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REPORT OF THE JOINT ASSESSMENT MISSION

BANGLADESH: 10 TO 17 OCTOBER 2004

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Glossary of Terms and Acronyms

AIDS	Acquired Immunodeficiency Syndrome	kg	Kilogram
ATT	Anti Tubercular Therapy (<i>anti-TB drugs</i>)	L	Litre
BCG	Bacille Calmette-Guérin (<i>vaccination against TB</i>)	LBW	Low Birth Weight
BCM	Beneficiary contact monitoring	LOU	Letter of Understanding
BDRCS	Bangladesh Red Crescent Society	LSD	Local Supply Depot
CHW	Community Health Worker	m,m2, m3	metre, metre squared, metre cubed
CI	Confidence Interval	MDMR	Ministry of Disaster Management and Relief
CIC	Camp In Charge	MFDM	Ministry of Food and Disaster Management
Civil Surgeon	Head of MOH at the district level	MOH	Ministry of Health
cm	Centimetre	MOU	Memorandum of Understanding
Concern	Irish NGO	MSF	Medecins Sans Frontieres
CRH	Compressed Rice Husks	MT	Metric Tonne
DC of Food	District Commissioner of Food	MUAC	Mid Upper Arm Circumference
DOTS	Directly Observed Therapy Short-course	NFI	Non Food Item
DPHE	Department of Public Health and Engineering	NGO	Non Governmental Organisation
DSM	Dry Skimmed Milk	OPD	Out Patient Department
Dunnage	Pallets that food is stacked on in a store	Paka	Bengali denoting of good quality
EC	European Commission	PHC	Primary Health Care
EDP	Extended Delivery Point	PRRO	Protracted Relief and Rehabilitation Operation
EPI	Extended Programme of Immunisation	RRRC	Refugee Relief and Repatriation Commissioner
EVI	Extremely Vulnerable Individual	SD	Standard Deviation
FAO	Food and Agricultural Organisation	SFC	Supplementary Feeding Centre
FBM	Food Basket Monitoring	SFP	Supplementary Feeding Programme
FFT	Food For Training	TB	Tuberculosis
FFW	Food For Work	TBA	Traditional Birth Attendant
FHH	Female Headed Household	TFC	Therapeutic Feeding Centre
GFR	Group Facilitated Repatriation	TFP	Therapeutic Feeding Programme
GJ	Giga Joule	Tk	Taka (<i>currency of Bangladesh</i>)
GM	Growth Monitoring	TOR	Terms of Reference
GOB	Government of Bangladesh	TT	Tetanus Toxoid
GOUM	Government of Union of Myanmar	U5MR	Under Five Mortality Rate
HAZ	Height for Age, Z-score	UNHCR	United Nations High Commissioner for Refugees
HEB	High Energy Biscuit	VDRL	Venereal Disease Research Laboratory slide test (test for syphilis)
HIV	Human Immunodeficiency Virus	VIP	Ventilated Improved Pit Latrine
IEC	Information Education and Communication	W/H	Weight for Height
IPD	In Patient Department	WFP	World Food Programme
IUD	Intrauterine Device	WHM	Weight for Height, percentage of the Median
JAM	Joint Assessment Mission	WHO	World Health Organisation
JAP	Joint Action Plan	WHZ	Weight for Height, Z-score
JFAM	Joint Food Assessment Mission	Z (score)	Refers to the number of standard deviations from the median of a reference population.
Kcal	Kilocalorie		

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Executive Summary

- a) The Joint Assessment Mission comprising of representatives of UNHCR, WFP and the Government of Bangladesh conducted the mission from the 10th to the 17th of October 2004. The objectives of the mission were to carry out an assessment of food and non-food requirements of the ongoing operation, to focus on the underlying causes of persistently high malnutrition and to make specific recommendations on the potential to reduce dependency on food assistance, alleviation of causes of using food for other purposes, modalities of assistance, composition of the food basket and the duration of assistance.
- b) The mission met with representatives of UNHCR, WFP, NGOs and representatives of the GOB at the capital, district and camp level. The mission visited facilities in Nayapara camp these included the medical facilities, water and sanitation facilities, school, women's training facility, food storage and distribution facility. The mission conducted focus group discussion with women refugees in the camp and carried out interviews with key informants such as Concern's counsellors and staff, representatives of BDRCS, DC of Food, DPHE staff, Civil surgeon, WFP and UNHCR field staff and the Camp in Charge.
- c) Briefing and Debriefing sessions by the mission team were given presenting the main recommendation (annex 3) of the mission at the district level to UNHCR, WFP, NGO and Government representatives and in Dhaka to the Secretary of the MFD, representatives of UNHCR, WFP and the EC.

Causes of persistently high malnutrition

- d) The mission has used the conceptual framework on the underlying causes of malnutrition¹ as guide to identify areas of concern. The mission noted a number of areas of concern that also had been previously highlighted in the nutritional survey of 2003.
- e) The demographic profile of the population was found to be of concern. The average family size is 6.8 with 40% of all the population registered as living in families of 10 or more people². Large family sizes are due to large extended families being included under the same ration and registration system and a similar problem arises with regard to living conditions with little opportunity for newly weds or nuclear family units of the larger extended family to gain access to new living quarters. The mission was concerned that control of rations by the nuclear family may be restricted under these arrangements and may lead to inequitable distribution of rations within the extended family. The mission was also concerned that large extended families living in limited quarters restrict family life and the overcrowded conditions produce an unsatisfactory disease environment.

Recommendation 57

The mission understands the limitation in space. However, it feels that housing could be improved so that refugees have a better living environment. Reconstruction of improved sheds using stronger materials with more space should be explored.

Recommendation 58

The mission recommends that a new compartment be allocated to newly married couples not only to have enough space for living but also to form an independent family.

Recommendation 25

Large families should be targeted first for the revalidation process. The mission recommends issuing separate family books to newly formed families. This will allow them not only to create independent families but also to receive adequate food ration through direct control of the ration for the newly formed family.

¹ UNICEF Conceptual framework of malnutrition, 1997, as stated in UNHCR Handbook for Emergencies, 2nd Edition

² Figures as reported by UNHCR Bangladesh

f) There was a high proportion of female headed households measured in the last nutritional survey of 34% and figures for October 2004 (Annex 5) state that there are 387 in Kutupalong and 674 in Nayapara camp 36% of the families in the camp are female headed³. Concern registered 128 female headed households (FHH) as extremely vulnerable individuals (EVIs). Additionally a high proportion of the population are children under 5, around 23%⁴. It was found in the Nutritional survey of 2003 that children of FHH had a higher rate of malnutrition as compared to male-headed households, 16.5% global acute malnutrition as compared to 11.4 % (W/H <2Z). This demographic profile of the camp shows a high proportion of the population termed as vulnerable. The lives of women are restricted due to cultural constraints, which affect their access to additional inputs into the family economy. Although the ration is adequate in terms of its calorific value, there are some micronutrient deficiencies in the ration⁵. A heavy reliance on the ration means that to gain essentials as well as to ensure the diet is culturally acceptable (with spices and condiments) parts of the food and non food item ration need to be sold, exchanged or a complex system of borrowing used to meet the needs of the population particularly for the more vulnerable members of the refugee population. This in turn affects the dietary intake reducing the calorific intake and leading to imbalances in the macro and micronutrient intake.

g) The mission found that the overall disease environment was of concern; indicated by the high levels of acute respiratory infections, skin diseases, worms and diarrhoea. These morbidities are indicators of overcrowding, poor sanitary conditions and poor hygiene and all these factors were seen in Nayapara camp at the time of the visit. The mission noted in Nayapara camp that the sanitation facilities were of poor quality, as well as a breakdown of the refuse disposal system meant that the general environment was not conducive for the good nutritional and health status of the refugee population. The measles coverage rate was found to be low at 63% based on demographic data presented to the mission.

h) The mission noted that the birth rate of 4.55% is high where the proportion of FHH is 36%⁶. That there was a high level of low birth rate babies delivered 10% and a high level of young mothers around 1500 in both camps⁷. The Concern nutritional survey reported the average age of marriage was found to be 14 (14.5 S.D.± 1.81) and the average age at first pregnancy 16 (S.D. ± 3.9), the literacy levels are extremely low 12% in the refugee population. All these factors are a concern for mother and child health.

The level of dependency and the use of rations for other purposes

i) The mission found that the context in which the refugee population is living is highly dependent on outside assistance. The mission saw a variety of factors that had created this environment. Government restrictions mean that the refugees are not able to gain employment and are restricted in their movements outside of the camp. Income generation activities are not permitted and in their place are self-production activities such as kitchen gardening, poultry, bookbinding and various other activities designed for consumption and use within the camp. There are no markets in the camp and there is limited access to markets by the refugee population. Around 40% of families have access to an external income source⁸ as reported in previous studies. The high level of female-headed households along with a conservative culture mean that a large proportion of households have limited access to incomes. The basic food ration lacks condiments such as spices and garlic as well as animal protein and fresh vegetables which are seen as a necessities by the refugee population to make their diet culturally acceptable and provide satiety. There are some kitchen gardening and poultry programmes in the camp, which provide limited but valuable sources of animal protein and micronutrients as well as adding variety to the diet.

³ UNHCR statistics on family size as of 27 October 2004

⁴ UNHCR demographic figures

⁵ Report on nutrition survey and investigation of underlying causes of malnutrition, UNHCR, August 2003

⁶ UNHCR statistics on family size as of 27 October 2004

⁷ UNHCR demographic figures, October 2004

⁸ Report of an explorative study of food security issues Rohingya (Myanmar) refugees in camps in Cox Bazar District, Bangladesh, May 2001, WFP, Julius Holt

j) The missions finds that in the present context there is no potential to reduce dependency on food assistance due to the refugees restricted access to sustainable livelihoods and markets. This mission finds that there is a limited scope to reduce the use of rations for other purposes.

Modalities of assistance

k) The mission also noted the lack of effective community participation in key sectors such as health, water, sanitation, education and the environment. The lack of effective community participation has seen the refugee population as passive recipients of services. Where community participation could have been sought instead in many activities a system of incentives to volunteer workers was given particularly with regard to sanitation activities, community health workers and for environmental projects such as tree planting. This was seen in Nayapara camp where all sanitation and community health workers activities stopped when workers were advised they would not receive any more incentives. The present system of block committees was felt as ineffective in addressing concerns of the community to service provision and management in key sectors.

l) The mission noted that in the sectors of health and nutrition the curative services provided by the Office of the Civil Surgeon were of a good standard, however the preventative measures were limited that could be aided by greater community participation. The mission noted in education that there were no parent groups involved in school activities. The education services provided at present are of a limited standard with low retention rates of children above the 1st grade. It was felt that greater community participation would strengthen the education system in place and address concerns that many parents have towards the current activities.

Recommendation 78

Volunteer groups in the form of volunteer groups for health, water, food and education should be established at block level. Guidelines for their selection and working could be developed jointly by UNHCR, WFP, NGOs and GOB. Participation of women in volunteer groups should be encouraged as well as the formation of separate women's volunteer groups in key sectors where appropriate.

m) The mission felt that there was a place for incentives such as to teachers and skills trainers. The mission found that where possible community participation should first be attempted with an appropriate level of support to ensure the success and sustainability of programmes.

Composition of the food basket

n) The present ration contains 2160 kcal/day/person, which is designed to provide a ration for a low activity level for the population and to account for its demographic makeup. The food basket until early 2003 included condiments as part of the food ration. These condiments are greatly desired by the refugee population to make the bland food ration culturally acceptable. Fresh vegetables and animal sources of protein are not part of the food ration. Calculations on the make up of the food basket show several micronutrient deficiencies such as vitamin A, calcium and riboflavin. To counter these deficiencies it is necessary to add animal sources of protein and vegetables.

o) There is limited access at present by the refugee population to additional food commodities since they are restricted in movements outside the camp and to gain employment. There are some animal sources of protein and vegetables currently utilized by the refugees from poultry raising and kitchen gardening projects in the camps, however the present contribution to the refugees' diet of these programmes is limited. If these programmes are to have an impact on the dietary intake of the refugees they need to be greatly expanded and improved.

Recommendation 28

When the full ration is given the calorific content of the ration is sufficient. The mission recommends keeping the ration the same.

Recommendation 29

In order to improve the quality of the ration in terms of sufficient content of minerals, vitamins, fats and animal protein the following actions are recommended:

Part b: The present kitchen garden programme should be expanded to include all families in the camp taking into consideration the family size when distributing kitchen garden inputs such as seeds, tools, plant boxes and allocation of land.

Part d: The kitchen gardening programme should promote the cultivation of green leafy vegetables such as spinach, aram leaves and pumpkin leaves to increase the iron and vitamin A intake of the beneficiaries. Focus on production of vitamin A rich fruits and vegetables such as papaya, pumpkin, yellow and red sweet potatoes and carrots would increase the intake of vitamin A. Kitchen gardening with Riboflavin rich vegetables such as Spinach should be encouraged which has Vitamin B2 contents equal to milk, yogurt or meat. This would help in reducing vitamin B2 deficiency in the diet.

Part g: Enough chickens should be given to each family to ensure sufficient and sustainable production of poultry and eggs for the family taking into account the family size. The provision of local chicken varieties which are preferred should continue and inputs such as vaccination services should be made available to ensure the health and sustainability of the chicken population. Successful poultry rearing would not only provide a source of animal protein but also a source of vitamin A and vitamin B complex.

Duration of and level of assistance

p) The mission found that the duration of assistance in the present climate where the self reliance proposal of UNHCR has not been accepted by the Government of Bangladesh and the present restriction on movement and access to livelihoods means that the present level of assistance is to continue for the foreseeable future.

q) There is currently no scope for local integration of the refugee population under the present Government policies and few refugees have voluntarily repatriated in 2004 to date even though a sizeable proportion of the refugee population have been cleared to re-enter Myanmar. In addition to the political, economic and security situation in Myanmar, possible factors limiting voluntary repatriation could be the extended family ties of refugees in Bangladesh society outside the camps, dependency on food aid, lack of marketable skills (low literacy levels for example) of the refugee population. The mission finds that the present planning figures used will not significantly change and should be extended into 2005 taking into account the trends for births, deaths and voluntary repatriation.

Recommendation 79

Cross border visits could be arranged for the refugee representatives involving UNHCR offices on both sides, the GOB and GOUM. This will help facilitate exchange of information for the refugees who have formerly returned with those willing to return, allowing refugees to make informed decisions.

Main Report

Background

1. The Memorandum of Understanding (MOU) between UNHCR and WFP signed in July 2002 forms the basis of UNHCR-WFP collaboration. This MOU is supplemented by various joint guidelines. This collaboration also requires WFP and UNHCR to undertake joint reviews of their programmes in the form of a joint assessment mission.
2. A joint assessment mission is an operation repeated periodically and is an ongoing process of monitoring and reflection on where an operation is going. The mission is designed in accordance with the framework of joint co-operation⁹ mentioned previously and should look at:
 - a. the *effectiveness* of the operation since the last assessment or review;
 - b. *changes* that have occurred in the same period;
 - c. and *specific issues* that have arisen in relation to the situation or the assistance operation.
3. Joint assessment missions are conducted by WFP/UNHCR in line with the Joint Assessment Guidelines and provide recommendations for food security and related assistance strategies. The assessment that has taken place is a review/re-assessment of an ongoing operation and does not specifically set out to be a stand alone document. The mission has carefully reviewed previous studies, surveys and combined this with field observations.
4. A detailed terms of reference was produced (annex 1). The main objectives of the mission were: To carry out an assessment of food and non-food requirements of the ongoing operation. To focus on the underlying causes of persistently high malnutrition and to make specific recommendations on:
 - a. potential to reduce dependency on food assistance;
 - b. alleviation of causes using food for other purposes;
 - c. modalities of assistance;
 - d. composition of the food basket;
 - e. ration size;
 - f. duration of assistance.
5. To properly assess the above objectives additional specific tasks were developed, such as the review of the implementation of the last JFAM recommendations and nutrition survey action plan and to assess household food security amongst many others. Previously joint assessment missions (formerly known as joint food assessment missions) have taken place in 1995, 1996, 1998 and 2002. WFP and UNHCR agreed to conduct this fifth mission in 2004.
6. The JAM was undertaken from the 10th of October to the 17th. Due to security concerns several activities were dropped from the original mission programme, most notably was the visit to Kutupalong camp and a visit to the host population near Nayapara and Kutupalong camp, which has limited to some extent the range of findings and recommendations.

Methodology

7. The methodology of this joint assessment mission has used a variety of methods:
 - a. Compilation and preliminary analysis of data by WFP and UNHCR country office staff;
 - b. A preparatory phase was initiated with the drawing up of a TOR and selection of team members;
 - c. The development of a work plan to assign specific tasks and responsibilities;
 - d. Drawing up a mission plan and schedule.

⁹ UNHCR/WFP Joint Assessment Guidelines, First Edition, June 2004

8. During the field part of the mission the following approaches were used:
 - a. Interviews with key informants;
 - b. Focus group discussions;
 - c. Trans-sectional walks through the refugee camp;
 - d. Visit to sites of interest to assess ongoing programmes;
 - e. Consolidation of information collected from the field mission.

Context

9. As of end September 2004, 20,089 Myanmar refugees (2,975 families) reside in the two camps of Nayapara and Kutupalong in Cox's Bazar area. The population is the residual caseload of 250,000 refugees who fled from Northern Rakhine State, Myanmar to Bangladesh at the end of 1991 and early 1992. This mass movement was due to the persecution of the Rohingyas on ethnic and religious grounds.

10. While the Bangladesh-Myanmar bilateral repatriation programme began in September 1992, UNHCR established its presence in the two countries of Myanmar and Bangladesh in 1993, following the formalization of a Memorandum of Understanding (MOU) with the two Governments. The MOU signed between the GOB and UNHCR in 1993 is automatically renewed each year unless either side gives contrary notice. A local action plan is yet to be agreed between UNHCR and WFP and so the global MOU forms the basis of the relationship between WFP and UNHCR locally.

11. At the request for the Government of Bangladesh, WFP has been providing food assistance to the refugee programme since April 1992. Formal agreements between WFP and the Government are renewed each year. The current phase is covered under an LOU signed by WFP and the Ministry of Disaster Management and Relief (MDMR) now formerly known as the Ministry of Food and Disaster Management (MFDM) in January 2004.

12. The voluntary repatriation movements of refugees assisted by UNHCR started in 1994. Close to 230,000 refugees repatriated by 1 April 1997, and of the twenty original refugee camps, only two remain. Voluntary repatriation came to a halt in mid-1997 due to a deadline set by the Government of Myanmar, but resumed in November 1998.

13. In September 2002, in order to find a conclusion to the operation, UNHCR renewed its efforts to find durable solutions to the refugees. Efforts focused on revitalizing the repatriation of those willing to return. Despite numerous discussions with the two Governments and intensive counselling/information sessions in the camps, the number of repatriation did not increase as expected. It was in 2003, however, that the GOUM agreed, after long negotiations, to remove all conditions and accept the return of those willing to repatriate regardless of their status cleared or un-cleared. After the first approval was given to un-cleared cases in May 2003, the number of repatriation increased in May– July. In 2003, the total number of refugees who repatriated eventually reached 3,231. However, movements slowed down again in 2004. As of September 2004, only 200 persons have repatriated since the beginning of the year.

14. While repatriation movements continued, UNHCR discussed with the GOB the consideration of “temporary self-reliance” for those not able to repatriate immediately. In January 2003, UNHCR submitted a concept paper to the GOB upon their request. A detailed project document was further submitted in August 2003. However, the response of the GOB received in September 2004 was not favourable.

15. The MFDM is the Government Ministry responsible for the refugee operation, also an implementing partner of UNHCR. It coordinates the assistance programme with the relevant technical Ministries and Departments of the Government of Bangladesh. MFDM, through the Office of the Refugee Relief and Repatriation Commissioner (RRRC), is responsible for transportation of refugees and supplies/materials; delivery of basic health and nutrition services through the Civil Surgeon; construction and maintenance of water systems through the Department of Public Health Engineering (DPHE); maintenance/repair of

refugee shelters, camp offices, camp accommodation, access roads and the maintenance of law and order. The RRRC, through the appointed Camps-in-Charge (CiC), ensures the daily administration and delivery of services to all camps. Sanitation activities in Nayapara camp including the maintenance/repair of sanitation facilities are implemented through the CiC.

16. 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 as well. Some activities are directly implemented by the agency to support or complement implementing partners' projects when needed. In addition, some projects for the local population have been executed by the agency such as the extension, improvement and construction of local infrastructures such as water facilities, schools, health centres, civil construction projects and social service infrastructure.

17. WFP provides basic food commodities to the refugees. A food basket of 2,160 kcal/person/day is provided to all refugees. The agency covers international and domestic transport up to the EDP. In addition to the basic food, WFP implements a school feeding programme and Food-For-Work/Training in the two camps as well as Food-For-Work for the host population.

18. Concern Bangladesh, another implementing partner of UNHCR, is responsible for sanitation in Kutupalong and for community services, productive activities such as soap making and tailoring, education and the procurement of domestic supplies (compressed rice husk (CRH), kerosene, soap, clothes etc.) for both Kutupalong and Nayapara camps.

19. BDRCS has overall responsibility for the distribution of the general food rations and domestic items such as compressed rice husk (CRH), kerosene, soap and other relief items. They are also in charge of maintenance of the food stores. While the distribution cost for food is shared amongst WFP and UNHCR, UNHCR covers the cost for the distribution of non-food items.

20. Following the instructions of the UN Area Security Coordinator of Cox's Bazar, the mission did not visit Kutupalong camp. Since July 2004, a strike has been organised by a group of refugees in Kutupalong, protesting against the current management system of the camp, claiming the reform of refugee committees. The strike is similar to the one that occurred in the same camp in June this year, which subsided after three weeks upon discussions with UNHCR and the GOB. Reportedly, the organisers are preventing the others to attend major camp activities such as education, non-food distribution and training activities and the general atmosphere in the camp is tense. After an incident with a WFP staff member who was attacked by a group of refugees on 22 September, instructions were given by the UN Area Security Coordinator of Cox's Bazar to refrain from visiting the camp. In view of the above, the mission limited the field visit to Nayapara camp only. The mission's observations as well as recommendations are thus limited, as they are based on the visit to one camp only. Furthermore, due to an attempt of ambush of a UNHCR convoy by some refugees in Kutupalong on 12 October, the mission was instructed to cancel also its plan to visit some local villages around Nayapara and Kutupalong camps. The mission was therefore not able to make a comparison of livelihood and food consumption patterns between the local population and refugee community.

The refugees

21. The refugees are members of a minority ethnic group of Muslims from Rakhine State in Myanmar. Most of them were formerly farmers and daily labourers. They come from a very poor rural background. The number of families headed by single women is high, a particularly vulnerable group in a society that traditionally restricts the role of women. The literacy rate of the refugees is estimated at only 12% as compared to approximately 67% for the total population of Myanmar and approximately 33% for Bangladesh¹⁰. They speak a language similar to the Chittagonian dialect, widely spoken by the local population of Cox's Bazar. They do not possess citizenship of Myanmar.

¹⁰ UNHCR Project Document, 2004

22. Refugees do not have access to land and formal education in Bangladesh. Informal education was approved by the GOB in mid-1997, and in-camp small-scale poultry farming and vegetable gardening in the year 2000. Refugees' movement outside the camps is formally not allowed by the GOB neither is their employment. While a portion of able adult males appear to be engaged in employment outside the camps on an informal basis, they are reportedly paid less than the local population and thus remain highly dependant on external assistance. Due to their limited access to markets and cash income, refugees sell part of their ration or sometimes borrow food from other refugees who received their ration earlier when needed.

Table 1. Camp Population (as of end-September 2004)

Age range	Kutupalong camp		Nayapara camp		Both camps		Totals
	Male	Female	Male	Female	Male	Female	
0-5	944	939	1,489	1,319	2,433	2,258	4,691
6-10	794	755	1,071	1,141	1,865	1,896	3,761
10-15	452	449	603	730	1,055	1,179	2,234
16-20	454	486	659	720	1,113	1,206	2,319
21-25	307	267	410	461	717	728	1,445
26-60	1,059	1,115	1,473	1,558	2,532	2,673	5,205
Over 60	88	91	122	133	210	224	434
Total Persons	4,098	4,102	5,827	6,062	9,925	10,164	20,089

23. The proportion of female-headed households (FHH) is 36%¹¹ (387 in Kutupalong and 674 in Nayapara), among which Concern listed 128 households as EVIs (Extremely Vulnerable Individuals). Other EVIs listed by Concern are 50 elderly, 39 physically handicapped, 14 mentally handicapped and 12 unaccompanied minors in both camps. Children of FHH were found to have a lower nutritional status than male-headed households. Furthermore, there are a high proportion of children under 5 (23%) and between the ages of 6 and 15 (30%).

The host population

24. The population of Cox's Bazar District is about 2 million. There are several local villages in close proximity to Nayapara camp such as Ali Khali, Leda Para, Muchani Para, Nayapara, Jadeemura, and Dandamia comprising a total population of approximately 12,000. In close proximity to Kutupalong there are several villages namely, Lamba Shiea, Hangua Ghura, Madhu Chara with a population of approximately 14,000. In addition to the above local population, it is reported that there are also around 200,000 Rohingyas from Myanmar, living in the area, outside the camps.

25. The local population around the camps is reportedly living in harmony with the refugees. The refugee population is actually a human capital in the region for farming and other day labour needs. Although they are not allowed officially to go out from the camp and work, it is known that a portion of the male population do work to obtain cash income. Refugees, however, are not only providing much needed cheap labour but also creating some competition in the market. In many areas, there is no alternative but refugee labour while in other areas refugees have injected the market with low rates. Despite the competitive market, refugees do not seem to be seen as a nuisance. The fact that they speak a language similar to their dialect and also that their culture has many similarities is certainly a positive factor.

¹¹ UNHCR statistics on family size as of 27 October 2004(annex5)

Summary of Action taken against previous JAM Recommendations

26. The last JAM was conducted in July 2002. At that time, selective feeding programmes and health care for children under 10 years of age was implemented by Concern and MSF-Holland. UNHCR had also submitted a self-reliance proposal to the Government in January 2003 and was hopeful that this would be accepted. In this context, the Mission noted that many of the recommendations of the previous JAM had been fully implemented by agencies, resulting in improved benefits for the refugees and a positive impact in programme delivery. However, some of the key recommendations, such as the provision of complementary food items, the improvement of sanitation and a revised food distribution system were not implemented and were considered to be key areas of focus for this JAM. A matrix providing details of progress made against recommendations is attached as annex 2.

Findings

Coordination

27. The mission understood that inter-agency meetings were suspended since June 2004 both in Cox's Bazar and camp level, and that the matter was addressed on several occasions. Although issue based/ sector based meetings took place among concerned agencies, proper and formal inter-agency meetings are needed for exchange of information, update on activities, and dissemination of policies and coordination of activities among all stakeholders.

Recommendation 1

The previous practice of holding inter-agency meetings with all agencies concerned and the GOB should be revitalized both at Cox's Bazar and camp level. It is suggested that chairmanship be on a rotation basis as per the practice in Dhaka.

28. Inter-agency meetings are held in Dhaka on a monthly basis among UNHCR, WFP and Concern and on a quarterly basis with the GOB.

Health

29. The Mission visited Nayapara camp health clinic to look into the level of health care services provided to the refugees that has an impact on the nutritional and health status of the refugees. The mission looked into the record of the health clinic, talked with the medical staff working in the clinic and some refugee patients waiting for their turn to be examined by the doctor.

30. The health services are provided at Nayapara camp through two clinics managed by the Ministry of Health (MOH) who took over from MSF-Holland in August 2003. The Civil Surgeon in Cox's Bazar is overall in-charge of the health services. The services include an Out Patient Department (OPD), In Patient Department (IPD), Labour room, Antenatal, Post natal care, immunization (EPI), Family planning, Laboratory services, pharmacy, emergency services and nutrition (Supplementary and Therapeutic feeding) programme. Patients requiring specialized treatment are referred to Teknaf (local government hospital) or Cox's Bazar or to specialist services in Chittagong or Dhaka depending upon the severity and type of the disease. The services in the camp are limited to curative and some preventive health care activities with facilities for curative services in the OPD and IPD.

Recommendation 2

The focus of the health activities needs to be shifted more towards preventive side rather than the curative aspect of disease control. The mission recommends increased health education coupled

with relevant IEC material adoption/printing and its utilisation as a measure for control of diseases like diarrhoea, malaria, skin infection and worm infestation through community awareness.

Curative services

31. Two male doctors provide the OPD services while the post of a female doctor was vacant. Medical assistants screen patients and those requiring consultation by the doctor are referred to medical officers while they treat general ailments. In the OPD female nurses examine and treat the patients. Laboratory services have been recently established in March 2004 to improve the diagnostic facilities for the refugees and the mission appreciated these efforts as an important step in improving the quality of health care.

32. Looking at the 6 months record of the health clinic, the average OPD attendance comes to around 130 consultations/Medical Officer/day which is more than the standard (50 consultations/Medical Doctor/day). There is a need to improve on the hygiene promotion and the staffing level in the OPD, through inclusion of one more doctor by filling the vacant post. For the IPD the monthly average referrals come to around 150-200 patients/month. The average bed occupancy rate of 92% and average length of stay is 4 days.

33. The facilities are equipped with the necessary equipment and drugs. No problem regarding the quality of drugs has been reported by the field staff. All the services are free of charge. UNHCR provides the necessary funds for health care activities. Supplies appears to be adequate though on a few occasions a reduced quantity of drugs was supplied, as reported by the medical staff, apparently due to delay in the funds transfer to the Civil Surgeon from the RRRC office. A variety of drugs was available in the pharmacy and included almost all drugs necessary to treat common ailments.

34. Looking at the health records and discussions with the health staff it was noted that the proportionate morbidity for the most common diseases include skin infection 24%, peptic ulcer/diseases 16%, respiratory tract infection 14%, worm infestation 10%, diarrhoea 9.9% and malaria 5.4% Disease incidence taken over a period of 6 months (Jan-June 2004) gave the following figures: skin infection 152/1000/month, respiratory tract infections 88.7/1000/month, worm infestation 63.4/1000/month, diarrhoea 62.7/1000/month and malaria 34.2/1000/month. The morbidity figures as well as the observations of the mission, point towards factors such as over-crowding, poor sanitary conditions and lack of personal hygiene as possible causes of high incidence of these diseases. The crude mortality rate is estimated at 0.2/1000/month and under 5 mortality (U5MR) is calculated as 2.9/1000 under 5 population /month these figures are in line with those expected in a settled population¹². Crude birth rate is reported as 4.55%. The reporting of births needs to be improved as currently it is based on passive reporting in the health clinic.

35. The mission was informed that 10 TB patients (one male and 9 female) are registered for DOTS therapy and are provided daily treatment. The mission noted that these patients receive their treatment at the Supplementary Feeding Centre according to the treatment regime prescribed by the doctor. At the SFC they receive supplementary food that helps aid their recovery. However, it was felt that the screening of patients was at a low level and there is a need to improve the case detection rate for TB following training of the staff on standard WHO guidelines.

Recommendation 3

Tuberculosis case detection rate should be improved through staff training on WHO guidelines for the management of TB, and by active case detection by the health care providers.

Reproductive health

36. Reproductive health care services include antenatal, natal and post natal services. A labour room has been established to conduct normal deliveries and manage minor complications. Family planning services are provided with condom, pill and injection methods available to the client. For IUCD clients are referred to government hospitals. The family planning coverage is reported as 35% (using married couples as

¹² Handbook for Emergencies, UNHCR, Second Edition

denominator and not the women of child bearing age) and 21% using woman of childbearing age as the denominator, however, the defaulter and drop out rates are quite high which reduces the overall impact of the services for the population as a whole. The mission observed that there is a need to physically separate family planning services from EPI, which currently are being provided side by side in the same room. This makes it difficult for the staff involved in family planning counselling to provide these services in privacy.

Recommendation 4

Currently the average family size is estimated at 6.8 with a tendency to early marriages. The mission recommends continuing efforts in strengthening of family planning services. A separate room should be established to provide privacy to the client. Service delivery can be further improved through refresher training of the staff and provision and use of appropriate IEC material to create awareness on the advantages of child spacing. Preparation of “defaulter” and “drop out”: lists in the health clinic on a regular basis and follow up of these in the field (by CHWs) could help reducing programme drop outs and increasing contraceptive prevalence rate.

37. TBAs are working to provide health education in the field and conduct home deliveries. TBAs received refresher training in 2003 from MOH. The TBA coverage (coverage 483 individuals/TBA) is within acceptable standards.

Recommendation 5

TBA programme activities should be further strengthened through refresher training to the TBAs and improving the reporting system on the activities of TBAs on a monthly basis.

38. Looking at the records it was not easy to calculate number of women who developed anaemia during pregnancy. However all pregnant women and lactating mothers are referred to SFC for supplementary feeding. Talking to the staff it seemed that there are not many patients with anaemia due to pregnancy. There was a need to improve on the reporting system on reproductive health care services. The percentage of LBW babies for Nayapara is 10% (11.1% for both camps) while still birth ratio is 2.31% for Nayapara (1.62% for both camps). No maternal deaths were reported for Nayapara camp. The maternal mortality recorded for both the camps is 232/100,000 live birth¹³.

Recommendation 6

The system for recording births and deaths should be strengthened involving the TBAs and CHWs.

39. Distribution of sanitary material for women is an important activity. Sanitary materials are distributed to women of child bearing age except women using injectable contraceptives, women for 6 months after delivery and pregnant women. The sanitary materials are provided through 1) post natal Clinics 2) the reproductive health programme 3) family welfare assistants to post natal mothers 4) women using oral contraceptives and other women of child bearing age. The information provided to the mission was not sufficient to determine the adequacy of the distribution of sanitary material.

EPI

40. EPI (immunization) services were examined for adequacy, standards, maintenance of cold chain and coverage. The cold chain was adequate. It was noted that the coverage is calculated taking into account the children reporting at the clinic as the denominator. This gives a false impression of high coverage. When using standard indicators BCG coverage came to 68% as compared to 100% reported coverage. Measles coverage is around 63%, which is very low. The nutritional survey of 2003 reported a coverage rate of 49.5% of children aged 12 -23 months. The recommended coverage is for over 90% for measles vaccinations for children aged 12 -23 months¹⁴. The vaccine coverage is required to be improved. There is a need to use standard indicators for reporting and planning purposes. There was no record available to the

¹³ Statistics from the office of the Civil Surgeon and UNHCR Bangladesh, January to June 2004

¹⁴ UNHCR/WFP Joint Assessment Guidelines, Section 9.13, First Edition, June 2004

mission for calculating vaccine wastage but during discussion with the staff it was noted by the mission that vaccine wastage was higher than 15% (acceptable national standard) for all vaccines. This needs to be regularly monitored and vaccine wastage reduced as vaccines are important and expensive items in the PHC programme.

Recommendation 7

Vaccines are an important component in the PHC programme but at the same time expensive and difficult to procure. The wastage of vaccines should be regularly monitored and reduced. To know the current immunization status of the refugees and improve on the programme, the mission recommends an EPI survey in the camps.

Recommendation 8

Immunization coverage could be improved through linkage of reproductive health services with the EPI programme at the health clinic. The mission recommends strengthening of birth reporting, preparation of “due date” and “defaulter “ lists by EPI staff for follow up on the new born babies due for vaccination and those defaulted. Increased regular information sharing between the staff of the labour room, EPI and those in the health clinic could help birth reporting and increase immunization coverage. Production of vaccination cards should be made mandatory for all children under 2 years and CBA women reporting to the health clinic.

Health education

41. The doctors and the medical staff, besides TBAs in the field, provide health education in the clinic. In Nayapara camp there are only 3 or 4 active male Community Health Workers (CHWs) currently available. The reason for the low number given by the staff was that the CHWs recruited by MSF–Holland were given incentives equivalent to some 1,000 Tk in the form of in-kind items. When the programme was handed over to Office of the Civil Surgeon these incentives were stopped resulting in the loss of almost all CHWs. Effort were made to motivate the community on the importance of health and hygiene without much success.

Recommendation 9

Community Health Workers should be re-selected from the community on a voluntary basis to re-establish a network of CHWs. They should be trained to provide health education and report on births and deaths. A regular reporting system for CHWs should be established.

42. The mission was informed that worm infestation and vitamin-A supplementation campaigns (up to 5 year age group) were conducted in October 2003 and are again planned for the 31st of October 2004. The mission noted that such activities on a regular basis with inclusion of school children would help in the eradication of worm infestations in conjunction with efforts to improve the sanitation conditions and hygiene in the camp.

Recommendation 10

De-worming campaigns should be regularly held on a 6 monthly basis with extension to school children. This regular exercise would help in improving the nutritional status of the refugee children.

Health Information System

43. The mission noted that the reporting and record keeping system was not helpful in understanding a clear picture of the health and nutrition status of the population. Standard indicators are either not calculated or are calculated using a variation of standard methods. There was a need to establish a standard Health Information System for reporting and monitoring purposes.

Recommendation 11

The mission recommends that the UNHCR Health Information System should be strengthened with application of standard indicators for regular reporting and monitoring purposes. Training of the field and monitoring staff on the system should be arranged by UNHCR.

Recommendation 12

Growth monitoring (GM) cards should be maintained for the individual child. The reporting and monitoring system of the GM programme should be strengthened through introduction of the Health Information System.

Additional Recommendations on Health

Recommendation 13

Medical and Para-medical staff should be trained on standard treatment protocols to improve the quality of treatment.

Recommendation 14

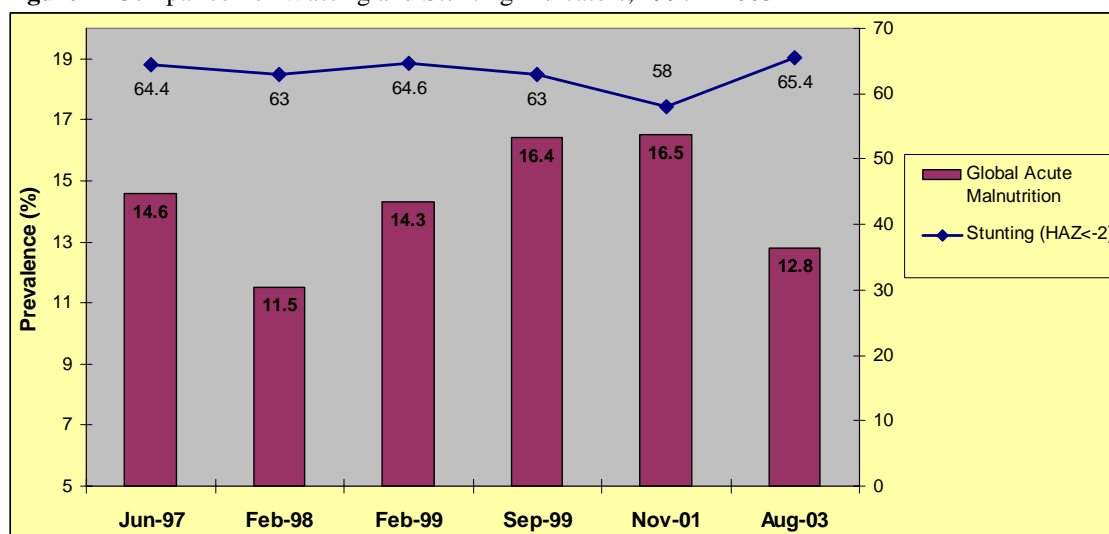
Primary health care (PHC) should be strengthened through involvement of the CHWs. Health volunteer groups should be established involving the community in their selection at the level of each block in the camp with regular monthly meetings to be attended by the CHWs, health committee members and the staff from the health unit. The criteria for selection of community members should be established to ensure true community representation. This will ensure greater community participation in health programmes and provide a forum to the refugees for regular discussion on health issues.

Nutrition

Nutritional status

44. The most recent nutrition survey conducted by UNHCR in August 2003 reflects global acute malnutrition rate of 12.8% (C.I of 95%, 10.7-15.3) of 6-59 months children (WHZ <-2), and 7.2% (95% CI, 5.6-9.2) using weight for height %age of the median (WHM <80%). Severe wasting was found in 0.5% (CI 95%, 0.1-1.3) using WHZ and 0.2% (95% CI, 0.0-0.9) using WHM. Chronic malnutrition (stunting HAZ <-2) was present in 65.4% (95% CI, 62.1-68.5).

Figure 1- Comparison of Wasting and Stunting Indicators, 1997 – 2003¹⁵



45. It is difficult to interpret trends in the nutritional survey results over the years as surveys have been conducted at different times of the year. The prevalence of malnutrition as measured in the last nutritional survey indicates that there is a requirement for continuation of selective feeding programmes and continued surveillance of the nutritional status of the population.

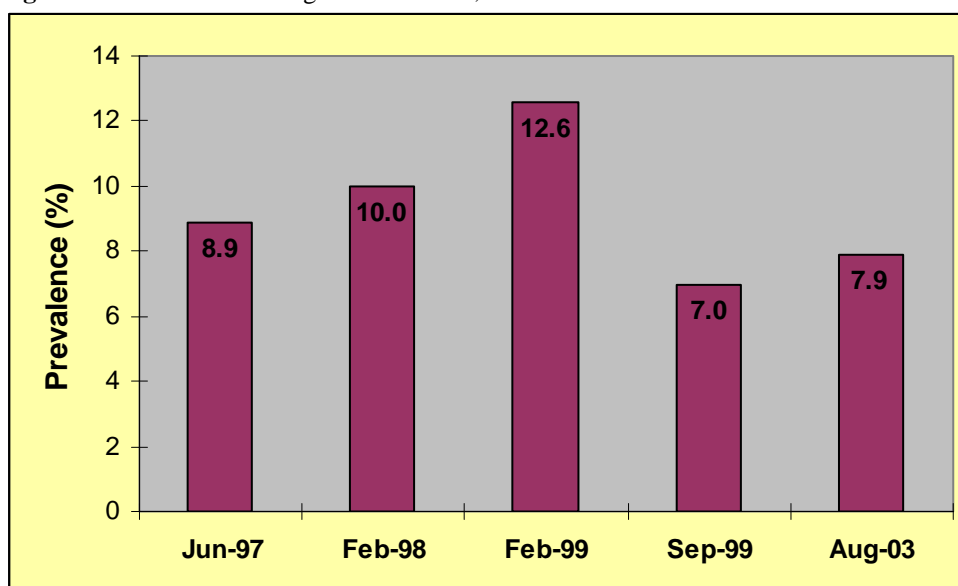
Recommendation 15

In order to monitor the nutritional status of the refugees it is recommended that surveys be conducted regularly with inclusion of nutritional data, anaemia and immunization coverage at the same time each year with the same methodology.

Micronutrient deficiency

46. The mission did not come across any case of micronutrient deficiency, particularly of Angular stomatitis during its brief visit to Nayapara camp. However, there is every possibility of cases being still in the camps that the mission could not come across because of limited time in the field. The nutrition survey conducted by UNHCR in 2003 mentions a high level of riboflavin deficiency with prevalence of angular stomatitis of 6.1% in Nayapara and overall prevalence of the two camps of 7.9%, and recommended measures to be taken such as the provision of vegetables and other items. This mission agrees with the recommendation made in the nutrition survey of August 2003 for need to take corrective measures.

¹⁵ Report on nutrition survey and investigation of underlying causes of malnutrition, UNHCR, August 2003

Figure 2 - Prevalence of Angular Stomatitis, 1997 - 2003¹⁶

Nutrition programme

47. The feeding programme consists of supplementary and therapeutic feeding centres. A qualified nutritionist is supervising the programme. The centres have nutrition assistants and nutrition workers (both male and female). The mission looked into the records of the centres, had discussions with the staff and talked to groups of women who were accompanying their children. The SFC is providing supplements to the malnourished children, pregnant women, lactating mothers, orphans and TB patients.

48. The programme has been managed by the Office of the Civil Surgeon since August 2003. The mission noted that most of the NGO staff (Concern and MSF) have been taken over by the Office of the Civil Surgeon, ensuring smooth continuation of the services. This has also helped in retaining experienced hands for the programme. Based on the previous survey findings and the programme coverage the mission is of the opinion that the supplementary feeding programme should continue, however, there is a need to conduct nutritional surveys at regular intervals to assess the progress and impact of the programme. These should be conducted at a similar time each year in order to compare the findings.

49. The actual coverage rate of the selective feeding programme measured in the nutritional survey of August 2003 was 24%. Taking into account this survey of August 2003 and a using malnutrition rate based on percentage of the median weight for height, the projected population data and the registration of under 5 year children in the feeding programme, the selective feeding programme coverage is estimated at 53% at the time of the mission, which is low and needs to be improved. The role of TBAs, CHWs and Nutrition workers will be crucial in these efforts.

Recommendation 16

The recent nutritional survey of August 2003 measured a global acute malnutrition rate of 12.6% and low programme coverage. In this light it is recommended that the supplementary and therapeutic feeding programme should continue.

50. The kitchen used for selective feeding programmes and the IPD was orderly and with a good oven design that ensured the evacuation of smoke. The drainage system for the kitchen was well maintained and effective. The water point for the kitchen was functioning and the washing area clean.

¹⁶ Report on nutrition survey and investigation of underlying causes of malnutrition, UNHCR, August 2003

51. The high energy milk that is provided in the supplementary feeding programme for children contains DSM 25 g, Sugar 15g, Oil 18g, Water 300ml, 312 kcal \Rightarrow 2 times per day = 624 kcal per day. Although this is by international standards it should be made sure that the milk is prepared according to the guidelines. The porridge given in the supplementary feeding programme to pregnant and nursing women contains DSM 45 grams, Oil 30 grams, Sugar 25 grams, Blended food 60 grams, Water 500 ml, Total 751 kcal per day.

52. There have been some complaints about the taste of the porridge by the beneficiaries and the nutritionist. The quality of the blended food should be checked regularly and the problem should be reported and followed up by UNHCR.

53. In addition the pregnant and nursing women receive 200 micro gram Folic acid, 20 mg Iron and one B-vitamin complex (consisting of 0.5 mg thiamine, 2 mg riboflavin, 2 mg pyridoxine and 2 mg niacin) each day, in addition to the micronutrients in the blended food.

54. The programme consists of wet feeding with the food provided by UNHCR. Admission and discharge criteria were available to the staff and were being followed. In the SFC and TFC, the staff provide health education. Issues such as weaning practices, importance of child spacing, balanced diet, personal hygiene and breast-feeding are discussed with the women. Flip charts were being used for the health education sessions.

Recommendation 17

The mission recommends refresher training for the staff to ensure that UNHCR standards are maintained in the feeding centres.

55. The mission looked into the possibility of replacing wet feeding with dry feeding programme. Looking at the practice by the refugees for selling of food items to purchase other items of daily need and lack of community participation especially when CHWs' network is not available for creating awareness on feeding practices; there is every chance that the food may not reach the malnourished child. Using dry feeding programme, in such circumstances, may even deteriorate the nutritional status of the children. The mission also noted that the MSF-Holland pilot project in 2003 to use dry feeding programme as a replacement to wet feeding programme did not show significant benefit and the cost of the project proved to be high.

Recommendation 18

The mission recommends the continuation of the current wet feeding programme.

56. 10 TB patients are registered in the supplementary feeding programme and were receiving their supplement at the centre on daily basis, besides getting daily dose of ATT. It was observed by the mission that there was no facility in the SFC to measure the gain of weight of adults.

Recommendation 19

The weight of TB patients receiving supplementary food needs to be regularly checked for progress on their health status.

57. There is now a screening and outreach programme in place, but the Office of the Civil Surgeon reports difficulties due to limited number of staff (currently 4-5 for screening/outreach). Estimated need is 8-10. In addition the camp nutritionist performs home visits every week to screen for malnourished children and to follow up on the severe cases that are already admitted to either therapeutic feeding centre or supplementary feeding centre.

Recommendation 20

Staffing for the nutrition programme, particularly to increase and strengthen outreach activities, should be discussed between Office of the Civil Surgeon and UNHCR.

58. In the TFC treatment and feeding is provided not only to the severely malnourished but also to the low birth weight babies and orphans, who have lost their mother and where no one is available to feed the baby. Therapeutic milk was being prepared from DSM. Vitamins and minerals are given to the beneficiaries at the same time separately.

Recommendation 21

It should be ensured that the therapeutic milk formulation is prepared according to the recommended standards. UNHCR and WFP should make the necessary resources available for the feeding programme as mentioned in items 4.1 and 4.2 of the UNHCR/WFP global MOU of 2002.

59. It was found that morbidities were not recorded on the individual records of the children in the SFC. In order to properly monitor the progress of a child it is important to keep track of the morbidities.

Recommendation 22

It is suggested that morbidities should be recorded on the individual record of the child in the SFC/TFC.

60. Through focus group discussions it was found that there seems to be a lack of awareness among the mothers attending the supplementary feeding centre. They do not seem to be aware about their children's weight and progress of weight gain which can cause confusion. Limited dialogue and information sharing was observed to take place between Office of the Civil Surgeon staff and mothers.

Recommendation 23

The health staff should adopt mother-friendly practices and hold awareness discussions with mothers/guardians on a regular basis and give detailed information on what is being measured and how to see if a child has gained weight should be given to the mothers as part of their awareness training.

Registration and revalidation

61. A refugee database is maintained at UNHCR Cox's Bazar. It was at the end of 2002 that a physical verification was carried out in the camps. Since then, the database is updated on a regular basis, based on weekly reports received from the camps (death/birth/other information) and repatriation movements. Refugee families hold family books in the name of the head of the family usually the male head unless the household is female headed. All family members are recorded and registered in the family book. For the food ration the number of family members is taken into consideration when calculating the monthly food ration. For non-food items, soap, compressed rice husks and plastic sheeting are distributed according to family size and needs while the other items are distributed to each family regardless of the family size.

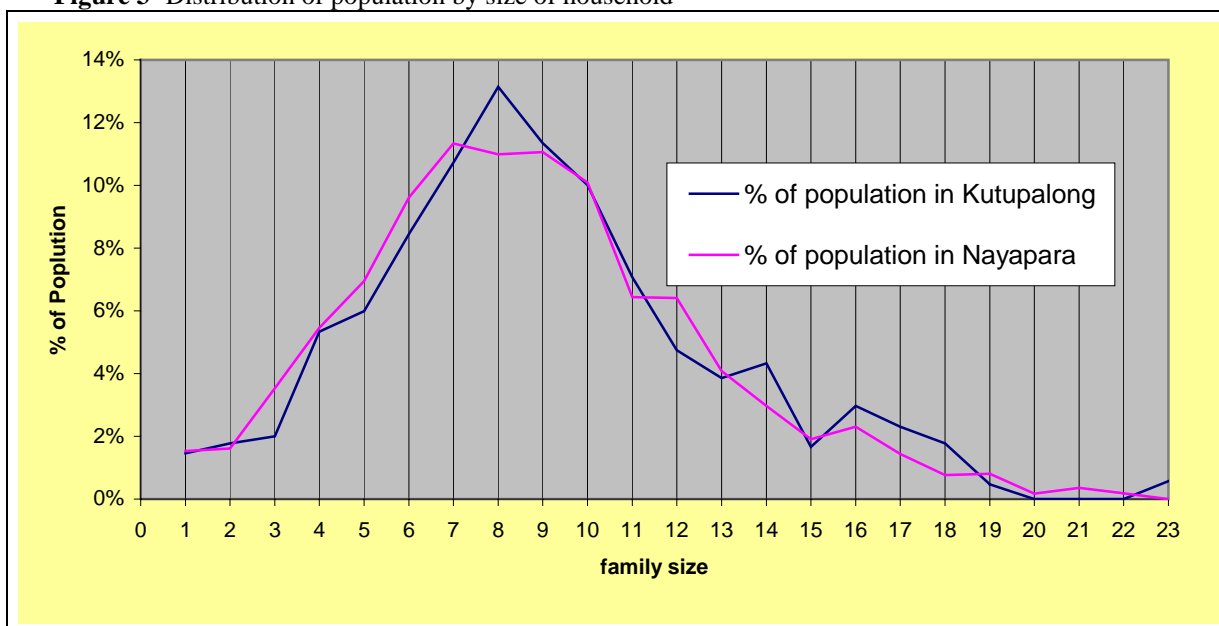
62. The mission looked at the demographic record of Nayapara camp and found that the population from 0-5 year's age group constitutes 23.6% and 0-15 years age group 53.4% which is higher and different from what is expected in a stable camp population. The same observation is made considering the current birth and mortality rate (average January – June 2004; births 3.9% and 0.21/1000/month deaths). Furthermore, the polio campaign carried out in 2004 (targeting children of 0-5 years) showed higher immunization figures than targeted population. Looking at the importance of demographic data in the calculation of various camp indicators for monitoring and planning purposes, the current mortality data, birth reporting system and the population growth rate, it seems that population data needs to be revalidated. The mission suggests that a revalidation exercise is carried out to ensure that the figures reflect the actual situation on the ground.

63. During focus group discussion conducted by the mission some refugee women expressed their dissatisfaction over the registration of extended family members in one family book. One example was a

family book in the name of the father who had three married daughters all living in the same household with their respective husbands and children. The father divided family ration unevenly between the daughters. Similar concerns were expressed with regard to living space; large extended families living under one roof.

64. Presently 22% of households contain 10 or more members. The percentage of the population living in families with 10 or more family members is 40%¹⁷. The distribution of population by household size can be seen in the figure 3 below. The present high proportion of large family sizes in the camps disadvantages these families with respect to the provision of non-food items.

Figure 3- Distribution of population by size of household



Recommendation 24

It is recommended that a revalidation exercise be conducted to update the statistics and records.

Recommendation 25

Large families should be targeted first for the revalidation process. The mission recommends issuing separate family books to newly formed families. This will allow them not only to create independent families but also to receive adequate food ration through direct control of the ration for the newly formed family.

Recommendation 26

The mission recommends that rations cards/books are issued in accordance with WFP policy whereby a female adult family member becomes the entitlement holder. The present family books are in a bad condition and should be replaced gradually while updating the registry.

Recommendation 27

The mission recommends that photos are attached to family books so that each member can be recognized easily.

¹⁷ UNHCR family size figures, October 2004 (annex 5).

Food

Food Basket (composition of the food basket and its suitability)

65. WFP provides a basic ration per person as shown below in table 2.

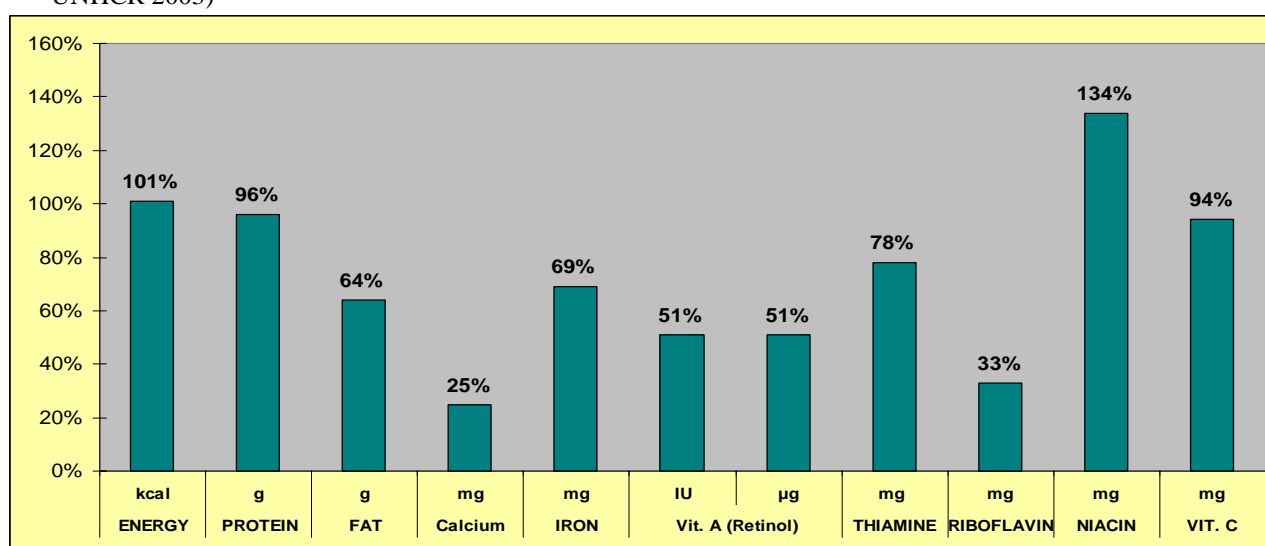
Table 2. Food Basket ration commodities and energy content

Commodity	Daily general ration (gm)	Caloric value (Kcal)
Rice	450	1,602
Pulses	40	158
Oil	20	180
Salt	10	0
Sugar	10	40
Blended food	50	180
Total	580	2,160

66. The ration provides 2,160 kilocalories/person/day, inclusive of 49g protein and 29g fat. WFP-supplied blended food is fortified with a variety of vitamins and minerals, while the vegetable oil is fortified with vitamin A. The salt WFP provided is iodised. The ration of WFP was calculated based on the provision of complementary food items such as fresh vegetables¹⁸. The latest nutrition survey conducted in 2003 (UNHCR 2003) analysed the composition of the ration, see figure 4. It was found to be lacking in Calcium, Riboflavin, Vitamin A, Fats, Iron and Thiamine. This same survey recommended the review of vegetables and other items for inclusion in the ration.

67. UNHCR through Concern provides seeds for kitchen gardening and chickens for poultry rearing. So far this year only 500 of the most food insecure families have been included in the poultry rearing programme. Some families who have access to land have home/kitchen gardens. In addition, some families grow vegetables on their roof top. These activities give the refugees the chance to have access to animal based proteins that are crucial for prevention of essential amino acids deficiencies and can also reduce the incidences of micronutrient deficiency and related disease.

Figure 4- Percentage of Minimum Nutrient Requirements Supplied by the General Ration (Source: Nut Survey UNHCR 2003)



¹⁸ PRRO, WFP, section II recovery strategy, 2004

68. The mission found that the ration given is sufficient in terms of calories (based on sex/age, activity level (assumed light) and a mean ambient temperature of 20 degree centigrade). However, the ration is lacking in terms of protein of animal origin, spices in order to make the bland diet acceptable to refugees as well as some micronutrients.

Recommendation 28

When the full ration is given the calorific content of the ration is sufficient. The mission recommends to keep the ration the same.

Recommendation 29

In order to improve the quality of the ration in terms of sufficient content of minerals, vitamins, fats and animal protein, the following actions are recommended:

Part a: Kitchen gardening: Technical inputs should be sought from outside to apply the most feasible and practical way to increase the productivity and number of kitchen gardens. The programme should ensure each family can cultivate at least their minimum needs.

Part b: The present kitchen garden programme should be expanded to include all families in the camp taking into consideration the family size when distributing kitchen garden inputs such as seeds, tools, plant boxes and allocation of land.

Part c: Community participation and mobilisation activities should be incorporated into the programme to ensure the success and sustainability of the programme.

Part d: The kitchen gardening programme should promote the cultivation of green leafy vegetables such as spinach, aram leaves and pumpkin leaves to increase the iron and vitamin A intake of the beneficiaries. Focus on production of vitamin A rich fruits and vegetables such as papaya, pumpkin, yellow and red sweet potatoes and carrots would increase the intake of vitamin A. Kitchen gardening with Riboflavin rich vegetables such as Spinach should be encouraged which has Vitamin B2 contents equal to milk, yogurt or meat. This would help in reducing vitamin B2 deficiency in the diet.

Part e: The kitchen garden programme should also include spices and condiments desired by the beneficiaries determined through consultation such as garlic, chilli and coriander.

Part f: A thorough analysis of how to best conduct poultry rearing should be made.

Part g: Enough chickens should be given to each family to ensure sufficient and sustainable production of poultry and eggs for the family taking into account the family size. The provision of local chicken varieties which are preferred should continue and inputs such as vaccination services should be made available to ensure the health and sustainability of the chicken population. Successful poultry rearing would not only provide a source of animal protein but also a source of vitamin A and vitamin B complex.

Part h: Ensuring proper fortification: Assessment of the micronutrient content of the blended food and the oil provided should be performed regularly to ensure optimal quality of the ration. In this way the right quantity of Calcium and vitamin A content will be ensured.

Part i: Variation: The possibility of altering the type of pulses, rice and blended food to improve the acceptability and quality of the ration should be explored. Sprouting of pulses could also be undertaken to increase the riboflavin intake.

Part j: There should be an evaluation of the expanded programme within the first year to determine if the programme has had a positive effect on the quantities of animal protein, fresh vegetables and condiments to families.

Food utilisation

69. Through focus group discussions conducted by the mission some women stated that they take 2 meals per day while their husband takes 3 times. They stated that they eat rice, vegetable, dhal. Take vegetable every 2-3 days. Some take fish or egg once per week whereas others take fish or egg once per month. Some women stated that men normally eat more food per meal than the women.

70. There have been some complaints about the type of pulses provided and many of the refugees claim it gives them diarrhoea. An explanation for this could be that the pulses are not cooked long enough or that a meal only consists of pulses. Both these situations will lead to increased acidity in the stomach, which again can lead to diarrhoea.

71. Through focus group discussions and beneficiary contact monitoring reports it was found that many of the refugees sell their rations. It was noted that refugees sell some of their oil or pulses in order to buy spices and other basic commodities, such as fish and condiments. Some refugees also have to borrow rations from other refugees in order to sell some of the ration to buy spices and other condiments. The quantity of spices provided to the refugees until 2003 was 90 g of chilli, 30 g turmeric and 60 g garlic/person/month, regardless of age. From a short market survey conducted during the mission, it was found that the cost for one person to obtain the same quantity of spice previously provided is 11Tk/month or around 17 cents USD/month.

Recommendation 30

There should be an increase in awareness sessions to beneficiaries on the importance of the right nutrition and cooking methods. These awareness sessions should also include men so that they also understand that it is important that especially pregnant and nursing women and children get extra food. This can be done by strengthening the existing training given by Concern.

Supply and Procurement

72. Since 1999 Concern has gradually taken over responsibility for the procurement of items for the camps on behalf of UNHCR. At present this includes the purchase of non-food such as inputs for community and training programmes as well as for general distribution. Supply and distribution of food and non-food items to the refugee population is undertaken by BDRCS.

73. In August 2003, with the handover of the selective feeding programmes to the Office of the Civil Surgeon and subsequent withdrawal of WFP support from the supplementary and therapeutic feeding programmes, UNHCR procured DSM, sugar, cooking oil, rice, pulses and salt for the feeding programmes in both camps. Local storage depots of the department of food are used to store food items before shipment to the camp storage facilities. Concern procures kerosene, soap and compressed rice husks (cooking fuel) for regular distribution.

74. WFP is responsible for procurement and supply of food for the general distribution. WFP uses the Local storage depots of the government as bulk stores and BDRCS is responsible for the transportation, storage in the camp and then distribution of these items. WFP in conjunction with BDRCS follows a lifting schedule. It was found that the actual lifting date coincided with the plan in the last two months except for on one occasion where the lifting occurred one day late.

75. In 2003 there was one break in the supply of kerosene in Mar 2003. In 2004 there was break in the supply of kerosene in February, March and April, for soap there was a break in February and March with a partial distribution in April, for Rice husks the distribution was less than 10% of the expected distribution in March and April and around 70% in June of the expected distribution (Annex 4). In 2003 31% of the soap distributed was bathing soap of the approximately 128,000 pieces distributed. The distributed bathing soap in 2003 was less than 10% of the recommended amount under sphere standards. The total quantity of soap distributed up to September 2004 was 61,143 pieces of which 47% was bathing soap. This is approximately 9% of the recommended amount under the sphere standards¹⁹. The break in distribution of CRH, soap and kerosene in February and March was due to a disagreement between UNHCR and the GOB/BDRCS on distribution modalities, particularly refugee participation. Despite the efforts made not to interrupt the distribution of these basic items, these distribution activities could not take place. Breaks of this length in

¹⁹ The calculation is based on using a average population size of 20,000 for both years since accurate planning figures for population on a monthly basis were not provided to the mission.

the distribution pipeline for basic commodities such as cooking fuel and soap are unacceptable for a population heavily dependent on external assistance (Recommendation 1).

76. The monthly distribution figures for food show large monthly variations for 2003 and 2004. The records presented by WFP to the mission were figures that incorporated FFW, FFT and food items distributed in 2003 to selective feeding programmes. The planning figures were absent in all reporting produced by WFP, UNHCR, Concern and BDRCS that was given to the mission for food and non-food items. Due to the inadequacy of the data provided it was not possible to verify if the supply and distribution of food and non-food items was carried out in accordance with the agreements laid down by all parties. At present the reporting of food distribution is completed on a monthly basis where as actual distributions may actually occur through the reporting period and thus are not included in the monthly report. It was difficult from the reporting viewed by the mission to verify the efficiency of each distribution in terms of the projected distribution under the PRRO and the actual distribution.

Recommendation 31

Reporting on food and non-food distribution should be compiled for individual distributions stating the calendar week the distribution is completed, appropriate detail of the commodities and the planning figures used for the distribution.

Storage

77. The mission visited the storage facilities at Teknaf LSD and storage facilities within Nayapara camp. In general the storage facilities were well kept and clean. Record keeping was present in all stores visited.

78. The Department of Food's public food distribution system of local storage depots is used by WFP for storage of food items. The mission visited one such depot in Teknaf. The mission observed that all stacks were less than 1m (only 60cm) from the walls and the space between stacks was around 80cm in the Teknaf LSD. Stack heights were not excessive and the layout of the LSD was orderly and clean. There was a small amount of insects present and all commodities were stacked on dunnage. The recommended stack height of the boxes of oil was 4 cartons. The number height of the stack was 6-8 however the stack was stable and no damage to the oil tin was seen. Weigh scales appeared to be calibrated but were not correctly zeroed with a 1% discrepancy seen in 2 of the three scales in the store. There was one scale donated by WFP in the store that was not being used. From discussions with staff involved in monitoring the lifting of wheat from the LSD, there seemed to be a lack knowledge on to apply the correct set of procedures and reporting.

Recommendation 32

Before loading of any commodity for distribution especially rice, pulses, sugar and salt the weigh scale in the LSD should be zeroed and calibrated with standard weights.

79. The last spraying of insecticide was conducted recently and recorded in the last two months. A strong insecticide used to be used to spray walls and floor without contact with the food commodities in the store. The insecticide used was Actellic which is a broad spectrum, fast acting insecticide. This is an appropriate pest control method. The records for delivery, spraying of insecticide and monthly reporting were all up to date and easily produced by the stock keeper indicating that he was on top of the stock control data collection.

80. In the BDRCS Store Nayapara camp noted that the turn over of stock is rapid. The store capacity is 60 MT. The monthly distribution from Nayapara would be as much as 240 MT this requires the whole stock to be turned over several times every month. The store is also required to keep a 2 week buffer stock. Due to the limited storage capacity there is a requirement to ensure timely receipt of new stock to replenish the high turnover.

81. The mission observed that the store was orderly and clean however some of the dunnage showed signs of insect infestation. The food commodities showed no or a low level of insects present. The stock register

was kept and maintained and we were informed the store was cleaned with bleaching powder on a regular basis and that rat poison was the only pest control option used.

82. The store for the selective feeding programmes was well maintained; all stock items had several months before expiry. The temperature was lower than the ambient temperature outside. Some of the commodities were stacked in such a way as to make contact with the wire mesh in the store allowing vermin contact with food stocks. There was no perceptible sight of insect infestation. Stock register was kept.

Food Distribution

83. Food commodities are distributed on a fortnightly basis, with distribution taking 6 and 4 days in Nayapara and Kutupalong camps respectively. Refugees collect rations on fixed days according to blocks. All food items are distributed at the same time. The timing of the distribution seems to be appropriate and no breaks in food supply were reported.

84. The Bangladesh Red Crescent Society (BDRCS) has been UNHCR and WFP's operational partner for management and distribution of food at the camp level since 1992. Since 2001, UNHCR and WFP jointly cover the operational costs under a tripartite agreement that is renewed each year. BDRCS have a total of 22 staff to coordinate and supervise the lifting, loading, unloading and distribution of food, as well as maintain records. Since 2002, refugee volunteers have been involved in the food distribution at camp level. Currently, a total of 35 refugee volunteers are responsible for the unloading and distribution of basic food commodities. These volunteers are selected from the most vulnerable refugee families on a three-monthly rotation basis and receive a food incentive of 20kg rice per month in return for their labour. While this degree of refugee participation in the food distribution is commendable, the mission found that there is scope to improve this further and to improve the awareness of BDRCS on the benefits of refugee participation. The mission also noted the recommendation of the last JAM for a decentralized distribution system. While the Mission supported this recommendation in principle, it was felt that this could succeed only once refugee participation in other areas is fully in place, as suggested by the last Nutrition Survey.

Recommendation 33

WFP should ensure that the system of rotation of refugee volunteers every 90 days is systematic; 50% of volunteers should be female, with an appropriate division of labour between women and men.

Recommendation 34

Refugee participation in the food distribution and management should be enhanced further for effective distribution and management of food.

85. The quality of commodities distributed was found to be good in general; however the quality of rice being distributed (parboiled) was not appropriate to the customary eating habits of the refugees. Separate queues were in place for women and men, facilitating the collection of rations by women. The number of women collecting rations from male-headed households is still however low and further encouragement is needed in this regard. Refugees use empty food bags and containers for collection of rations. Signature in the master-roll was by thumb-print, regardless of whether the refugee is literate or not. The mission felt that refugees who are able to sign their names should be encouraged to do so for the sake of their dignity. In spite of the long duration of general food distribution and the posting of entitlements on sign boards in English, Bangla and Burmese, some refugees interviewed at the distribution centre were still not aware of their entitlements.

Recommendation 35

WFP to ensure quality 'atap' rice is provided to the refugees.

Recommendation 36

UNHCR, WFP, Concern and BDRCS to jointly identify, with the camp administration, ways to encourage more women to collect their food rations.

Recommendation 37

BDRCS to encourage refugees who are literate to sign for their rations in the master roll.

Recommendation 38

Distribution of used food bags and containers to the refugees on a regular basis should continue.

Recommendation 39a

Concern to continue awareness sessions on food entitlements to cover the whole refugee population.

86. Absentee families are required to seek special permission from the Camp-in-Charge for retroactive collection of food rations. There appeared to be no clear follow-up system for absentee families in place.

Recommendation 39b

Establish a follow-up system for absentee families to ensure that food entitlement is verified and received.

Reporting and Monitoring

87. Since 2002, a joint approach to monitoring (UNHCR, WFP, Concern and BDRCS) has been adopted that requires the presence of BDRCS and at least two of WFP, UNHCR and Concern at the distribution point. WFP and UNHCR are also required to jointly monitor lifting by BDRCS at the LSD level. This approach has led to increased awareness and confidence building of the refugees. The Mission therefore found it regrettable that this joint approach was observed to have deteriorated slightly and was reported to be sporadic, particularly at the LSD level.

88. The mission was informed that BDRCS conducted random sampling for weight and quality of stock received. This method is appropriate if recorded and reported to WFP and the department of food. However BDRCS stated that no reports have been issued to WFP. It was seen that apart from the maintenance of the stock register in the BDRCS and standard distribution reports no other forms of reporting to WFP were used that could assist in the improvement of supply for food distribution for both WFP and BDRCS.

89. WFP has three Assistant Field Officers who dedicate their time to monitoring at the camp and LSD levels. Concern provides two full-time Food Basket Monitors, funded by UNHCR. UNHCR staff include food basket monitoring as part of their overall duties.

Recommendation 40

WFP may prepare jointly with all agencies a monthly monitoring plan at LSD and camp level to ensure full participation of all agencies.

Recommendation 41

At the LSD 100% weighing of all commodities should be witnessed by an official of the LSD, WFP, UNHCR and BDRCS with a random sample of bags marked and the weight recorded. A random sampling method should be developed by WFP. At the BDRCS stores in the camps the same group of officials should be present to check the randomly selected bags to verify their weight and weighing method.

Recommendation 42

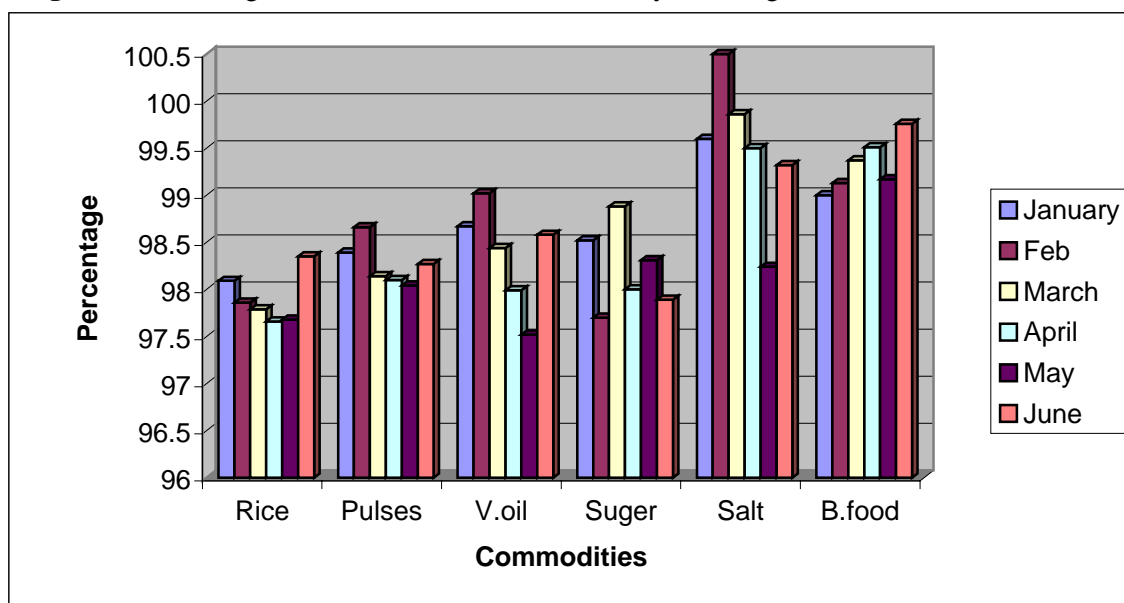
A sampling report should then be drawn up recording any discrepancies in the random sample selected weighed in the LSD and the BDRCS store in the camps. A similar procedure should be undertaken for sampling for quality as specified in the WFP Food Storage Manual.

Recommendation 43

It is recommended that any losses at the receiving point (camp) to be reported by BDRCS and investigated by WFP. Transfer of this loss to the refugees should be avoided by compensation from the buffer stock available at camp level. Joint monitoring at the receiving point (camp) may help to identify losses and ensure beneficiaries receive their full entitlements.

90. Food basket monitoring is undertaken in front of the exit at the distribution point, with random spot checks made on 35-40 families per day. Compensation for short or excess rations is made on the spot and refugees can request to have their rations weighed, although at times the high number of requests exceeds the capacity of the monitoring staff. Monitoring reports show that on average refugees receive 97-98% of their monthly entitlements (e.g. Monthly rice entitlement for family of 5: 67.50 kg. Actually received: 66.15 kg. (98%). Loss: 1.35 kg). Reasons for this loss were mainly reported to be due to the inaccurate scooping system. An alleged loss of 1-2% at LSD level is neither reported or investigated and is transferred to the beneficiaries, which the Mission considers to be unacceptable. Compensation of any shortages from buffer stocks has not been fully implemented despite agreement between BDRCS and WFP. As mentioned above in the supply section the actual efficiency of distribution that is the actual required distribution under the PRRO as compared to the actual distribution was not reported. This could be incorporated into the reporting for FBM.

Figure 5- Percentage of food commodities received by the refugees in 2004



91. Since early 2004, Beneficiary contact monitoring (BCM) is conducted by WFP on a random basis and provides important information on use of food at the household level. In the past six months, a total of 26 families were interviewed. An analysis of monitoring findings indicated that 50% of families sell a portion of their food rations to local vendors to purchase non-food items, 61% grew vegetables and 42% reared poultry for their own consumption. The Mission observed that BCM reports also provide qualitative information on refugees short and long term plans.

92. Monitoring of the school snacks programme is conducted by WFP and Concern separately, using a standard checklist. Monitoring reports however should be prepared jointly.

Recommendation 44

Joint monitoring on distribution days to be extended to the household level.

Recommendation 45

BCM to be strengthened so that this important data source can be made statistically valid and can be used by all agencies to monitor standard indicators.

Non-Food Items (NFIs)

93. Non-Food Items (NFIs) are distributed to the refugees on a regular basis. UNHCR, through its implementing partner Concern, procures the materials which are then distributed through BDRCS, also funded by UNHCR. Most items are distributed to the family unit regardless of the family size except in the case of compressed rice husks, soap and plastic sheeting (needs basis). Large families on this basis are at a disadvantage in regard to their entitlements as compared to smaller families.

94. While compressed rice husks (CRH), kerosene and soaps are distributed on a monthly basis, blankets, sleeping mats, mosquito nets and clothing are distributed once a year. Furthermore, cooking pots, other kitchen items, jerry cans, plastic sheeting, vegetable garden seeds and spades are also distributed as seen in Box 1 on a needs basis.

Box 1- Non-food distribution items

<u>Monthly distribution</u>	
CRH	40kg for a family with 1-5 members 60kg for a family with 6 members 80kg for a family with more than 6 members
Kerosene	1 litre for each family
Soap	1pc bath, 1pc laundry for a family with 1-3 members 2pc bath, 2pc laundry for a family with 4-6 members 3pc bath, 3pc laundry for a family with more than 6 members
<u>Yearly distribution</u>	
Blanket	1 per family
Sleeping mat	1 per family
Mosquito net	1 per family
Clothing	1 set per person (Men and boys: 1 T-shirt, 1 lungi, Women and girls: 1 blouse, 1 thami, small children: 1 frock dress)
<u>On need basis</u>	
Kitchen set	1 set per family (three cooking pots with lids, 3 aluminium mugs, 1 bowl, 6 aluminium plates, and 1 plastic bucket)
Vegetable seeds	25 grams of radish and red amarnath, 10grms of country beans and bottle gourd per family + chilli and brinjal seeds grown in the seed beds in both camps - 5 pieces of saplings to be distributed per family
Spade	1 per family
Jerry can	1 (16-20 litres) per family
Plastic sheets	1-2 blue UNHCR plastic Sheeting (4x5m) for roofing per family 1-2 rolls of local black sheets for roofing per family

95. Based on the reporting the mission received it was not possible to compare the refugee entitlements that should have been distributed to the actual distribution. The non food items distribution details for most items were not provided to the mission for the years 2003 except for soap, kerosene and CRH and for 2004 soap, kerosene, CRH and plastic sheeting. The lack on data on distribution on non-food items is a concern.

96. The size of bathing soap distributed is 140grams/peice and for laundry 155 grams/peice. Sphere standards recommend that 250 grams of bathing soap is distributed per person per month²⁰. The WFP/UNHCR Joint Assessment Guidelines state that in a stable setting 350grams of soap should be provided per person per month. The ration if distributed as in box 1 will provide the population around 20% of the recommended standard bathing soap ration²¹.

97. The energy content rice husks are usually lower than for dry firewood and are seen by most communities as a low quality energy source²². The recommended quantity of firewood is 1 kg of wood per person per day²³. According to the ration provisions as seen in box 1 all family sizes apart from a family of 1 receive less than the required standard. A family of 6 for instance receives 10kg/person per month where the standard states they should at least receive 28-31kg, this is around 34% of the required minimum amount. The ration in box 1 will provide for the population as a whole around 30% of the recommended standard cooking fuel ration²⁴. The energy given to the refugees in the form of CRH seems low. There is a requirement to fully assess the fuel requirements of the refugees while looking at the cooking methods and diet, especially for larger family sizes.

98. During focus group discussion with refugee women some refugees reported that they sell or exchange their rations for clothing and shoes. They commented that the provision of clothes once a year is not sufficient. It was also stated that one sleeping mat and one mosquito net per family regardless of family size was not adequate. Women refugees said that young girls reaching puberty require ornas or burkas, which are not provided. Some refugees explained that they sell the received CRH as a source of income and collect wood instead for cooking.

Recommendation 46

It is recommended that the NFI entitlements of the refugees are reviewed to determine if the refugees basic needs are being met especially with regard to large family sizes.

Recommendation 47

Reporting on NFIs to include the planning figures used for the distribution. This will assist all parties involved in the distribution to determine the efficiency and effectiveness of the distribution.

Recommendation 48

Similarly to food distribution, refugee participation in the distribution of NFIs is key to enhance refugees' sense of responsibility and ensure proper distribution. It is understood that discussions on that matter are ongoing. The mission supports the efforts and suggests that greater refugee participation is achieved through those discussions.

Sanitation

Latrines

99. Sanitation activities in Nayapara camp are the responsibility of the CiC with the sanitarian and assistant sanitarian. In Kutupalong Concern is the lead agency for sanitation. Concern has three sanitation staff and twelve sanitation volunteers. In Nayapara camp there are around 600 latrines for the population of 12,000 people. In Kutupalong there are 558 individual latrines for 8,200 individuals²⁵. This ratio of 1:20 or less for

²⁰ Humanitarian Charter and Minimum Standards in Disaster Response, The Sphere Project 2004

²¹ The calculation is based on use of the model for the camp family size statistics (UNHCR Oct 2004, Annex 5) to give an estimation of the expected distribution to compare to the sphere standard.

²² The briquetting of agricultural wastes for fuel, S. Eriksson, FAO, 1990

²³ UNHCR/WFP Joint Assessment Guidelines, Section 9.13, First Edition, June 2004

²⁴ This is assuming a population size of 20,000 people and an equivalent energy values for dry firewood

²⁵ Evaluation of Rohingya refugee programme, Cox's Bazar, Bangladesh, Concern, April 2004

both camps is adequate and within the minimum standards set down by UNHCR²⁶ and the Sphere Project²⁷. However in a long term settled population the absence of sanitation volunteer groups in Nayapara camp was of concern and that the poor state of latrines means that the effective user ratio for the better maintained latrines would be over 1:20.

100. The mission viewed two types of latrines. The first were VIP pit latrines all of these were full with excrement only 5-6 inches below the drop hole. The pit latrines had no cover over the drop hole. There was a pit connected by a tube to the main pits of the latrine and overflow from the main pit could be collected. This pit was covered by flimsy bamboo and black plastic. This is an unsatisfactory practice and is a danger to the public. Most of the doors and sides of the latrines were in bad shape. Many of the latrines do not allow a minimum level of privacy. Excrement was seen lying on one slab and most of the latrines were not clean. It was said that the pits were emptied out when full and the waste buried in a hole nearby.

Recommendation 49

There is a need to improve health education and awareness on the advantages and use of latrines and the importance of hygiene.

101. The second set of latrines were an improved type of latrine (paka latrine) which have a collection chamber for waste with a water seal pan on a concrete slab connected by a tube to the waste collection pit of approximately 2.5m³. The collection chamber was also full. The first jointing of concrete rings was not sealed with waste seeping from the joint. As equally important as the latrine slab and containment system is the shelter of the latrine. The poor state of the latrines meant that effectively access was restricted to many women who felt the level of privacy of the latrines insufficient for their needs and also posed security concerns for women forced to use latrines at night. There were two sets of paka latrines that were observed under construction, which will be an improvement when completed, however work had stalled.

102. It was reported that the poor state of the latrine shelters was in part due to scavenging of materials from the latrines for use as building materials and lack of maintenance. The emptying of latrine pits had not occurred for some time at the time of the visit due the removal of food for work activities of sanitation workers.

Recommendation 50

To ensure proper care and maintenance of latrines community sanitation volunteer groups should be established at block level after discussion with the community. The issue of recruitment of sanitary workers should be discussed in these groups along with other sanitation related issues.

Recommendation 51

It would be more appropriate to construct latrines after the sanitation volunteer groups take responsibility of their maintenance and repair. Incentives to sanitary workers should be avoided in order to ensure sustainability and community participation.

103. In focus group discussion, refugee women complained about latrines having no doors or roof. They use them only at night time, but never alone always with another woman 'guard' as they don't feel safe to move around at night time. If they have to use them during the day, it is with some cover such as an umbrella. They also believed the poor state of latrines was causing health problems.

Recommendation 52

The design of the latrine should be one that can be easily maintained and suitable for the area and convenient to use for the refugees.

²⁶ Handbook for Emergencies, Second Edition, UNHCR

²⁷ Humanitarian Charter and Minimum Standards in Disaster Response, The Sphere Project, 2004

Bathing cubicles

104. The male and female shower cubicles were adjacent to each other. There was an open cubicle for males with a concrete slab and drainage into a soak away pit. The female cubicles were adjacent to the male area with a poorly maintained weak bamboo lattice constructed walls, doors and roof. The poor state of the shower cubicles was not adequate for a basic level of privacy for women using them. Some 420 bathing cubicles have been constructed with a ratio of 1:28.

105. In focus group discussions it was mentioned that due to the fact that female washrooms are adjacent to the male washrooms women feel uncomfortable using the facilities in the daytime. Refugee women also complained about the condition of the bathing cubicles, which most reported only using at night time or with a female chaperone.

Recommendation 53

Sanitation volunteer groups with consultation of community should suggest appropriate design and siting of new bathing areas for men and women.

Drainage

106. In the areas that were walked through by the mission, there was an extensive set of drainage channels of 20cm depth by 20cm width. The gradient of the system varied throughout the camp, however from observation it seemed to allow a good flow. Even though the drainage may be adequate the soil type in the camp had high clay content. There is likely to be slow infiltration of water into the ground resulting in thick mud present in many parts of the camp during the rainy season.

Waste Disposal System

107. We visited one refuse disposal point for about 20 sheds. The disposal point was on the surface and contained around 2m³ of waste. The waste from this point had not been collected in three months. There was a large amount of waste on the ground ranging from packets, papers and biodegradable waste as well as faeces in all areas of the camp visited that no one was willing to clean, creating an environment where disease vectors such as vermin and insects can breed. A total of 150 garbage disposal points have been constructed of a similar size with a population to garbage point ratio of 1:77. Sphere standards state that a 100 litre bin should be available to 10 families emptied daily. The present waste points would have to be emptied every 10 days with their current size and expected rate of filling.

108. Incentives in the form of food that were expected by the sanitation workers had not been given for the whole year and so they stopped their work in June. The mission felt that community participation was needed for a sustainable waste disposal system to function in the camp.

Recommendation 54

Investigate the collection and separation of biodegradable waste from other waste for composting which can be a valuable resource for kitchen gardens.

Water

109. The water treatment and distribution system was repaired in 2003 and has replaced water trucking that previously supplied much of the needs of the camp. The mission visited one of three water treatment plants in Nayapara camp, the system was a standard Oxfam production unit with a capacity of over 150,000 litres (stated production 190,000 litres) consisting of two sedimentation tanks of 95,000 litres collect raw water from a reservoir a few hundred meters from the treatment plant of 45,000 m³ storage capacity for Nayapara I. There were filtration tanks and chlorination tanks and they were all functional. Chlorination was undertaken with locally purchased bleaching powder. The staff operating the system were

knowledgeable and appropriately qualified. One concern was possible infrequent cleaning of the sedimentation tank, which may have an adverse impact on the efficiency of the filtration tank if the raw water has a high turbidity. The stated capacity of the three treatment plants is 190,000 litres, 90,000 litres, and 50,000 litres. There are also wells producing 30,000 litres per day in Nayapara.

110. There were 31 tap stands with six taps in total delivering around 330,000 litres per day. The number of water distribution points is more than adequate and better than minimum UNHCR standards. Water is available to the schools, health centre and feeding centres. The improvement in the water treatment and delivery is a positive and commendable achievement. According to the Camp in Charge the available water in the camp is 27L/person/day. This however has not been verified by production reports of clean water by the mission. The stated production and the water distributed will also vary somewhat due to system losses. It would be useful to do an assessment to evaluate the actual quantity distributed to the refugee population and to identify if the system efficiency could be improved.

111. Water is distributed twice per day in the morning and in the afternoon for 4 hours in total although some refugees reported less than 4 hours of distribution. It was observed that refugees store water in WFP big plastic buckets, aluminium jars and simple buckets. In most of the households visited during the assessment it was observed that water stored was not covered. The collection of water was orderly with many 10 to 15 aluminium jars seen in a row at each distribution point just before the time of distribution.

112. Within the camp there is no community participation in the management of the distribution of water. Presently, no hygiene or health education sessions are given on safe use and storage of drinking water apart some discussion in awareness sessions of Concern.

113. During focus group discussions with women refugees some reported that supply of drinking water was adequate in rainy season, but short in the dry season. Bathing water is taken from dug wells. Some families have made their own wells by their sheds. The water provided by the camp is used for cooking and drinking. Water for other purposes, like washing of clothes and bathing is most often collected from outside the camp, especially during the dry season when there seems to be a scarcity of water in the camps. The use of additional sources usually indicates a lack of convenience in terms of the time of water supply, situation of water points or household storage availability.

Recommendation 55

Water and sanitation awareness/education sessions should be undertaken through either water volunteer groups or by community health workers.

Recommendation 56

Water volunteer groups should be formed to improve the management and monitoring of water from distribution points and to limit the wastage.

Infrastructures/ Shelters

114. Refugees expressed their difficulties in living in the current sheds which are small. Their size is indeed smaller than the standard targeted by UNHCR (3.5m² of sheltered living space per person). The structures made with bamboo and thatch are not resistant to heavy rains/winds, requiring constant repair and do not seem to be provide adequate living place. It was reported that some refugees take bamboo material from latrines or bathing cubicles for urgent repair of their sheds.

115. Some refugees requested also that separate sheds are allocated when adult son or daughters marry so that they may form an independent family unit and be entitled to adequate living space. The mission felt that better utilization of the present sheds could be developed along with planning and utilization of the existing space to alleviate overcrowding in the camp and make space available for productive pursuits such as vegetable production and community based projects.

Recommendation 57

The mission understands the limitation of space. However, it feels that housing could be improved so that refugees have a better living environment. Reconstruction of improved sheds using stronger materials with more space should be explored.

Recommendation 58

The mission recommends that a new compartment be allocated to newly married couples not only to have enough space for living but also to form an independent family.

Environment

116. The environment was under heavy pressure after the arrival of 250,000 refugees in 1991-1992. Trees were extensively cut in the area for firewood. It is indeed observed that there are not many trees in the camp and therefore the camp does not have much shade. UNHCR distribute the CRH (Compressed Rice Husk) to the refugees as cooking fuel so that they do not need to collect wood outside the camps. It was understood, however that refugees collect wood outside the camp.

117. The tree-planting project started in 2001 in both camps with the aim to create a healthier environment for the refugees. In both camps, a total of 10,000 saplings were planted in 2001, 11,100 in 2002 and 15,000 in 2003. Concern is the agency implementing the project. Trees planted so far are mahogany, jackfruit, rain tree, ghamaree, jaaw, neem, mangos, bananas and papayas. Following the low survival rates of the trees in 2001 (46% in Nayapara and 35% in Kutupalong) explained as due to the unsuitability of species to the land, the Forestry Department of Teknaf and Ukhiya provided technical assistance in 2002. Species were selected with them, and demonstrations/training made on preparation of fertilizer and planting. The survival rate increased in 2002 (85% in Nayapara and 93.22% in Kutupalong). In 2003, however, the rate decreased to 5% in Nayapara while it was 88% in Kutupalong. That was reportedly due to the poor quality of seedlings delivered by the supplier. In 2004, the project could not be implemented due to refugees' strike in Kutupalong camp at the time of planting and disagreement with the GOB on implementation modalities in Nayapara.

Recommendation 59

The mission supports that an assessment of the environmental situation is conducted and the tree planting projects continue.

118. Food-For-Work was provided to those volunteers looking after the saplings. Trees were also planted at school and taken care off by the children as part of environment education. Concern's social counsellors also organise awareness sessions on the importance of protecting the environment.

119. The missions felt that the community should actively participate in the protection of the environment and management of natural resources. This will not only enhance refugees' sense of ownership but ensure sustainability of the project in the long term.

Education

120. The education programme is implemented by Concern. Informal primary education is provided to children from Kindergarten to Grade 5 through 8 schools in Nayapara running in 2 shifts (2 hours each). There is no education or vocational training for children above 12 years in the camp and therefore no opportunity for the refugees children to get more than a basic primary level education apart from 2 classes for girls who reach puberty. UNHCR guidelines state that some form of education should be provided to a

basic secondary level either as formal education or as vocational training for children up to the age of 17²⁸. The standard values for education are shown in Box 2.

Box 2: Standard values for education²⁹

% of refugees 5-17 enrolled in primary and lower secondary education	>100% boys >100% girls
Student per teacher ratio	40:1
% of male/female teachers who are qualified or trained	80% (>40% female and trainees, >40% male and trained)

Recommendation 60

Extending educational opportunities, both formal education and vocational training, should be pursued in consultation with UNHCR, Concern and the GOB for adolescents (12-17 years) in accordance with UNHCR mandate. The mission additionally supports making classes for higher grade girls through expansion of the present programmes targeted at girls reaching puberty.

121. In September 2004 92% of school going aged children (5 -12 years) are enrolled in the schools. In Nayapara camp, 1,568 boys and 1,684 girls are registered as of September. Subjects taught are Burmese, Mathematics, English from KG to Grade 2, Geography and History are added for Grades 3 and 4, and Science in Grade 5. In order to follow the Myanmar curriculum, schoolbooks are procured from Myanmar and printed regularly and provided to children. School supplies such as blackboard, chalks, pencils, notebooks, sharpeners, are provided to the schools by UNHCR. WFP provides flasks and school bags. It was observed that in the kindergarten class some children had no books, school bags or water flasks at the time of the visit, several months after the start of the school year.

122. Teachers are all refugee volunteers. They are provided with some incentives in-kind but no FFW. The mission appreciated the good community participation of teachers. It was however noticed that the proportion of female teachers is low: 5 among 71. It was reported from Concern and UNHCR that the teachers training need to be reinforced. Their qualification is not high, and their knowledge/teaching methods need to be improved. For example, the mission observed mainly teaching by rote learning in kindergarten class and no recreational activities were seen.

Recommendation 61

Increase the number of female teachers. While the mission understands that it is difficult to find qualified females among the refugee population (due to high illiteracy rate and cultural background), the possibility of training some women to become teacher could be explored.

123. Drop out rates are reported as a monthly average of 2.9% in 2003 and 0.7% in 2004. Reasons stated were mainly repatriation (particularly in May and July 2003 when there was an increase in repatriation, drop out rates increased up to 10%), girls reaching the age of puberty, children needed at home or outside the camp for work, parents not seeing the point of sending their children to camp schools as there is no scope for further education and children attending madrasas.

Recommendation 62

Efforts to increase enrolment in all grades should continue. Awareness on the importance of education should be further raised among parents/caretakers.

²⁸ Guidelines for Educational Assistance to Refugees, UNHCR, 1995

²⁹ Joint Assessment Guidelines, UNHCR/WFP, June 2004

Recommendation 63

The community should be motivated to be more directly involved in education activities. This could be done through education volunteer groups comprising of parents/caretakers and teachers. It will allow the refugees to discuss their needs, problems and find solutions among themselves. Their views will be better reflected in the programme and their sense of community will be enhanced.

124. 50gm High Energy Biscuits (HEB) are provided to the children on a daily basis under the school feeding programme which started in May 2002. Water flasks are also provided to each child. The biscuits are provided by WFP and distributed by Concern and schoolteachers. The teachers and WFP/Concern staff reported that there was an increase in attendance rate after the introduction of the programme (78% in January 2002, 89% in May 2002, 83% in May 2003). It also helps in providing additional food for the growing school going children. The programme seemed to work well. Children were generally eating their ration at school, although some sharing was taking place.

125. While the school-feeding programme has indeed increased the enrolment/attendance rate at school which is a positive effect. It is important that the quality of education is further improved to ensure this improved attendance has a positive educational impact on the children. Also, the provision of biscuits is a way to attract children (and parents to send children) to schools but difficult to sustain. Efforts to raise further awareness on importance of education in the community should continue.

126. The physical condition of the school visited by the mission was good. Classrooms were clean with mats on the ground and proper structure. Drinking water was available from a tank installed in the compound. UNHCR and Concern explained that latrines would also be constructed. The mission appreciated the idea.

Food for Work (FFW)

127. Food-for-Work activities target the most vulnerable families among the refugee population. In 2003, these activities included construction of a water reservoir in Nayapara camp, tree plantation, self-help/training (both camps) and camp cleaning/sanitation (Kutupalong camp only). WFP provided 575 participants with 1kg of rice per day, for a total of around 80 MT of rice. In 2004, FFW activities for a total of 100 MT were planned of which none were undertaken for various reasons, including poor coordination among agencies at the field level. The Mission noted that it had been jointly decided to reduce these activities to include only tree plantation, self-help/training and construction of a link road within Nayapara camp, with a view to decreasing the dependency of the refugees and encouraging their active involvement in camp activities without incentives. The Mission found however that this has not been entirely successful and greater motivation of the refugee community is needed. To this end, the Mission suggested that the large percentage (23%) of adolescents may be actively engaged in voluntary work and community services.

128. During the camp visit, the Mission noted that the curtailment of FFW for camp cleaning, under which sanitary workers were provided monthly incentives (20kg rice) had resulted in the very poor sanitary conditions and accumulated garbage throughout the camp that no one was willing to clean. The mission observed that the curtailment of this activity created confusion among the refugees, resulting in an expectation of payment for work already undertaken. Furthermore, tree-plantation projects that were agreed upon by all agencies did not take place although these were considered to be an important activity related to the environment.

Recommendation 64

For future FFW activities, such as tree planting, WFP and UNHCR should formulate a workable plan to be agreed upon by all concerned agencies to ensure timely implementation.

Recommendation 65

The FFW programme for sanitary workers should not continue as the Mission views it as an obstacle to community participation. Payment of incentives for January to June 2004 by sanitation workers is recommended as there was confusion over entitlements, but with a clear message that FFW in this sector will not continue.

129. In addition, to these in-camp activities, WFP implements FFW activities among the host population to promote good relations. Participants receive a rice wage of 2.5 kg per day. In 2003 and 2004, a total of 284 and 300 MT respectively of rice was provided each year to more than 3,000 participants.

Recommendation 66

The Mission recommends that there be no increase in FFW activities and that UNHCR, in coordination with its partners, actively pursue the strategy to mobilize and motivate the refugee community, especially the non-working adolescent and youth sectors of the population.

Food for Training (FFT)

130. FFT is provided to adolescent girls and women only, in tailoring, embroidery, book-binding and soap-making (Kutupalong only). There are currently no training opportunities for male youth. The mission visited a training centre for women at Nayapara camp where women were receiving training in embroidery and tailoring. Soap produced in the programme is distributed as part of the general distribution and some of the clothes produced in tailoring given to EVIs.

131. The trainees are provided with the cloth and items needed for sewing. The clothes made by trainees are taken by UNHCR and distributed once a year as part of the NFI distribution to the refugees. At the end of their three months training programme, sewing trainees are provided with a sewing kit. The mission noted that there are limited real opportunities for refugees to use and further develop their skills once training programmes have concluded. The mission found that the impact of training programmes to reduce dependency on external assistance is limited. This was also noted by Concern, as well as concerns of participants over the poor quality of cloth procured in the current programme³⁰.

132. Training activities are highly popular with the refugee women. Reportedly, the men are supportive of these activities and show more respect to women as a result. Food incentives are provided to approximately 80 trainers, for 8-9 months of the year. No incentives are provided for trainees, although these were repeatedly requested, particularly as the women spend up to five hours per day in the training centre. There is also scope to expand the types of training provided to meet the interests of the women. Topics may be identified in coordination with the refugees and UNHCR in Myanmar to ensure their sustainability. Training activities for men organized in 2001 and 2002 were not successful, due to low participation. There are currently no training activities for men.

Recommendation 67

WFP and UNHCR to consider provision of appropriate snacks to trainees (40% adolescents, 60% adults) and trainer incentives for the full training period.

Recommendation 68

UNHCR and Concern to expedite the plan to expand soap-making to Nayapara camp.

Recommendation 69

Concerned agencies identify additional training topics in full consultation with the refugees.

³⁰ Evaluation of Rohingya refugee programme, Cox's Bazar, Bangladesh, Concern, April 2004

Recommendation 70

UNHCR and Concern to investigate the interest of adolescent boys in FFT and identify appropriate topics with them.

Gender Issues

133. Most gender issues have been addressed in the sectoral assessments, however some general issues that arose include the low number of female staff in implementing partner agencies, particularly Office of the Civil Surgeon and BDRCS and schools. While it is recognized that there is some difficulties in recruiting qualified females, the mission felt that there is scope for improvement in this area.

134. Adolescent girls in the camp appear to bear a heavy burden, often acting as caregivers, surrogate mothers while struggling to attend school and religious classes and cope with domestic tasks. Agencies may look at ways to improve their lives taking into consideration the heavy demands and their time and their high activity levels.

135. Women living alone with small children and no adult male or extended family in the household are reported to be particularly vulnerable to sexual harassment by security forces and others.

Recommendation 71

UNHCR/GOB/Concern to consult with women whose security is at risk (FHH, single women etc) to discuss relocation of sheds to a place where they feel safe.

Recommendation 72

Agencies may jointly identify ways to improve the lives of adolescent girls.

Recommendation 73

Implementing partners to make greater efforts to recruit qualified female staff particularly in health and education services.

Recommendation 74

All agencies to ensure that women are fully represented (at least 50% of members) in all committees and sectoral voluntary groups, particularly in health and sanitation.

Community Services

136. There are several community services provided to the refugees through Concern funded by UNHCR. These services include counselling, skills training, awareness raising sessions, adolescent and adult literacy education and special services to EVIs. Protection cases encountered through counselling are referred to UNHCR.

137. There are 4 social counsellors and two assistant counsellors employed by Concern in the camps. Concern social counsellors regularly conduct planned visits to visit refugee sheds with a checklist and provide counselling and follow-up and counselling to those needed. The counsellors deal with conflict resolution as well as sexual and gender based violence. Awareness raising sessions are held by Concern staff and cover topics such as inter-refugee violence, HIV/Aids, polygamy, dowry, divorce marriage and teenage pregnancy. The mission appreciates these awareness sessions and recommends these awareness sessions to continue.

138. Kitchen gardening and poultry rearing is a good initiative which not only ensures community participation but also help the refugee to have a chance to have access to animal based proteins that is

crucial for prevention of essential amino acids deficiencies and reduces the incidence of micronutrient deficiency and related disease.

139. Recreational activities have additionally been supported by Concern such as distributing sports equipment and games as well as organising some tournaments. These activities had stopped at the time of the mission for some time in Nayapara.

Recommendation 75

The Mission recommends recreational activities (video, tennis ball, some toys etc) for handicapped (approx. 50 individuals) organised twice a month should continue. Concern may explore the possibility to link up with specialized NGOs (e.g. CRP) to expand activities for this small but vulnerable group.

Recommendation 76

Identification of recreational activities for youth and secondary school aged children should be pursued jointly by all actors in the camp.

140. Since refugees are not allowed to sell items outside the camp, skills training activities are limited to production and training of those that can be used inside the camp. The mission visited a skills building centre for women at Nayapara camp. The centre provides training for women on embroidery and tailoring. The trainees are provided with the cloth and items needed for sewing. The clothes made by these trainees are then used to distribute one time in a year as part of the NFI distribution among the camp refugees. The trainees undertaking sewing are provided at the end of their 3 months training programme with a sewing kit while trainers get incentive on regular basis under the FFT programme.

Recommendation 77

The mission recommends necessary inputs given to trainees so when they finish their training they can continue to utilise their skills. The provision of sewing machines to tailoring trainees on completion of their course could be explored or alternatively an additional skills centre setup where ex-trainees can access machines and be provided with quality cloth in the general distribution.

Refugee Participation

141. The mission learned that refugee participation in the overall camp activities has increased considerably compared to the past. The mission noted that block-wise committees are established, however, the criteria and procedure for selection is not clear. The selection criteria, selection procedure and charter of duties for the block committees need to be jointly discussed and reviewed by all actors with GOB to standardize the role of these committees. The block committees consist of both men and women.

142. Sectoral groups working to improve specific areas such as health, education, environment and sanitation issues are lacking in the camp. There is a need to establish volunteer groups for each of the individual sectors and the role of all actors in the camps would be important in helping the community in establishing and supporting these volunteer groups. Many of the key sectors such as health and sanitation activities where community participation activities could have been established instead food for work activities were seen instead.

Recommendation 78

Volunteer groups for health, water, food and education should be established at block level. Guidelines for their selection and working could be developed jointly by UNHCR, WFP, NGOs and GOB. Participation of women in volunteer groups should be encouraged as well as the formation of separate women's volunteer groups in key sectors where appropriate.

Future Strategy and Planning

143. There is currently no scope for local integration of the refugee population under the present Government policies and few refugees have voluntarily repatriated in 2004 to date even though a sizeable proportion of the refugee population have been cleared to re-enter Myanmar. Resettlement of refugees to a third country has not been encouraged by these countries themselves.

144. In addition to the political, economic and security situation in Myanmar, possible factors limiting voluntary repatriation could be the extended family ties of refugees in Bangladesh society outside the camps, dependency on food aid, lack of marketable skills and low literacy levels of the refugee population.

Recommendation 79

Cross border visits could be arranged for the refugee representatives involving UNHCR offices on both sides, the GOB and GOUM. This will help facilitate exchange of information for the refugees who have formerly returned with those willing to return, allowing refugees to make informed decisions.

145. In the present climate where the self reliance proposal has not been accepted by the Government of Bangladesh and movement and access to livelihoods is restricted, the mission found that the assistance at the present level is to be continued for the foreseeable future. The mission finds that the present planning figures used will not significantly change and should be extended into 2005 taking into account the trends for births, deaths and voluntary repatriation.

Annex 1 TOR JAM 2004

Terms of Reference for the Joint WFP/UNHCR Food Assessment Mission for Myanmar Refugees in Bangladesh (WFP PRRO 10045.2)

I. Background

During the latter part of 1991, people of an ethnic minority in Myanmar known as Rohingyas began to cross the border into neighbouring Bangladesh due to a complex mixture of political, social and economic factors. Within months, the number of refugees entering Bangladesh swelled to over 200,000, cresting at almost a quarter of a million officially recognized refugees by mid-1992.

A concerted effort by the international community, with support from various aid agencies and the Government of Bangladesh (GOB) ensured that the basic needs of these refugees were fully met. In the meantime, a number of conciliatory measures on the part of the Government of the Union of Myanmar (GOUM) provided adequate assurances and conditions to facilitate the repatriation of virtually all registered Myanmar refugees in Bangladesh. Repatriation was able to begin as early as September of 1992, and by mid-1997 less than 25,000 Rohingyas remained in camps in Bangladesh. Since then, the pace of repatriation has slowed to a trickle, reflecting the complicated issues surrounding the remaining caseload of approximately 20,000 refugees. It is reported that a large group of population originated from the same ethnic origin as the refugees live outside the camps, with some estimates going as high as 250,000.

To date there is little optimism of a durable solution for the 20,000 Rohingyas refugees who live in the two remaining camps in Bangladesh. The GOB, already faced with high levels of chronic poverty and overpopulation, is unwilling to entertain the possibility of local integration. In an effort to both encourage repatriation and discourage further influx of refugees, the GOB restricts the movement of refugees to within the confines of the camps and does not permit refugees to engage in formal employment. As a consequence, the refugees' reliance on outside assistance is further perpetuated. While the GOUM has lifted all conditions for the refugees to return, the movements take place at a very slow pace. Opportunities for third country settlement at present are few and far between.

WFP has been assisting GOB since April 1992 and has again been requested to extend its support during 2004.

There is a clear need to continue humanitarian support to the refugees as neither GOB, local communities or NGOs are in a position to provide the required assistance. GOB policies do not allow organization, employment or other income generating activities for the refugees and they therefore entirely depend on outside assistance. Self-reliance, training activities, formation of refugee committees and their overall activities are discouraged. Their movements are restricted to the camps only, though de facto, some of them find unofficial employment outside the camps, usually at reduced wage rates. It is estimated that about 60% of able men are working outside the camps, earning approximately half of the average local wage rates. WFP provides only relief assistance. Refugees receive a full ration covering their food requirements. Since August 2003, supplementary and therapeutic feeding programmes are run by local health authorities and are resourced by UNHCR.

The first joint food assessment mission was undertaken in 1993 and proposed a food basket and ration scale amounting to 2,221 calories for general distribution. This scale was slightly adjusted by the second JFAM undertaken in 1996 to reflect changes in the demographic composition of the populations with a higher percentage of women and children. In line with recommendations of the third JFAM in 1998, the ration scale was further revised to 2,007 kcals per day per person to match the demographic profile and activity level of the refugees, and blended food was supplied. Recommendation that UNHCR staff be present during monitoring was implemented through the creation of joint food monitoring committees at camp level. Household Food Security Studies were carried out in October 1999 and May 2001, thereby justifying the omission of a JFAM during that period. As a result of these studies, the current basic food ration of WFP provides 2,160kcal per person/day, inclusive of 49g protein and 29g fat.

Based on the recommendations of a joint UNHCR/WFP Food Needs Assessment Mission in July 2002, the basic food basket remains unchanged and consists of rice, pulses, blended food, vegetable oil, sugar and salt. The per capita, daily general food ration continues to provide 2,160 kcal.

A Joint Food Assessment mission is requested by WFP Dhaka and UNHCR, in line with the WFP/UNHCR Guidelines for Estimating Food and Nutritional Needs in Emergencies, stating that the calculation of the real food and nutritional needs of a population should be made by staff experienced in nutrition. Before starting the next extension of the PRRO in 2005, it is necessary to appraise the changes in the different factors that influence the daily nutritional requirements since 1998.

II. Objective:

To carry out an assessment of food and non-food requirements in the ongoing PRRO The mission will focus on the underlying causes of persistently high malnutrition and will make specific recommendations on:

- potential to reduce dependency on food assistance
- alleviation of causes of using food for other purposes
- modalities of assistance;

- composition of the food basket;
- ration size;
- duration of assistance.

III. Specific Tasks

1. Using a combination of methods, including analysis of available studies and survey reports, consultations with WFP, UNHCR and NGO representatives and relevant field staff, national government, regional and local authorities, technical experts and NGO representatives; direct observations and interviews/focus group discussions with refugees (individuals and groups):

- Review the characteristics and overall situation of the refugees and host populations.
- Analyze refugee numbers and demographic profile, particularly numbers of women and children under 5 years.
- Review follow-up of last JFNAM recommendations and nutrition survey action plan.
- Assess household food security (including access and utilization/consumption of food and income), estimate what people can be expected to provide for themselves or to what extent they have to resort to distress strategies to meet their basic needs. (Attention should be given to various distinct groups within the refugee population, particularly women and children, and comparison made to food consumption patterns among local communities.)
- Taking into consideration government policy, identify opportunities to reduce refugees dependency and identify any risks to current/future activities that address this.
- Review the effectiveness and appropriateness of Food for Work (FFW) and Food for Training (FFT) activities.
- 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 and micronutrient deficiencies.
- Assess the current arrangements for registration/revalidation and ration card control.
- Determine the need for and effectiveness of selective feeding programmes, particularly wet and dry feeding.
- Review the suitability of the commodities and rations provided, and any problems relating to their use (including grinding and cooking and their impact on environment).
- 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 improved/strengthened.
- Explore the possibilities of durable solutions that could lead to a progressive scaling down of general food distribution and more targeted food assistance;
- Assess the needs for related non-food assistance and the extent to which this affects nutritional status, if at all.
- Visit the primary storage bases and local-level warehouses, and through direct observations, inspection of records, and consultations with the competent authorities and in-country logistics experts, assess the logistics aspects of food and non-food delivery. This will include
 - logistics management,
 - adequacy of storage facilities and handling practices
 - timeliness and regularity of deliveries,
 - cost-effectiveness,
 - losses and possibilities to reduce constraints and increase efficiency.
- Review the effectiveness of the current food distribution system and monitoring/reporting arrangements.

2. On the basis of the above findings, the Mission team will present provisional conclusions and recommendations to the host government, WFP/UNHCR field office, other concerned UN agencies, interested donors and NGO representatives as appropriate, in a specially convened wrap-up meeting. This will allow stakeholders to benefit from contributions with a view to securing a common understanding about the proposed strategy for the future.

3. Taking into account all the elements mentioned above prepare a concise report outlining a food aid strategy recommending 'inter-alia':

- potential to reduce dependency on food assistance
- alleviation of causes to use food for other purposes
- number and type of beneficiaries in need of assistance
- modalities of assistance;
- composition of the food basket;
- ration size;
- duration of assistance.

The final report is to be submitted to WFP and UNHCR Headquarters within 15 days of the completion of the mission.

Annex 2 Summary of Action Taken on Recommendations of the 2002 JAM

Recommendation	Action Taken	Date	Results
Identify early durable solutions (UNHCR)	UNHCR Self-Reliance Concept Paper submitted to GoB and formally rejected.	May 2003?	Refugees continue to be almost entirely dependent on external assistance.
Maintain planning figure of 22,000 for next PRRO cycle (2003/2004) (UNHCR/WFP)	Maintained by WFP.		Adequate food pipeline ensure to cover needs of entire refugee population
WFP to maintain food basket and ration scale to provide 2,156 Kcal per day.	Maintained.		No increase in malnutrition rates.
UNHCR to reconsider provision of complementary food items (100g p/day fresh veg), including spices (UNHCR)	Plan to reinforce and expand vegetable gardening formulated but not yet implemented.	Early 2004	Refugees continue to sell basic food commodities (pulses and oil) to purchase fresh vegetables and spices. 50% of refugees have access to kitchen gardens.
Expand school education/feeding programmes to cover all primary school age children (WFP/UNHCR/ GoB)	GoB increased nos. of schools, but not all primary school age children are covered. Biscuits provided to all children attending.	2003	Increased no. of children receive fortified biscuits and regularly attend school.
Continue women and adolescent skills programmes with small incentive (UNHCR/WFP/GoB)	Limited programmes ongoing, with incentives to trainers only. Plan to increase skills training in 2004 not implemented.	2003 and 2004.	Training provided is limited. Particularly literacy training needed for women.
Allocate empty food containers to refugees. (WFP/BDRCS)	WFP implemented through BDRCS	2003	Refugees use food containers to store food, repair sheds and as small source of income (sell)
UNHCR to strengthen reproductive health activities to protect women's health and reduce high birth rate (UNHCR)			
UNHCR to provide sanitary towels/materials to all women of reproductive age on a regular basis (UNHCR)	As per MOH staff, 30,000 sanitary towels provided to 2,362 women in 2004. After birth or delivery, are provided only on request by the refugee women.	2004	Sanitary towels are provided to reproductive aged women. It should be ensured that distribution is systematic and covers 100% of the needs.
Revise food distribution system and replace with self-monitoring system (WFP/UNHCR)	UNHCR and WFP prepared a proposal and have tried to implement a pilot distribution. Not successful to date due to resistance by GoB.	2003 and 2004	Losses due to scooping continue. Limited involvement of refugees in food distribution
Use of new weighing scales at LSDs to continue with same reporting system. (WFP)	WFP regularly monitors LSDs – scales used and serviced on regular basis.	End-2002 until now.	Reduced losses at LSD level. Scales in Teknaf LSD are not being used however and are not adequately maintained.
Undertake Joint Nutrition Survey by end-2002 (All Partners)	UNHCR undertook survey in 2003.	2003	Survey was conducted with some limitations due its timing (hand-over of health programme) and limited involvement of GoB
Improve selective feeding programme coverage by intensifying identification of new cases (CONCERN/MSF-H)	Hand-over of selective feeding programmes in August 2003. Coverage improved, however Civil Surgeon staff report difficulties due to shortage of staff.		Needs to be reviewed further. Almost all Community Health Workers lost.
Continue wet feeding for PNWs (WFP/NGOs)	Continued.		Consumption of supplementary meals was monitored by NGOs in feeding centers. Civil Surgeon has continued with wet feeding.
MSF-H to follow WFP/UNHCR guidelines for selective and use blended food (MSF-H)	MSF-H used blended food for selective feeding instead of local cereal.	September 2002	Patients in supplementary/ therapeutic feeding programmes received blended food until MSF-H withdrawal in August 2003.

Recommendation	Action Taken	Date	Results
Excess DSM be swapped for blended food before expiry in April 2003 (WFP)	WFP swapped DSM for fortified biscuits	Early 2003	Adequate supply of biscuits for increased nos. of schoolchildren
Improve living conditions of refugees through provision of plastic sheeting and roof materials (UNHCR)	Yearly distribution is made.		Negotiations with GoB are ongoing on this issue. Still requires improvement.
Improve water and sanitation, particularly in Nayapara (UNHCR/GoB)	UNHCR/WFP/GoB FFW project constructed reservoir in Nayapara camp which has improved the water supply. No other action taken on sanitation – UNHCR planned hand-over from Concern and CiC to DPHE, but not implemented due to disagreement of MFDM. Incentives for camp-cleaning by the refugees (FFW) were discontinued in 2004.	Mid-2003 2004 Early 2004	Improved water supply in Nayapara camp. Sanitation remains an issue to be looked at carefully by the Mission. Camp-cleaning is not being done regularly by the refugees without incentives – community mobilization is needed.

Annex 3 Joint Action Plan, Joint Assessment Mission 2004

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
<i>Coordination</i>	1	The previous practice of holding inter-agency meetings with all agencies concerned and the GOB should be revitalized both at Cox's Bazar and camp level. It is suggested that chairmanship be on a rotation basis as per the practice in Dhaka.	High	Discussion at field level. Intervention from Dhaka if necessary.	By Dec 2004	By all stakeholders
<i>Health</i>	2	The focus of the health activities needs to be shifted more towards preventive side rather than the curative aspect of disease control. The mission recommends increased health education coupled with relevant IEC material adoption / printing and its utilisation as a measure for control of diseases like diarrhoea, malaria, skin infection and worm infestation through community awareness.	High	Project planning for 2005 should have more focus on prevention.	During Sub project submission for 2005	Office of the Civil Surgeon
<i>Curative services</i>	3	Tuberculosis case detection rate should be improved through staff training on WHO guidelines for the management of TB, and by active case detection by the health care providers.	High	WHO should be contacted for the training	Within 6 months	Office of the Civil Surgeon /UNHCR
<i>Reproductive health</i>	4	Currently the average family size is estimated at 6.8 with a tendency to early marriages. The mission recommends continuing efforts in strengthening of family planning services. A separate room should be established to provide privacy to the client. Service delivery can be further improved through refresher training of the staff and provision and use of appropriate IEC material to create awareness on the advantages of child spacing. Preparation of "defaulter" and "drop out": lists in the health clinic on a regular basis and follow up of these in the field (by CHWs) could help reducing programme drop outs and increasing contraceptive prevalence rate.	High	Adoption/printing of IEC material, Streamlining of program activities.	Within 3 months	Office of the Civil Surgeon
<i>Reproductive health</i>	5	TBA programme activities should be further strengthened through refresher training to the TBAs and improving the reporting system on the activities of TBAs on a monthly basis.	High	TBAs Reporting system to be strengthened.	Within 3 months	Office of the Civil Surgeon
<i>Reproductive health</i>	6	The system for recording births and deaths should be strengthened involving the TBAs and CHWs.	High	Births and deaths reporting to be strengthened.	By the beginning of 2005.	Office of the Civil Surgeon
<i>EPI</i>	7	Vaccines are an important component in the PHC programme but at the same time expensive and difficult to procure. The wastage of vaccines should be regularly monitored and reduced. To know the current immunization status of the refugees and improve on the programme, the mission recommends an EPI survey in the camps.	Medium	EPI survey Develop vaccine wastage monitoring system.	within 1 year	UNHCR/ Office of the Civil Surgeon
<i>EPI</i>	8	Immunization coverage could be improved through linkage of reproductive health services with the EPI programme at the health clinic. The mission recommends strengthening of birth reporting, preparation of "due date" and "defaulter" lists by EPI staff for follow up on the new born babies due for vaccination and those defaulted. Increased regular information sharing between the staff of the labour room, EPI and those in the health clinic could help birth reporting and increase immunization coverage. Production of vaccination cards should be made mandatory for all children under 2 years and CBA women reporting to the health clinic.	High	Linking birth reporting to EPI program.	By the beginning of 2005.	Office of the Civil Surgeon
<i>Health education</i>	9	Community Health Workers should be re-selected from the community on a voluntary basis to re-establish a network of CHWs. They should be trained to provide health education and reporting on births and deaths. A regular reporting system for CHWs should be established.	High	Establish CHW network.	Within 6 months	UNHCR/ Office of the Civil Surgeon /MFD
<i>Health education</i>	10	De-worming campaigns should be regularly held on a 6 monthly basis with extension to school children. This regular exercise would help in improving the nutritional status of the refugee children.	High	Arrange regular de-worming campaigns.	Every 6 months	Office of the Civil Surgeon /CONCERN/UNHCR
<i>Health Information System</i>	11	The mission recommends that the UNHCR Health Information System (HIS) should be strengthened with application of standard indicators for regular reporting and monitoring purposes. Training of the field and monitoring staff on the system should be arranged by UNHCR.	High	Training and establishment of HIS.	By the end of 1st quarter 2005	Office of the Civil Surgeon /UNHCR

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
<i>Health Information System</i>	12	Growth monitoring (GM) cards should be maintained for the individual child. The reporting and monitoring system of the GM programme should be strengthened through introduction of a Health Information System.	High	Introduce GM cards	by the end of 1st quarter 2005	Office of the Civil Surgeon
<i>Additional Recommendations on Health</i>	13	Medical and Para-medical staff should be trained on standard treatment protocols to improve the quality of treatment.	High	Training on treatment protocols	By the end of 1st quarter 2005	Office of the Civil Surgeon /UNHCR
<i>Additional Recommendations on Health</i>	14	Primary health care (PHC) should be strengthened through involvement of the CHWs. Health volunteer groups should be established involving the community in their selection at the level of each block in the camp with regular monthly meetings to be attended by the CHWs, health committee members and the staff from the health unit. The criteria for selection of community members should be established to ensure true community representation. This will ensure greater community participation in health programmes and provide a forum to the refugees for regular discussion on health issues.	High	Establish Health Sub Committees with clear guidelines and procedures to be followed.	By the end of 1st quarter 2005	Office of the Civil Surgeon /UNHCR/MFDM
<i>Nutritional status</i>	15	In order to monitor the nutritional status of the refugees it is recommended that surveys be conducted regularly with inclusion of nutritional data, anaemia and immunization coverage at the same time each year with the same methodology.	High	Nutritional survey	Aug. 2005	UNHCR
<i>Nutritional status</i>	16	The recent nutritional survey of August 2003 measured global acute malnutrition rate of 12.6% and low programme coverage. In this light it is recommended that the supplementary and therapeutic feeding programme should continue.		Continue support for SFP/TFP	2005 Jan-Dec	UNHCR/WFP/ Office of the Civil Surgeon
<i>Nutrition programme</i>	17	The mission recommends refresher training for the staff to ensure that UNHCR standards are maintained in the feeding centres.	High	Refresher training on Nutrition	By the end of Jun.2005	Office of the Civil Surgeon /UNHCR
<i>Nutrition programme</i>	18	The mission recommends the continuation of the current wet feeding programme.		Wet feeding to continue.	Jan-Dec 2005	Office of the Civil Surgeon /UNHCR/WFP
<i>Nutrition programme</i>	19	The weight of TB patients receiving supplementary food needs to be regularly checked for progress of their health status.	Medium	Program activity to be included.	Immediate	Office of the Civil Surgeon
<i>Nutrition programme</i>	20	Staffing for the nutrition programme, particularly to increase and strengthen outreach activities, should be discussed between Office of the Civil Surgeon and UNHCR.	High	Staffing to be improved.	Jan. 2005	MFDM/CS/UNHCR
<i>Nutrition programme</i>	21	It should be ensured that the therapeutic milk formulation is prepared according to the recommended standards. UNHCR and WFP should make the necessary resources available for the feeding programme as mentioned in items 4.1 and 4.2 of the UNHCR/WFP global MOU of 2002.	High	Standard procedures for TFP to be followed.	Immediate	CS/UNHCR/WFP
<i>Nutrition programme</i>	22	It is suggested that morbidities should be recorded on the individual record of the child in the SFC / TFC.	Medium	Record morbidity in TFC/SFC records.	Immediate	Office of the Civil Surgeon
<i>Nutrition programme</i>	23	The health staff should adopt mother-friendly practices and hold awareness discussions with mothers/guardians on a regular basis and give detailed information on what is being measured and how to see if a child has gained weight should be given to the mothers as part of their awareness training.	High	Establish mother friendly program activities.	Jan-05	Office of the Civil Surgeon
<i>Registration and revalidation</i>	24	It is recommended that a revalidation exercise be conducted to update the statistics and records.	High		Immediate	MFDM/UNHCR/WFP
<i>Registration and revalidation</i>	25	Large families should be targeted first for the revalidation process. The mission recommends issuing separate family books to newly-formed families. This will allow them not only to create independent families but also to receive adequate food ration through direct control of the ration for the newly formed family.	High		Immediate	MFDM, with UNHCR and WFP

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
<i>Registration and revalidation</i>	26	The mission recommends that rations cards/books are issued in accordance with WFP policy whereby a female adult family member becomes the entitlement holder. The present family books are in a bad condition and should be replaced gradually while updating the registry.	High	WFP to provide sample cards. UNHCR and WFP to organise information sessions for refugees.	Immediate	MFDM, with UNHCR and WFP
<i>Registration and revalidation</i>	27	The mission recommends that photos are attached to family books so that each member can be recognized easily.	High		Immediate	MFDM
<i>Food Basket</i>	28	When the full ration is given the calorific content of the ration is sufficient. The mission recommends to keep the rations the same.	High	Food rations for 2005 to be planned accordingly		WFP
<i>Food Basket</i>	29	In order to improve the quality of the ration in terms of sufficient content of mineral, vitamins, fats and animal protein, the following actions are recommended:	High			
<i>Food Basket</i>	29a	Kitchen gardening: technical inputs should be sought from outside to apply the most feasible and practical way to increase the productivity and number of kitchen gardens. The programme should ensure each family can cultivate at least the their minimum needs.	High	Identification of technical expertise sought.	Feb-05	UNHCR/CONCERN, with WFP
<i>Food Basket</i>	29b	The present kitchen garden programme should be expanded to include all families in the camp taking into consideration the family size when distributing kitchen garden inputs such as seeds, tools, plant boxes and allocation of land.	High	Identification of quantity/ types of inputs. Procurement of seeds and tools, etc. Training for refugees.	Mar-Dec 05	UNHCR/CONCERN, with WFP
<i>Food Basket</i>	29c	Community participation and mobilisation activities should be incorporated into the programme to ensure the success and sustainability of the programme.	High		Within 6 months	Concern
<i>Food Basket</i>	29d	The kitchen gardening should promote the cultivation of green leafy vegetables such as spinach, aram leaves and pumpkin leaves to increase the iron and vitamin A intake of the beneficiaries. Focus on production of vitamin A rich fruits and vegetables such as papaya, pumpkin, yellow and red sweet potatoes and carrots would increase the intake of vitamin A. Kitchen gardening with Riboflavin rich vegetables such as Spinach should be encouraged which has Vitamin B2 contents equal to milk, yogurt or meat. This would help in reducing vitamin B2 deficiency in the diet.	High	Awareness sessions for refugees organized.	Mar-Dec 05	UNHCR/CONCERN, with WFP
<i>Food Basket</i>	29e	The kitchen garden programme should also include spices and condiments desired by the beneficiaries determined through consultation such as garlic, chilli and coriander.	High	Awareness sessions for refugees organized.	Mar-Dec 05	UNHCR/CONCERN, with WFP
<i>Food Basket</i>	29f	A thorough analysis of how to best conduct poultry rearing should be made.	High		Within 2 months	Concern/UNHCR
<i>Food Basket</i>	29g	Enough chickens should be given to each family to ensure sufficient and sustainable production of poultry and eggs for the family taking into account the family size. The provision of local chicken varieties which are preferred should continue and inputs such as vaccination services should be made available to ensure the health and sustainability of the chicken population. Successful poultry rearing would not only provide a source of animal protein but also a source of vitamin A and vitamin B complex.	High		Jan-Dec 05	Concern/UNHCR
<i>Food Basket</i>	29h	Ensuring proper fortification: Assessment of the micronutrient content of the blended food and the oil provided should be performed regularly to ensure optimal quality of the ration. In this way the right quantity of calcium and the content of vitamin A will be ensured.	High			WFP
<i>Food Basket</i>	29i	Variation: The possibility of altering the type of pulses, rice and blended food to improve the acceptability and quality of the ration should be explored. Sprouting of pulses could also be undertaken to increase the riboflavin intake.	Medium		Apr-Jun	WFP
<i>Food Basket</i>	29j	There should be an evaluation of the expanded programme within one year to determine if the programme has had a positive effect on the quantities of animal protein, fresh vegetables and condiments to families.	High		Within one year	Concern/UNHCR

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
Food utilisation	30	There should be an increase in awareness sessions to beneficiaries on the importance of the right nutrition and cooking methods. These awareness sessions should also include men so that they also understand that it is important that especially pregnant and nursing women and children get extra food. This can be done by strengthening the existing training given by Concern.	High	WFP may assist with training modules.		Concern
Supply and Procurement	31	Reporting on food and non-food distribution should be compiled for individual distributions stating the calendar week the distribution is completed, appropriate detail of the commodities and the planning figures used for the distribution.	High		Jan-05	WFP, BDRCS, UNHCR
Storage	32	Before loading of any commodity for distribution especially rice, pulses, sugar and salt the weigh scale in the LSD should be zeroed and calibrated with standard weights.	High		Jan-05	WFP/UNHCR/BDRCS/DOF
Food Distribution	33	WFP should ensure that the system of rotation of refugee volunteers every 90 days is systematic; 50% of volunteers should be female, with an appropriate division of labour between women and men.	Medium	Formalization of this with BDRCS.	Mar-05	WFP/UNHCR
Food Distribution	34	Refugee participation in the food distribution and management should be enhanced further for effective distribution and management of food.	High	Discussions needed with GOB and BDRCS on importance of refugee participation	Jan-Apr 05	MFDM/UNHCR/WFP
Food Distribution	35	WFP to ensure quality 'atap' rice is provided to the refugees.	Medium	Regular monitoring		WFP
Food Distribution	36	UNHCR, WFP, Concern and BDRCS to jointly identify, with the camp administration, ways to encourage more women to collect their food rations.	Medium		Mar-June	WFP, UNHCR, CONCERN and BDRCS
Food Distribution	37	BDRCS to encourage refugees who are literate to sign for their rations in the master roll.	Medium	Regular monitoring	Mar-June	WFP/BDRCS
Food Distribution	38	Distribution of used food bags and containers to the refugees on a regular basis should continue.	Medium	Regular monitoring		WFP/BDRCS
Food Distribution	39a	Concern to continue awareness sessions on food entitlements to cover the whole refugee population.				Concern
Food Distribution	39b	Establish a follow-up system for absentee families to ensure that food entitlement is verified and received.	High	Establish the system	Jan- Mar	WFP/UNHCR/MFDM/BDRCS
Reporting and Monitoring	40	WFP may prepare jointly with all agencies a monthly monitoring plan at LSD and camp level to ensure full participation of all agencies.				WFP/UNHCR/BDRCS/DOF
Reporting and Monitoring	41	At the LSD 100% weighing of all commodities should be witnessed by an official of the LSD, WFP, UNHCR and BDRCS with a random sample of bags marked and the weight recorded. A random sampling method should be developed by WFP. At the BDRCS stores in the camps the same group of officials should be present to check the randomly selected bags to verify their weight and weighing method.	High	Regular monitoring	Jan-April	WFP/BDRCS/UNHCR
Reporting and Monitoring	42	A sampling report should then be drawn up recording any discrepancies in the random sample selected weighed in the LSD and the BDRCS store in the camps. A similar procedure should be undertaken for sampling for quality as specified in the WFP Food Storage Manual.	High	Regular monitoring	Jan-April	WFP/BDRCS/UNHCR
Reporting and Monitoring	43	It is recommended that any losses at the receiving point (camp) to be reported by BDRCS and investigated by WFP. Transfer of this loss to the refugees should be avoided by compensation from the buffer stock available at camp level. Joint monitoring at the receiving point (camp) may help to identify losses and ensure beneficiaries receive their full entitlements.	High	To be included in contractual agreement with BDRCS	Jan	WFP/BDRCS/UNHCR
Reporting and Monitoring	44	Joint monitoring on distribution days to be extended to the household level.	Medium		Jan-June	WFP/UNHCR/CONCERN
Reporting and Monitoring	45	BCM to be strengthened so that this important data source can be made statistically valid and can be used by all agencies to monitor standard indicators.	Medium	Include in M & E Review	June	WFP/UNHCR/Concern
Non-Food Items (NFIs)	46	It is recommended that the NFI entitlements of the refugees are reviewed to determine if the refugees basic needs are being met especially with regard to large family sizes.	High	Assessment to be undertaken by UNHCR	Immediate	UNHCR

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
<i>Non-Food Items (NFIs)</i>	47	Reporting on NFIs to include the planning figures used for the distribution. This will assist all parties involved in the distribution to determine the efficiency and effectiveness of the distribution.				UNHCR/BDRCS
<i>Non-Food Items (NFIs)</i>	48	Similarly to food distribution, refugee participation in the distribution of NFIs is key to enhance refugees' sense of responsibility and ensure proper distribution. It is understood that discussions on that matter are ongoing. The mission supports the efforts and suggests that greater refugee participation is achieved through those discussions.	High			UNHCR/ BDRCS/MFDM
<i>Latrines</i>	49	There is a need to improve health education and awareness on the advantages and use of latrines and the importance of hygiene.	medium			RRRC/Office of the Civil surgeon/Concern
<i>Latrines</i>	50	To ensure proper care and maintenance of latrines community sanitation volunteer groups should be established at block level after discussion with the community. The issue of recruitment of sanitary workers should be discussed in these groups along with other sanitation related issues.	High		Jan-Mar 2005	RRRC/ UNHCR/Concern
<i>Latrines</i>	51	It would be more appropriate to construct latrines after the sanitation volunteer groups take responsibility of their maintenance and repair. Incentives to sanitary workers should be avoided in order to ensure sustainability and community participation.	High			RRRC/ Concern/ Volunteer groups
<i>Latrines</i>	52	The design of the latrine should be one that can be easily maintained and suitable for the area and convenient to use for the refugees.	medium		Immediate	RRRC/ Concern/ Volunteer groups
<i>Bathing cubicles</i>	53	Sanitation volunteer groups with consultation of community should suggest appropriate design and siting of new bathing areas for men and women.	High			RRRC/ Concern/ Volunteer groups
<i>Waste Disposal System</i>	54	Investigate the collection and separation of biodegradable waste from other waste for composting which can be a valuable resource for kitchen gardens.	Low			RRRC/ Concern/ Volunteer groups
<i>Waste Disposal System</i>	55	Water and sanitation awareness/education sessions should be undertaken through either water volunteer groups or by community health workers.	High			RRRC/ Concern/ Volunteer groups
<i>Waste Disposal System</i>	56	Water volunteer groups should be formed to improve the management and monitoring of water from distribution points and to limit the wastage.	Medium			RRRC/Volunteer groups
<i>Infrastructures/ Shelters</i>	57	The mission understands the limitation of space. However, it feels that housing could be improved so that refugees have a better living environment. Reconstruction of improved sheds using stronger materials with more space should be explored.	High			MFDM
<i>Infrastructures/ Shelters</i>	58	The mission recommends that a new compartment be allocated to newly married couples not only to have enough space for living but also to form an independent family.	High			MFDM
<i>Environment</i>	59	The mission supports that an assessment of the environmental situation is conducted and the tree planting projects continue.	Medium			UNHCR
<i>Education</i>	60	Extending educational opportunities, both formal education and vocational training, should be pursued in consultation with UNHCR, Concern and the GOB for adolescents (12-17 years) in accordance with UNHCR mandate. The mission additionally supports making classes for higher grade girls through expansion of the present programmes targeted at girls reaching puberty.	High			MFDM/UNHCR/ Concern
<i>Education</i>	61	Increase the number of female teachers. While the mission understands that it is difficult to find qualified females among the refugee population (due to high illiteracy rate and cultural background), the possibility of training some women to become teachers could be explored.	High			Concern
<i>Education</i>	62	Efforts to increase enrolment in all grades should continue. Awareness on the importance of education should be further raised among parents/caretakers.	High			Concern

Sector	No	Recommendation	Priority	Action required	Time Frame	Agency
Education	63	The community should be motivated to be more directly involved in education activities. This could be done through education volunteer groups comprising of parents/ caretakers and teachers. It will allow the refugees to discuss their needs, problems and find solutions among themselves. Their views will be better reflected in the programme and their sense of community will be enhanced.	High			MFDM/Concern
Food for Work	64	For future FFW activities, such as tree planting, WFP and UNHCR should formulate a workable plan to be agreed upon by all concerned agencies to ensure timely implementation.	High	Precise plan to be agreed upon	By March 2005	UNHCR/WFP
Food for Work	65	The FFW programme for sanitary workers should not continue as the Mission views it as an obstacle to community participation. Payment of incentives for January to June 2004 by sanitation workers is recommended as there was confusion over entitlements, but with a clear message that FFW in this sector will not continue.	High		Dec-04	WFP/ UNHCR
Food for Work	66	The Mission recommends that there be no increase in FFW activities and that all stakeholders actively pursue the strategy to mobilize and motivate the refugee community, especially the non-working adolescent and youth sectors of the population.				All stakeholders (Community mobilization), UNHCR/WFP (FFW)
Food for Training	67	WFP and UNHCR to consider provision of appropriate snacks to trainees (40% adolescents, 60% adults) and trainer incentives for the full training period.	Medium			UNHCR/WFP
Food for Training	68	UNHCR and CONCERN to expedite the plan to expand soap-making to Nayapara camp.				Concern/UNHCR
Food for Training	69	Concerned agencies identify additional training topics in full consultation with the refugees.	Medium			
Food for Training	70	UNHCR and CONCERN to investigate the interest of adolescent boys in FFT and identify appropriate topics with them.				
Gender Issues	71	UNHCR/GOB/CONCERN to consult with women whose security is at risk (FHH, single women etc) to discuss relocation of sheds to a place where they feel safe.	High		By Feb 05	MFDM/UNHCR/Concern
Gender Issues	72	Agencies may jointly identify ways to improve the lives of adolescent girls.				All stakeholders
Gender Issues	73	Implementing partners to make greater efforts to recruit qualified female staff, particularly in health and education services.	High	UNHCR and WFP to advocate	Jan-Dec	UNHCR, WFP, all implementing partners
Gender Issues	74	All agencies to ensure that women are fully represented (at least 50% of members) in all committees, sectoral voluntary groups, particularly in health and sanitation.	High		Jan-Dec	All stakeholders
Community Services	75	The mission recommends recreational activities (video, tennis ball, some toys etc) for handicapped (approx. 50 individuals) organized twice a month should continue. CONCERN may explore the possibility to link up with specialized NGOs (e.g. CRP) to expand activities for this small but vulnerable group.	Medium			Concern
Community Services	76	Identification of recreational activities for youth and secondary school aged children should be pursued jointly by all actors in the camp.	High			Concern
Community Services	77	The mission recommends necessary inputs given to trainees so when they finish their training they can continue to utilise their skills. The provision of sewing machines to tailoring trainees could be explored on completion of their course or alternatively an additional skills centre setup where ex-trainees can access machines and be provided with quality cloth in the general distribution.				UNHCR/Concern
Refugee Participation	78	Volunteer groups in the form of volunteer groups for health, water, food and education should be established at block level. Guidelines for their selection and working could be developed jointly by UNHCR, WFP, NGOs and GOB (Government of Bangladesh). Participation of women in volunteer groups should be encouraged as well as the formation of separate women's volunteer groups in key sectors where appropriate.	High			All stakeholders
Future Strategy and Planning	79	Cross border visits could be arranged for the refugee representatives involving UNHCR offices on both sides, the GOB and GOUM. This will help facilitate exchange of information for the refugees who have formerly returned with those willing to return, allowing refugees to make informed decisions.	Low			UNHCR/MFDM

Annex 4 Received and Distribution of NFI in camps

Month	Camp	CRH (bag)		Kerosene (lt)		Bath Soap		Laundry Soap		Kitchen Uten.(sets)		Sleeping Met		Blue Plastic	
		Supp.	Dist.	Supp.	Dist.	Supp.	Dist.	Supp.	Dist.	Supp.	Dist.	Supp.	Dist.	Supp.	Dist.
Jan.	KTP	5,000	4,417	1,197	1,197	0	1,198	1,008	2,757						
	NYP	4,500	6,356	1,761	1,761	0	643	0	2,585						
Feb.	KTP	2,456	4,542	0	0	0	0	0	0						
	NYP	4,000	6,358	0	0	0	0	0	0						
Mar.	KTP	0	95	0	0	0	0	0	0					5	5
	NYP	0	357	0	0	0	0	0	0						
Apr.	KTP	500	1,304	0	0	3,960	2,825	4,536	2,825					1,550	1,550
	NYP	0	0	0	0	0	0	0	0					1,604	1,604
May	KTP	5,549	4,536	1,184	1,184	2,745	2,753	2,745	2,753						
	NYP	6,500	6,385	1,794	1,794	4,896	3,964	4,896	3,964						
June	KTP	5,000	1,454	1,183	0	0	554	0	554					15	15
	NYP	9,482	6,379	1,793	1,793	3,971	4,011	3,971	4,011					135	135
July	KTP	3,500	3,698	0	0	2,745	40	2,745	0						
	NYP	6,392	6,403	1,759	1,759	2,625	4,016	3,125	4,016						
Aug.	KTP	0	364	0	0	0	152	0	152						
	NYP	3,233	6,440	1,757	1,757	4,050	4,034	4,050	4,034						
Sept.	KTP	996	801	0	272	0	636	0	586	200	0				
	NYP	6,485	6,472	1,757	1,757	4,324	4,040	6,398	4,040	1,791	1,761	1,791	1,761	1	1
Oct.	KTP	0	60	0	0	0	0	0	0						
	NYP	0	13	0	0	0	60	0	0						

* CRH:

1 bag =
20 Kg

** Kitchen Utensils set = (Cooking pot-3 post with lids, Aluminium Mugs- 3 for each family, A. plates- 6 for e/f, A. Bowls - 3 (1 big, 1 medium & 1 small) & Plastic Bucket - 1 for each family.

Annex 5 Statistic of Family Size, October 2004

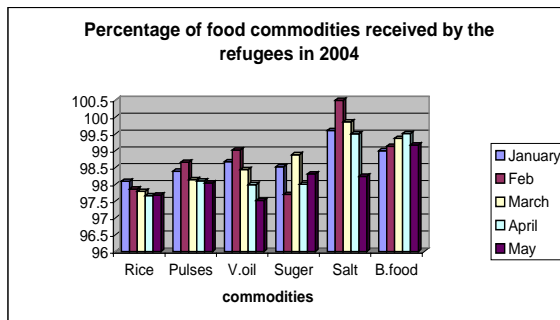
		MALE		(HOF)	FEMALE	
		KTP	NYP		KTP	NYP
Family Size	Total Number	Total Number		Family Size	Total Number	Total Number
1	95	138		1	22	40
2	35	44		2	38	46
3	16	40		3	32	90
4	43	62		4	63	105
5	49	69		5	48	94
6	68	91		6	42	85
7	93	132		7	27	65
8	100	121		8	32	38
9	87	102		9	24	40
10	65	103		10	20	24
11	41	59		11	11	17
12	24	49		12	5	7
13	19	39		13	7	8
14	20	22		14	1	6
15	15	14		15	3	1
16	12	14		16	2	2
17	7	9		17	2	2
18	7	4		18	4	1
19		4		19	2	1
20				20	1	1
21		1		21		
22				22		1
23	1			23		
24				24	1	
Total :	797	1117		Total :	387	674

Total KTP
(Male+Female) : 1184
Total NYP
(Male+Female) : 1791
**Grand Total -
KTP+NYP
(Male+Female) : 2975**

Annex 6 Food Basket Monitoring Data

Percentage of commodities received by the refugees in 2004

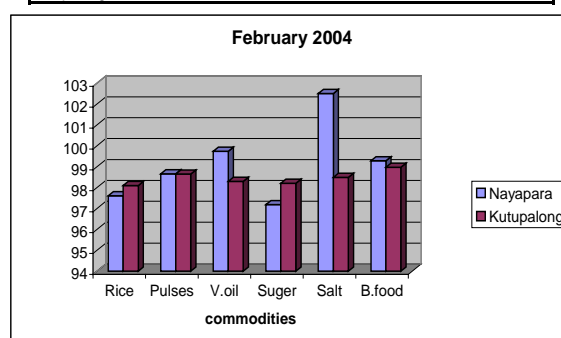
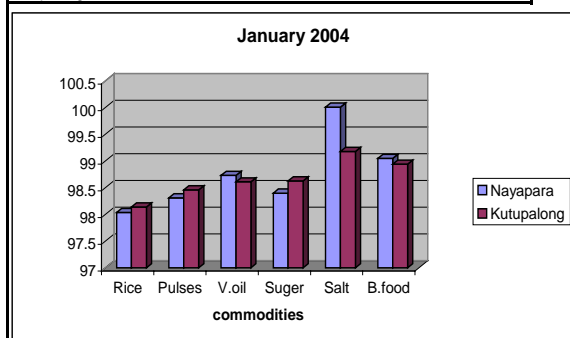
	Rice	Pulses	V.oil	Suger	Salt	B.food
January	98.09	98.39	98.67	98.52	99.6	99
Feb	97.86	98.66	99.02	97.7	100.5	99.13
March	97.79	98.14	98.44	98.88	99.86	99.37
April	97.66	98.1	97.99	98	99.5	99.51
May	97.68	98.04	97.52	98.31	98.24	99.17



Percentage of commodities received by the refugees in 2004 (camp wise)

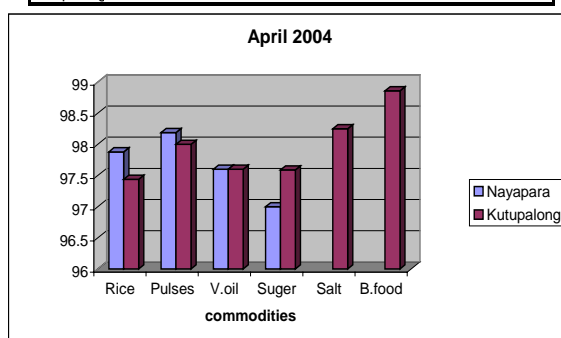
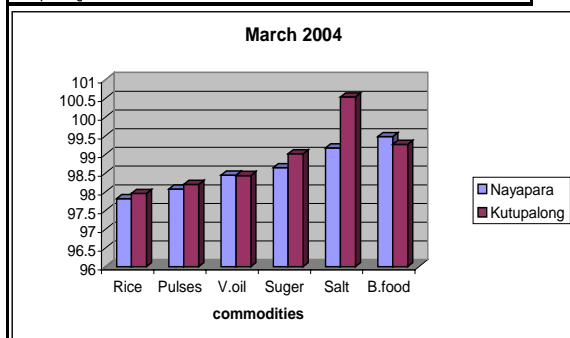
04-Jan	Rice	Pulses	V.oil	Suger	Salt	B.food
Nayapara	98.035	98.31	98.73	98.4	100.01	99.05
Kutupalong	98.14	98.46	98.61	98.63	99.18	98.94

04-Feb	Rice	Pulses	V.oil	Suger	Salt	B.food
Nayapara	97.615	98.66	99.74	97.19	102.505	99.285
Kutupalong	98.105	98.65	98.3	98.21	98.49	98.97



Mar-04	Rice	Pulses	V.oil	Suger	Salt	B.food
Nayapara	97.82	98.08	98.45	98.65	99.18	99.48
Kutupalong	97.96	98.2	98.44	99.02	100.54	99.27

04-Apr	Rice	Pulses	V.oil	Suger	Salt	B.food
Nayapara	97.88	98.19	97.6	97	97	97
Kutupalong	97.44	98	97.6	97.59	98.25	98.86



04-May	Rice	Pulses	V.oil	Suger	Salt	B.food
Nayapara	98.29	98.4	98.21	99.12	101.71	100.09
Kutupalong	97.06	97.68	96.83	97.49	94.76	98.24

