>
<b>PROTECTION</b>			
UNHCR and the Government should compile a master list of all refugees appearing on their different registers, jointly establish and agree on mechanisms, modalities and criteria for verification and the generation of a new list.	Immediate	UNHCR	Govt
UNHCR, Government and WFP should establish a standing joint committee that will, amongst other things, do the following:  i) implement and work on the details of verification, consolidation and harmonization of the lists ii) frequently update and maintain the accuracy of the joint list iii) determine and agree on any additions, deletions or alterations to the joint list for purposes of food rations or access to other services by refugees in the camps.		UNHCR	Govt WFP
UNHCR should coordinate and work closely with the UN Joint Initiative and other agencies working outside the camps in order to obtain better information on the situation of the larger Rohingya population with a view to influencing interventions that might address their protection and other needs.		UNHCR	UNJI
UNHCR should encourage and to the extent possible, support the Government's initiative to obtain demographic and other information on the unregistered refugees.		UNHCR	Govt
The protection and resettlement section in UNHCR should work closely with the harmonization process to ensure that refugees who are in need of resettlement are not excluded from submission on the basis of record inconsistencies or database incompatibility.		UNHCR	

<b>COORDINATION</b>			
UNHCR should take the lead in reviewing the existing coordination arrangements with a view to enhancing their effectiveness and should, in this regard, designate a focal person for each of the camps. At the camp level there should be regular bi-weekly or monthly coordination meetings attended by all the key partners working in the camps.	As soon as possible	UNHCR	
UNHCR and the Government and in close consultation with the other partners, should review the governance structures in the camps, define and articulate the role and responsibilities of the CIC and to the extent possible, have a written understanding that can be reviewed periodically.		UNHCR Govt	Partners
In view of the high turn over of staff, UNHCR should organize regular orientation meetings for new staff members of all partners, including the Government, police and security personnel in the camps. The focus of the training should be on the protection role and mandate of UNHCR, coordination mechanisms in the camps and the role and responsibilities of the different actors and the refugee program in general.		UNHCR	

<b>FOOD SECURITY AND NUTRITION</b>			
To implement the above nutrition strategy at the soonest possible to address high prevalence of wasting among children 6-23 months. The plan is already developed by the partners to initiate take home supplementary feeding for PLW and others.	Immediate	UNHCR WFP	
Given poor diet diversity and purchasing power, it is proposed to organise a distribution of food vouchers to the most vulnerable households within 6 months. This will optimise the dietary diversity and increase protein and micronutrient content of the diet. This will be the responsibility of UNHCR.	First quarter 2011	UNHCR	WFP

UNHCR, in consultation with WFP, ACF and TAI to develop a consolidated and comprehensive strategy for vegetable production based on targeting of the more vulnerable households, choice of seeds which optimises both production and nutritional goals and awareness of the utilisation aspects of the production.	First quarter 2011	UNHCR	WFP ACF TAI
WFP, UNHCR and ACF hold a workshop to map out the food availability, access and utilisation chain to define gaps in knowledge based on which a follow-up study on food access and utilisation focusing on intra-household sharing of food and dietary diversity and feeding practices of children from 6-23 months would be carried out. The study could include consumption and marketing of vegetables produced in home gardens as well as marketing of the food ration in terms of monetary costs.	By end of 2010	UNHCR WFP	ACF
The JAM recommends that a mapping exercise of all monitoring /assessments done in the camps is carried out to consolidate information collected. Food security and nutrition assessments are recommended to be carried out as a collaborative effort between actors in that domain.	By end of 2010	UNHCR WFP	
Review the distribution of non-food items (clothes, bednets, blankets) and undertake distributions for the refugee population to allow resources to be focused on food needs and to reduce the need to sell the food ration.	First quarter 2011	UNHCR	

<b>HEALTH</b>			
To strengthen community based health care in the camps all the key MoH, RTMI and ACF health and nutrition staff should be oriented on the basics and importance of community based health care programs, strategies and mechanisms to implement such programs in the refugee camps. UNHCR should take the lead in coordinating and organizing the orientation.	By end of 2010	UNHCR	MoH RTMI ACF

A MoU with the MoH should be reached with UNHCR and UNJI to define support that UNHCR can give to refurbish, equip and/or deploy health and nutrition staff from the camps to Ukhiya and Teknaf health complexes to enable the host communities have access to quality health care at the Upazilla level.	As soon as possible	UNHCR	MoH UNJI
Maintain the active surveillance measures for early disease outbreak detection and intervention.	All year round	UNHCR	MoH
In view of the worsening state of chronic anaemia and high malnutrition rates in the under five refugee children, ACF, UNHCR, WFP and the GoB should in a joint manner expeditiously review the causes and steer the rates back to acceptable levels.	Immediate	UNHCR WFP	RRRC ACF

<b>WATER, SANITATION AND HYGIENE</b>			
The schools should all be connected to the camp water system to ensure water is available in the schools for drinking and personal hygiene and cleanness use. To ensure uninterrupted water supply each school should have a water storage tank.	By end of 2010	UNHCR	RRRC ACF
The WASH section under UNHCR, ACF and RRRC should explore ways and means to best make use of solid waste in the camps such as converting to manure for kitchen gardening and disposing the residual deposits in an environmentally friendly manner. Consideration should be given to introduce school health lessons practical and theoretical to sensitize and instil best hygiene practices in the school-going children	First quarter 2011	UNHCR	RRRC ACF

Efforts to improve drainage in the camps should cover all the camp area.	As soon as possible	UNHCR	RRRC
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<b>FOOD MANAGEMENT</b>			
As reported in the 2006 JAM, the family book that is being used since the start of the operation continues to obstruct the smooth distribution of food. This should be replaced with ration card or a new family book.	As soon as possible	UNHCR	WFP Govt
As the distribution of commodities such as oil, WSB, sugar, salt and oil is quite cumbersome the following options are proposed: Family group distribution- with no scooping but a bulk package to be distributed at the distribution site and dived equally among the family heads. The groups are proposed as per the family size. This will allow fair, transparent, and equitable system. This will also allow self monitoring by the refugees and community harmonisation. Provide standard good quality containers for WSB, Oil, Sugar and Salt to maintain food quality and better storage at the household level. Salt to be procured and distributed in 1 kg to protect loss of iodine.	As soon as possible	WFP UNHCR	
When a pipeline break occurs substitute commodities in line with WFP guidelines if possible.	On-going	WFP	
Ensure that the random sampling methodology for FBM developed by WFP, UNHCR and TAI is applied immediately.	Immediate	WFP UNHCR	TAI



EDUCATION			
It is necessary to include formal final exam for completion of primary grade in camps in line with national education policy and curriculum. This would provide children with certification for enrolment in higher grades.		UNHCR	
Access to higher grades to be made available to keep the youth who have completed primary school occupied and to provide further opportunity to girls and boys to enhance their skills.			
Schooling up to grade 8 in the camps should be implemented soonest with support on infrastructure, teachers and other materials from UNHCR with biscuits provided by WFP.			
Consideration should be given to introduce school health lessons practical and theoretical to sensitize and instil best hygiene practices in the school going children.			
Provision of high energy fortified biscuits to be continued to address short-term hunger and micronutrients for school children.			
The uniform produced by TAI to be distributed by RMTI in consultation with UNHCR.			
Though UNICEF is the lead agency for Education, it is crucial that UNHCR oversees the administration and coordination.			

<b>SKILLS TRAINING</b>			
To continue to carry out and define skills training after careful review of the UNHCR/ILO report and specifically Matrix 2 in the light of developments regarding undertaking income generating activities. The JAM also encourages innovative solutions for skills development in consultation with refugees on optimising the use of these skills.	As soon as possible	UNHCR	TAI ACF

<b>COMMUNITY SERVICES AND MANAGEMENT</b>			
The team felt that fostering a sense of community involvement and ownership in the daily life of the camp would be beneficial.	On-going	UNHCR	Partners
Involve refugees in camp activities as much as possible and promote a grass roots approach. A particular focus on women allowing them to appreciate what it means to be empowered, and take up positions of leadership is recommended.	On-going	UNHCR	Partners

<b>ENVIRONMENT</b>			
Develop further training for the use of the eco-stoves.		UNHCR	TAI
A detailed assessment of the impact of the biogas pilot project started in Kutupalong is recommended with a view to determining the feasibility of replication in the camps.			
Introduce systematic fire hazards management measures in the camps including training of the refugees to address and minimize the dangers.			
Efforts should also be made to minimize soil erosion including afforestation activities in the camps which should be encouraged using school going children,			

the boy scouts and refugee leaders. Regular tree planting competition with prizes may go a long way to inculcate the importance of tree planting and care.			
Carry out weekly camp cleanliness campaigns.			

<b>HOST POPULATION AND UNJI</b>			
WFP to initiate a school feeding programme in the host communities and UNICEF and WFP to start nutrition programmes for moderately and severely malnourished children and PLW. This should be integrated with ongoing education and health programmes.		UNJI	

## Annexes

### Annex 1: Agencies, organisations and Government Ministries met

Agencies and organisations		Government	
Action Contre la Faim	Dhaka, Cox's Bazar, Kutupalong, Nayapara	Ministry of Food and Disaster Management	Dhaka
Bangladesh Red Crescent Society	Cox's Bazar, Kutupalong, Nayapara	Refugee Relief and Repatriation Commission (MFDM)	Cox's Bazar
Handicap International	Coxs Bazar	Camp in Charge (MFDM)	Kutupalong and Nayapara camps
Medecins sans Frontieres	Dhaka	Deputy Commissioner Office	Cox's Bazar
Muslim Aid	Nayapara	Upazilla Nirbahi Officers	Ukhiya and Teknaf
Research, Management and Training International	Cox's Bazar, Nayapara	Ministry of Health	Dhaka, Cox's Bazar, Ukhiya and Teknaf
Technical Assistance Inc	Cox's Bazar		
UN Population Fund	Cox's Bazar		
UNHCR	Dhaka, Cox's Bazar, Kutupalong, Nayapara		
UNICEF (for UNJI)	Cox's Bazar		
World Food Programme	Dhaka, Cox's Bazar, Kutupalong, Nayapara		

## Annex 2: Nutrition Situation in Ukhiya and Teknaf Upazilla including the refugees in the official camps

**NOTE:** The surveys which gave rise to the figures shown in the table below cannot be compared directly. The methodology for the registered camp and host population were similar but the time of year was different (in the camps this corresponded to the peak period for diseases). The figures for the makeshift camp derive from a rapid assessment and are not fully statistically representative. Thus, whilst the figures point to a worrying nutrition situation in the registered camps, the host community and the makeshift camp, comparisons must be treated with caution. The reports and the agency in charge of them, Action Contre la Faim, can be consulted for further details.

Table 1: Nutritional status among various population groups in two selected Upazilla in Cox's Bazar

Nutritional Status in different age groups		Ukhiya Upazilla			Teknaf Upazilla			National level <sup>41</sup>
		Kutupalong	Ukhiya	Kutupalong	Nayapara	Teknaf	Leda side camp	
		Registered Camp 2010 <sup>38</sup>	Host Community <sup>39</sup>	Unreg. Makeshift camp <sup>40</sup>	Registered Camp 2010	Host Community		
Global wasting (%)	6-23 m	25.6	13.4	19.5	29.0	16.0	-	17.1
	6-59 m	13.6	11.9	13.3	15.9	14.1	-	13.5
Global stunting (%)	6-23 m	43.4	40.9	56.9	57.1	44.6	-	40.5
	6-59 m	64.0	55.2	59.5	70.9	54.5	-	48.6
Global underweight	6-23	52.3	-	-	57.0	-	-	32.5

<sup>38</sup> Annual food security and nutrition survey by ACF, April-May 2010 (preliminary result tables)

<sup>39</sup> Anthropometric and Retrospective Mortality surveys children from 6 to 59 months, Ukhiya and Teknaf upazillas of Chittagong District by ACF International Network, December 2009.

<sup>40</sup> Report of Nutrition and Food Security Rapid Assessment in the Kutupalong unregistered makeshift site of Cox's Bazar in Bangladesh by ACF International Network, 5th March 2010.

<sup>41</sup> Household Food Security and Nutrition Assessment in Bangladesh, WFP-UNICEF-IPHN, January 2009.

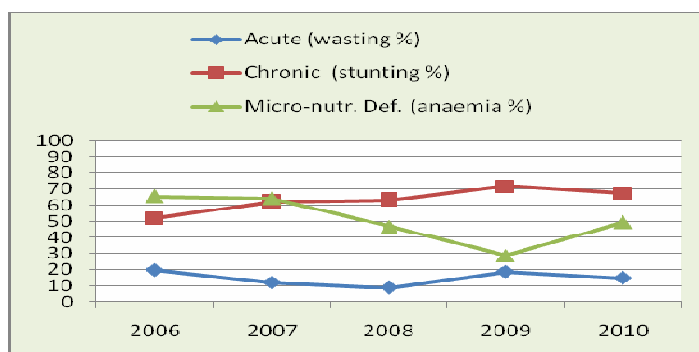
(%)	m							
	6-59 m	53.5	45.3	--	58.8	47.0	-	37.4
Anaemia (Hb<11g/dl)	6-23 m	59.2	-	-	66.7	-	-	
	6-59 m	46.4	-	-	52.7	-	-	

*Note: For the host community and makeshift camp data, figures against 6-23 m age cell are the average of 6-17 and 18-29 m age group data*

Table 2: Trend in undernutrition among under-five children in two official camps and Tekna and Ukhiya Upazilla

Under-nutrition (6-59 m)	Average – Both Kutupalong and Nayapara Camps				
	2006	2007	2008	2009	2010
Global Wasting (%) – Acute undernutrition	19.6	12.1	8.6	18.7	14.8
Global Stunting (%) – Chronic undernutrition	51.9	61.9	63.0	71.7	67.2
Anaemia (Hb%<11g/dl) – micronutrient deficiency	65.4	64.2	47.0	28.9	49.3

Figure 1: Trend in undernutrition among under-five children in two official camps and Tekna and Ukhiya Upazilla



### Annex 3: The Food Basket

Table #: Food basket for registered refugees in Cox's Bazar District

Commodities	Amount per person per day ( gm)
Par Boiled Rice	450
Lentils/Pulses	40
Vegetable Oil( Enriched with Vitamin A)	20
Fortified Wheat Flour/Wheat Soy Blend	50
Sugar	10
Iodised Salt	10
Food Vouchers- Fresh Food items/Spices	For the most vulnerable groups?

#### Annex 4: Health Situation in Kutupalong and Nayapara official camps

Table 1: Morbidity and Mortality Indicators in Kutupalong and Nayapara camps

<b>Mortality</b>			
<b>Indicator</b>	<b>2009</b>	<b>2010</b>	<b>Asian Standard</b>
<b>Crude Mortality Rate</b> (death/1000/month)	0.30	0.42	<0.75
<b>Under 5 Mortality Rate</b> (death/1000/month)	0.33	0.51	<1.77
<b>Infant Mortality Rate</b> (death/1000 live birth/month)	10.91	21.68	<50
<b>Neonatal Mortality Rate</b> (death/1000 live birth/month)	3.64	8.13	<17
<b>Maternal Mortality Rate</b> (death/100000 live birth/year)	181.82	271	-

Table 2: Medical Personnel in Kutupalong and Nayapara camps

Organization	Camp	Number of Doctors		Number of Nurses		Number of Medical Assistants	
		Present	Vacant	Present	Vacant	Present	Vacant
ACF	KTP	1	0	2	0	0	0
	NYP	1	0	2	0	0	0
MoH	KTP	2	3	3	3	3	1
	NYP	3	3	2	4	1	3
RTMI	KTP	2	0	3	0	2	0
	NYP	2	1	2	1	2	0



**Table 3: Summary of anaemia rates for children under five in Kutupalong and Nayapara camps from 2006 to 2010.**

Anaemia trends			
	Nayapara camp	Kutupalong camp	Overall
2006	67.4%	62.8%	65.4%
2007	64.2%	64.1%	64.2%
2008	60%	28%	47%
2009	33.3%	23.2%	28.9%
2010	52.7%	46.4%	49.3%

## Annex 5: PRRO<sup>42</sup> Food Pipeline Break Status - 2009 WFP, Cox's Bazar Sub-office

Food Distribution Period	Commodities	Families	Persons	Quantity (MT)	Camp (KTP = Kutupalong, NYP = Nayapara)
<b>Year 2009</b>					
14 - 27 January	Salt	722	6093	0.853	KTP
9-11 February	HEB		8824	0.708	KTP - 2 school days NYP - 3 school days
25 Feb - 10 Mar	Salt(ktp)	2	7	0.0	KTP
25 Mar - 07 Apr	Salt (KTP)	1178	9803	1.372	KTP
	Salt (NYP)	588	8969	1.256	NYP
08 - 21 Apr	Salt	2955	23836	3.337	KTP & NYP
	Veg. oil	2955	23836	6.674	
16 Jun - 9 Jul	HEB (KTP)		4279	4.279	KTP - 20 school days
9 Jun - 9 Jul	HEB (NYP)		5066	4.250	NYP - 25 school days
29 Jul - 11 Aug	Salt	911	6769	0.948	NYP
12 - 25 Aug	B. Food	1771	14004	9.803	NYP
23 Sept - 06 Oct	Sugar	1175	9597	1.345	KTP
	Salt		4731	0.662	KTP
			4311	0.603	NYP
07 - 20 Oct	Sugar	2943	23,636	3.311	KTP & NYP

<sup>42</sup> Protracted Relief and Recovery Operation

21 Oct - 03 Nov	Sugar	2943	23660	3.312	KTP & NYP
26 Nov - 5 Dec	HEB (KTP)		4279	0.856	KTP - 4 school days
2 - 15 Dec	Pulse	1767	14034	7.859	NYP
	Salt	1767	14034	3.930	
16 - 29 Dec	Salt (KTP)	1177	9614	1.337	KTP & NYP
	Salt (NYP)	1767	14056	1.965	

## Annex 6: Education levels in Nayapara and Kutupalong camps

Table 1: Percentage of refugees achieving different levels of education in the camp.

Refugee Education levels in the official camps				
Education (Heads of households)	Nayapara Reg. Camp	Kutupalong Reg. Camp	Overall	
No education (%)	75.8	79.6	77.4	
Primary (1-5 years) (%)	21.5	15.5	18.4	
Secondary and above (>5 years) (%)	3.7	4.9	3.3	

## Annex 7: Agencies present in Kutupalong and Nayapara Refugee Camps and their Roles:

- The **GoB** through the Refugee Relief and Repatriation Commissioner (RRRC) office is responsible for refugee shelters, camp offices and law and order. The RRRC, through the appointed Camp-in-Charges (CIC), ensures the daily administration, coordination and delivery of services to both camps. The CIC oversees sanitation activities in Nayapara camp, including the maintenance and repair of sanitation facilities.
- **UNHCR**, in collaboration with the GoB, ensures the protection of refugees, including the voluntary nature of repatriation. It supports and coordinates the basic humanitarian assistance activities of partner agencies. UNHCR provides budget for health, nutrition, education, water, sanitation, shelter, community services and protection, as well as the provision of non-food items and food items. UNHCR is also responsible for repatriation kits and cash grants for refugees returning to Myanmar.
- **WFP** provides basic dry food commodities to the refugees in camps. A general food ration is provided to all registered refugees. WFP also supplies food for the Supplementary feeding program and school feeding program in all the camp schools through implementing partner RTMI. In the event of repatriation, WFP stands ready to provide assistance. There is no FFT at the moment but there is support programme through empty food packaging distribution
- **UNICEF** funds the education programme in both the camps through its implementing partner RTMI.
- **Action Contre la Faim (ACF)**, is providing nutrition services in the two camps as implementing partner of UNHCR. ACF also has a food security programme targeting families who have had children in the feeding centres for kitchen gardening. ACF is also undertaking water, sanitation and hygiene activities in Kutupalong camp
- **Austcare**, through its implementing partner TAI, is supporting skills training activities, sports and recreation, education, kitchen gardening and sanitation activities.
- **The Bangladesh Red Crescent Society (BDRCS)**, as an implementing partner of WFP and UNHCR, has overall responsibility for the distribution of the general food rations and non-food items such as compressed rice husk (CRH), kerosene, soap, tooth-powder and other relief items. They are also in charge of maintaining the camp level food warehouses.
- **Handicap International (HI)** is working to enhance access to services and opportunities to participate in community development for persons with disabilities in the refugee camps and surrounding communities.
- **Research, Management and Training International (RTMI)** currently implements reproductive health services as partner of UNFPA, education program as partner of UNICEF and school feeding program as partner of WFP. As UNHCR partner, they implement computer technology access (CTA) and psychosocial support programmes.
- **Technical Assistance Incorporated (TAI)** is an implementing partner for both UNHCR and WFP. The agency is currently responsible for community services activities, adult and

adolescent literacy programmes, skills training activities, kitchen gardening, distribution of female sanitary items, food basket monitoring, tree plantation and sports activities.

## Annex 8: Bibliography

Subject Area	Title
<b>Nutrition</b>	<p>ACF Nutritional Anthropometric And Retrospective Mortality Surveys of Children From 6 To 59 Months Teknaf and Ukhiya Upazilla Cox's Bazar District Bangladesh Oct.-Nov. 2009. Final Report April 2010</p> <p>UNHCR Bangladesh Nutrition Mission Report, Caroline Wilkinson October 2009</p>
<b>Health</b>	<p>UNHCR Health Summary Report 2009,</p> <p>UNHCR Health Report, Kutupalong 2009</p> <p>UNHCR Health Report, Nayapara 2009</p>
<b>Food Security &amp; Self Reliance</b>	<p>WFP Food Access and Utilisation Study WFP 2007</p> <p>ACF PDM Kitchen Gardening Report 2009</p> <p>WFP M&amp;E analysis for Beneficiary Contact Monitoring 2009</p> <p>UNHCR and ILO Rapid Appraisal of the Livelihood Capability of the Refugees: Kutupalong And Nayapara Refugee Camps, December 2008</p>
<b>Protection, demographics, the Rohingya</b>	<p>UNHCR Camp Demographics, 31<sup>st</sup> May 2010</p> <p>UNHCR Bangladesh Profiling Exercise, Nayapara and Kutupalong Refugee Camps, December 2008 – September 2009</p> <p>Education Update: At a glance June 2010</p> <p>A Brief Account on the History of the Muslim Population in Arakan, Peter Nicolaus, UNHCR Senior Repatriation Officer 4 August 1995</p> <p><i>Les Rohingya de birmanie; arakanais, musulmans et apatrides. Gabriel Defert 2007 Ed: Au lieu d'être. Out of stock.</i></p>
<b>WASH, environment</b>	<p>UHNCR Bangladesh 2009 Watsan survey report, Nayapara and Kutupalong refugee camps Cox's Bazar, Bangladesh</p> <p>UNHCR-ACF Joint Reconnaissance Field Assessment on Sanitation Situation in Kutupalong Camp, January 2010</p>

	<p>Does biofuel smoke contribute to anaemia and stunting in early childhood? Vinod Mishral and Robert D Retherford November 2006</p> <p>TAI Concept Note for Campaign for Mass Awareness on Eco-Stove</p> <p>UNHCR New Strategy for Promotion of Eco-stove, Mary Flomo-Hall, Community Services Officer</p> <p>UNHCR Energy Consumption Monitoring Tool</p> <p>Comparing the Impacts of Local People and Rohigya Refugees on Teknaf Game Reserve, Shah Jalal University of Science and Technology, Bangladesh Mohammed Salim Udim, Mohammed Abu Sayed Arfin Khan</p>
<b>Community Management</b>	<p>Guideline and Terms of Reference for Adolescent and Youth Groups Kutupalong and Nayapara Camps, UNHCR and TAI</p> <p>UNHCR Participatory Assessment, Summary Report February 2010</p>
<b>General Project Documents</b>	<p>UN Joint Initiative Proposal April 2010</p> <p>WFP-UNHCR Joint Plan of Action 2010</p> <p>WFP-UNHCR JAM Recommendations Progress 2010</p> <p>WFP Bangladesh Programme Monitoring Report January – December 2009, PRRO Assistance to Refugees from Myanmar</p> <p>UNHCR Comprehensive Plan Bangladesh 2010</p> <p>Muslim Aid Background: Muslim Aid work in Cox's Bazar</p>
<b>Others</b>	<p>JAM Report 2006</p> <p>JAM Report 2008</p>



## Annex 9: Terms of Reference

### **For the WFP-UNHCR Joint Assessment Mission for Myanmar Refugees in Bangladesh**

**May-June 2010**

#### **Background**

From late 1991 to early 1992 approximately 250,000 people from the North Rakhine State (NRS) of Myanmar, known as Rohingyas, took refuge in south-east Bangladesh following religious and ethnic persecution. A process of repatriation began in September 1992 and by mid-1997 about 230,000 refugees had returned to Myanmar, leaving a residual group of around 20,000. Repatriation peaked again in 2003 but there has been no repatriation since 2005 and there is currently little willingness to repatriate among the Rohingya population in Bangladesh. This is due to the ongoing human rights abuses in NRS such as restricted mobility, forced labour and the lack of recognition as citizens of Myanmar.

The Government of Bangladesh (GoB) maintains that repatriation is the only solution for the refugees and is opposed to the concept of local integration. To encourage repatriation and discourage a further influx, the Government of Bangladesh (GoB) has placed restrictions on the refugees' access to incomes and livelihoods. Policies such as the prohibition of permanent structures within in the camp, prohibition of refugees possessing cash or opening bank accounts, limited access to higher education and the restriction of movement in and out of the camps hinder the attainment of refugee self-reliance and perpetuate refugee dependence on humanitarian assistance.

Resettlement as an option for durable solutions became available to this group of refugees in 2006, however it is to be noted that this will only be a solution for a small number of people. By the end of 2007, 99 refugees had resettled in Canada. The programme continued and resulted in more countries accepting Rohingya refugees and resettlement of 178 persons to Canada (98), UK (34), Norway (4), New Zealand (23) and Sweden (19). In 2009 total number of 457 Rohingya refugees resettled to Australia (108), Canada (114), UK (109), Ireland (82), New Zealand (27) and USA (17). The resettlement programme is planned to continue in 2010. During the first quarter of 2010, 62 Rohingya refugees resettled to Australia (18), Canada (14) and UK (23). So far 796 Rohingya refugees resettled from Bangladesh. Resettlement is used strategically in Bangladesh to negotiate and achieve improvements in the situation in the camp for the remaining refugees and therefore pave the way for UNHCR's advocacy with the GoB. The desired outcome is for GoB to approve activities in the camp which improve the profile and capacity of the refugees, and is beneficial to all in the long term, whatever the durable solution may be.

As of 28 February 2010 there are 28 466 Rohingya refugees living in Kutupalong and Nayapara camps which are registered with UNHCR<sup>43</sup>. Of these, 24,312 are also registered as refugees with the government of Bangladesh<sup>44</sup>. Further to this, there are approximately 35,000 unregistered refugees residing at a “makeshift camp” next to Kutupalong camp and almost 13,000 unregistered refugees at the Leda unofficial site, 3 kilometres north of Nayapara Camp. It is estimated that anywhere between 100,000 and 400,000 Rohingyas from Myanmar have spontaneously settled in Bangladesh, which are currently receiving no assistance from either the GoB or the international community.

A major change in the overall situation since the 2008 JAM is the increasing number of unregistered refugees gathering around Kutupalong Camp. The first months of 2010 have also seen an intensification of the anti-Rohingya sentiment among the host population and local government officials and a crackdown by local authorities on freedom and movement of unregistered refugees in the Cox’s Bazar district. It is felt that particularly the proximity of such a large population in the vicinity of the camps is having a detrimental impact on the registered caseload, particularly with respect to food security and nutrition.

### **Previous Joint Assessment Missions**

**1993** First joint food assessment mission (JFAM) was undertaken

- Food basket and ration scale amounting to 2,221 kcal for general distribution proposed

**1996** Second JFAM

- Ration scale adjusted to reflect changes in the demographic composition of the populations with a higher percentage of women and children

**1998** Third joint JFAM

- Ration scale was further revised to 2,007 kcal's per day per person to match the demographic profile and activity level of the refugees
- Blended food introduced

**1999** Household Food Security Study carried out

**2001** Household Food Security Study carried out – no JFAM during this period

- As a result of these studies, the basic food ration of WFP provided 2,160 kcal per person/day, including 49g protein and 29g fat

**2002** Fourth JFAM - no change in food basket

**2004** Fifth JFAM - no change in food basket

**2006** Joint Assessment Mission (JAM) carried out

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<sup>43</sup> UNHCR Camp Population Report

<sup>44</sup> Office of the Refugee Relief and Repatriation Commissioner, February 2010

- Dried skimmed milk removed from selective feeding programmes because of issues related to food safety and leakage
- Food For Work (FFW) activities stopped as was not meeting objective of improving relations with host community

**2008** Joint Assessment Mission (JAM) took place in June

- No change in food basket, increased emphasis on self-reliance

**2010** JAM planned for 30 May-14 June.

## **Objectives**

- To determine how the food security and nutritional status of the refugees can be improved by reviewing the services, food basket, and other factors affecting nutrition and food security.
- To evaluate the success of the skills training and livelihood activities implemented to date and recommend how greater refugee self reliance can be attained.
- To assess the quality of camp services including health, water, sanitation and education.
- To assess the interrelationships between registered refugees, unregistered refugees and the host communities and recommend actions and strategies roles for the agencies which may help normalise the situation.

## **Methodology**

Information will be collected and compiled using a combination of methods including:

- Participatory approaches such as focus group discussions and semi-structured interviews with refugee women, men and young people;
- Consultations with WFP, UNHCR, NGO representatives and field staff, government, local authorities and refugee community leaders;
- Analysis of available studies and surveys on (ii) health and nutrition, (ii) refugee skills and capacities and (iii) security, protection and gender concerns; and
- Direct observations, including:
  - Inspection of general camp conditions, households, cooking areas, around water sources, toilets/defecation areas and storage areas;
  - Observation of food and water availability and cooking arrangements in a sample of households, and informal discussions with women, men and children in the household;
  - Observation of food distribution operations, selective feeding programmes, school feeding activities and skills training activities;
  - Visits to clinics, schools and other community services; discussions with health workers, teachers and community service workers;
  - Observations in markets within the camp and in the vicinity, and discussions with traders.
  - Meetings with local community leaders, health officials and education officers. Visits to local supply depots and camp warehouses.

**Analysis should include:*****General***

- Review the overall situation of the Rohingya refugees in Bangladesh including the situation of unregistered refugees and the impact the population is having on the effective running of the camps;
- Review the progress of 2008 JAM recommendations and 2010 Joint Plan of Action developed by WFP and UNHCR.

***Health/Nutrition/Food Security***

- Assess the public health and nutrition situation, in particular mortality and morbidity rates, access to health and sanitation services, caring and eating practices, malnutrition trends, micro nutrient deficiencies and nutrition and hygiene awareness/education in the camps;
- Assess the adequacy of kitchen gardening and poultry rearing arrangements and identify ways to enhance these activities;
- Review the recommendations of the 2009 Nutrition Survey and revisit action points subsequently developed based on the results of this assessment;
- Assess household food security (including access and utilisation of food and income) and identify reasons why food rations are used for purposes other than direct consumption;
- Assess the needs for related non-food assistance and the extent to which this affects nutritional status;
- Assess the therapeutic, supplementary and school feeding programs, with particular reference to how the quality of these programs can be enhanced;
- Review composition and adequacy of food basket including current levels of micronutrient fortification.
- Assess the coping mechanisms of the 5000 refugees in the UNHCR database who do not currently receive food assistance as they are not registered with the government.
- Review the level of integration between the kitchen gardening and nutrition programs and measures needed to achieve food diversification and access to complementary foods.
- Assess the impact of the unregistered refugee camp on the registered refugee camp at Kutupalong.

***Skills Training/Self Reliance***

- Review the effectiveness of skills training activities including appropriateness of incentives, opportunities for utilisation of skills learned and potential for new training activities;
- Identify opportunities to reduce refugees' dependency on aid and engage in meaningful self-reliance activities;

***Protection/Community Services***

- Assess factors that inhibit the receipt of entitlements by vulnerable/at risk individuals, and their impact;

- Assess the relationship between the camp population with the host community;
- Assess the current arrangements for registration/revalidation and refugee documents such as ration cards and ID cards; and
- Assess the extent of refugee participation in food management with particular reference to the opportunities and constraints faced by women in terms of access to or control of food or other forms of assistance, and recommend on how their participation could be strengthened;

### ***Distribution/Logistics***

- Review the effectiveness of the current food distribution system and monitoring/reporting arrangements, including WFP internal monitoring check-lists;
- Assess the logistical aspects of food and non-food delivery including:
  - Logistics management;
  - Adequacy of storage facilities and handling practices;
  - Timeliness and regularity of deliveries;
  - Food basket monitoring system;
  - Cost-effectiveness;
  - Losses; and
  - Possibilities to reduce constraints and increase efficiency.

### **Required output of the Mission**

A concise report that:

- Summarises the findings and analysis;
- Highlights the changes that have occurred in the general situation since the last joint assessment;
- Describes the extent to which previous recommendations have been implemented, the outcomes of those actions and/or the reasons for no action;
- Presents the implications of various possible measures that could improve the food security, nutritional status and self-reliance of the refugees;
- Describes any logistic constraints and proposes measures to increase capacity and efficiency, where possible, and provides cost estimates for those measures;
- Describes how refugee participation in food management can be promoted, particularly the participation of women;
- Provides, in light of all the above, recommendations for specific objectives and a strategic plan for food security and self-reliance for the next 12-24 months, and the corresponding actions to be taken by the government, WFP, UNHCR and other partners.

Before finalising the report, the provisional findings and recommendations should be presented to the host Government, other concerned UN-agencies, the major donors and key NGOs in a specially-convened wrap-up meeting. This session will endeavour to receive the endorsement of the findings by parties and their support for the recommendations.

The investigations of the Joint Assessment Mission will take place starting 30 May – 14 June 2010. The final report will be prepared in the standard format and is to be submitted to the UNHCR Representative and the WFP Country Director upon the completion of the mission.