



Report of the WFP-UNHCR Joint Assessment Mission

15th-24th June 2008

Bangladesh



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Table of Contents

1. Main Findings of the 2008 JAM	5
Main achievements since the 2006 JAM	5
2. Background	6
3. Operational Context	6
4. Objectives and Methodology	7
5. Refugee Demographics	8
6. Health	9
6.1 General Health Services	9
6.2 Mortality and Morbidity	10
6.3 Out-Patient and In-Patient Departments	10
6.4 Reproductive Health	11
6.5 Child Health	11
6.6 Communicable Disease Control	12
6.7 Infection Prevention in Healthcare Centres	12
6.8 Health Recommendations.....	12
7. Nutrition	13
7.1 Kitchen Gardening	13
7.2 Growth Monitoring and Promotion	13
7.3. Selective Feeding Programmes.....	13
7.3.1. Supplementary Feeding Programme.....	14
7.3.2. Therapeutic Feeding Programme	14
7.4 Food Basket Composition.....	14
7.5 Nutrition Recommendations.....	15
8. Water, Sanitation and Shelter	16
8.1 Water Supply	16
8.2 Sanitation	16
8.2.1 Toilets.....	16
8.2.2 Bathing Cubicles	16
8.2.3 Drainage	16
8.2.4 Waste Disposal System	16
8.3 Shelter	17
8.4 Water, Sanitation and Shelter Recommendations.....	17
9. Self Reliance	17
9.1 Livelihoods: Men	18
9.2 Livelihoods: Women.....	18
9.3 Skills Training.....	19
9.4 Self Reliance Recommendations.....	19
10. Food	20
10.1 Food Security.....	20
10.2 Food Procurement and Delivery	21
10.3 Food Distribution	21
10.4 Food Basket Monitoring	22
10.5 Warehousing	22
10.6 Food Management and Commodity Control.....	23
10.7 Scooping and Packaging	23
10.8 Pipeline Breaks	23
10.9 Food Recommendations.....	23
11. Non-Food Items	24

11.1 Non-Food Item Recommendations	24
12. Community Services	24
12.1 Extremely Vulnerable Individuals	25
12.2 Community Services Recommendations	25
13. Education	25
13.1 Quality of Education	25
13.2 Curriculum	25
13.3 Teaching	26
13.4 Female Teachers	26
13.5 Enrolment and Attendance	26
13.6 School Infrastructure	27
13.7 Adult and Adolescent Literacy	27
13.8 Education Recommendations	27
14. Protection and Gender	27
14.1 Protection	27
14.2 Gender	28
14.3 Protection and Gender Recommendations	29
15. Partnership, Coordination, Planning and the Environment	29
15.1 Partnership	29
15.2 Coordination	29
15.3 Planning	30
15.4 The Environment	30
15.5 Environment Recommendation	30
Annex 1: 2008 JAM Recommendations	31
Annex 2: Terms of Reference	35
Annex 3: Key Informants	38
Annex 4: Focus Group Discussion with Female Heads of Households	39
Annex 5: List of Acronyms	41
Annex 6: Participatory Assessment	42
Annex 7: Status of 2006 JAM Recommendations	47

1. Main Findings of the 2008 JAM

- The JAM team observed many improvements in the Nayapara and Kutupalong refugee camps, especially in sectors such as health, nutrition and shelter. As education is currently in a transitional phase, it is too early to conclude if the quality is improving. Other areas such as food, water and sanitation have not made major changes in the past two years although activities in these sectors have been running satisfactorily. Increased skills training activities are available but there is still an urgent need to strengthen vocational education and livelihood activities.
- The movement of the Rohingya refugees outside the Kutupalong and Nayapara camps in Cox's Bazar, although still officially prohibited by the Government of Bangladesh (GoB), has increased. In general, refugees are gaining more access to the outside world and hence their likelihood of obtaining gainful employment has increased. Refugees however, face many protection-related concerns when they do leave the camps such as harassment by local villagers and authorities and discrimination in the wages they receive compared to local Bangladeshis.
- Unregistered refugees living within and around the camps remain a matter of concern. UNHCR undertook a profiling exercise in 2006 and all refugees who were living in the camp at that time are now documented in the UNHCR database. A number of factors however, have attracted Rohingyas living in Cox's Bazar district to the camps. These factors include:
 - the improving living conditions and administration of the camps;
 - the imminent shift of unregistered refugees from the informal Tal Camp near Teknaf to a formal site at Leda Bazar;
 - lack of recognition of Rohingyas during the Bangladesh national voter registration and
 - the sharp rise in food and living costs (especially over the last 12 months).
- Since January 2008, the additional Rohingya people have started to come to Kutupalong camp at a rate of approximately 1,000 people per month. These Rohingyas do not have any formal documentation and are believed to have come from the surrounding Bangladeshi villages with the hope of receiving humanitarian assistance. This population is of concern to UNHCR and WFP and the 'gradual influx' needs to be closely monitored over the short and medium term especially with respect to its public health impacts.
- Camp management has undergone significant changes with the abolition of the *mahjee* system and the establishment of block committees as well as an overarching Camp Management Committee (CMC). The CMC is made up of selected refugee leaders and although it represents a step in the right direction, it is still relatively weak. The JAM noted the attitude of the CMC towards the Government and agencies is dependency oriented.
- The JAM team was concerned by the dependency on aid held by the refugee population. A significant and strategic effort is required from all stakeholders in order to empower the population to become self reliant. There was unanimous agreement amongst the JAM team on the need to promote a Self Reliance Approach (SRA) in all camp activities and in all aspects of assistance. The JAM team recommends a gradual (but distinct) shift away from the current automatic entitlement culture. The SRA concept is further elaborated in the Self Reliance section of this report.
- Self reliance can only be fully achieved when refugee freedom of movement, right to work and right to education is acknowledged and practically realised.

All of the above factors confirm that this refugee population should remain a concern to the Government of Bangladesh (GoB) and the international community.

Main achievements since the 2006 JAM

Many achievements have been made in improving the conditions for the refugees since the last JAM in 2006. These include:

- Semi-permanent refugee shelters are being provided to all registered households in the two camps;
- Refugees can move outside the camps with greater ease and without fear of being fined;
- Camp leadership, (previously the *mahjee* system), has changed to a more democratic system;
- Non distribution of food rations as a punishment has been stopped;
- GoB has agreed to the introduction of the Bangladesh national curriculum in camp schools;

- Refugees are healthier with a significant reduction of incidences of diarrhoea, skin infections and malaria;
- More skills training activities have been implemented for both males and females;
- Quality of selective feeding programmes has greatly improved, Global Acute Malnutrition (GAM) has been reduced from 16.8% to 8.6% and nutrition programs have become more community based; and
- De-worming has started for school children.

2. Background

From late 1991 to early 1992 some 250,000 people from the North Rakhine State (NRS) of Myanmar, known as Rohingyas, took refuge in Southeast Bangladesh following religious and ethnic persecution. Currently there are approximately 27,900 Rohingyas living in Kutupalong and Nayapara refugee camps, approximately 22,500 of which are registered as refugees with the government of Bangladesh. Further to this, there are approximately 8,000 Rohingyas living in a settlement by the Naaf River near Teknaf known as Tal Camp or the “Makeshift” Camp. It is estimated that approx 250,000 Rohingyas from Myanmar have spontaneously settled in Bangladesh, independent of international assistance.

Repatriation started in September 1992 and by mid-1997 about 230,000 refugees had returned to Myanmar, leaving a residual group of around 20,000 persons. In 2003, renewed efforts by UNHCR resulted in an easing of the Government of the Union of Myanmar's acceptance of those willing to repatriate. This led to a peak in repatriation in mid-2003, which subsequently slowed to a trickle. There has been no repatriation since 2005 and there is little willingness to repatriate among the Rohingya population in Bangladesh. This is due to the ongoing human rights abuses in NRS such as restricted mobility, forced labour and their lack of recognition as citizens of Myanmar.

To encourage repatriation and discourage a further influx, the Government of Bangladesh (GoB) has placed restrictions on the refugees' access to incomes and livelihoods. Policies such as the prohibition of permanent structures within the camps, limited schooling and training opportunities and the restriction of movement in and out of the camps hinder the attainment of refugee self-reliance and perpetuate refugee dependence on humanitarian assistance.

Resettlement as an option for durable solutions became available in 2006; it should be noted however, that this will only be a solution for a small number of people. By the end of 2007, 98 refugees had been resettled in Canada. This programme continues in 2008 with more countries accepting Rohingya refugees including New Zealand (54 people), United States (28), United Kingdom (121 + 100), Canada (another 212) and Ireland (80). Resettlement is used strategically in Bangladesh to negotiate and achieve improvements in the situation in the camps for the remaining refugees and therefore pave the way for UNHCR's advocacy with the GoB. The desired outcome is for GoB to approve activities in the camps that improve the profile and capacity of the refugees, and is beneficial to all in the long term, whatever the durable solution may be.

As outlined above, in 2007 and thus far in 2008, there have been a number of positive changes in the conditions of the camps and the perspective of GoB. In addition, UNHCR and the United Nations Country Team in Bangladesh, along with the Dhaka Steering Group comprising 14 diplomatic missions, is working towards an agenda of self-reliance with an indicative target of the end of 2008 for the opening up of the camps. GoB has also softened its policies on allowing new agencies to work in the camps and a number of new NGO partners began work in late 2007. UNHCR facilitated a workshop in March 2008 with all implementing and operational partners to outline a joint vision for the future of the camps. The outcomes of this planning exercise have been fed into the UNHCR Country Operation Plan 2009 as well as other agencies' future plans.

3. Operational Context

Since the relaxation of the GoB's policies towards the presence of NGOs in the camps, the number of NGOs and UN agencies involved in the refugee operation has increased. Thus far, the following agencies are involved in camp activities:

- The **GoB** through the Refugee Relief and Repatriation Commissioner (RRRC) office is responsible for refugee shelters, camp offices and law and order. The RRRC, through the appointed Camp-in-Charges (CIC), ensures the daily administration, coordination and delivery of services to both camps. The CIC oversees sanitation activities in Nayapara camp, including the maintenance and repair of sanitation facilities.

- **UNHCR**, in collaboration with the GoB, ensures the protection of refugees, including the voluntary nature of repatriation. It supports and coordinates the basic humanitarian assistance activities of partner agencies. UNHCR has budgetary responsibility for health, nutrition, education, water, sanitation, shelter, community services and protection, as well as the provision of non-food items and food items for specific activities. UNHCR is also responsible for repatriation kits and cash grants for refugees returning to Myanmar.
- **WFP** provides basic dry food commodities to the refugees in the two camps. A general food ration is provided to all registered refugees. WFP also supplies food for the Supplementary and Therapeutic Feeding Programmes, School Feeding Programme and Food-For-Training (FFT) activities. In the event of repatriation, WFP stands ready to provide assistance.
- **UNICEF** funds the education programme in Kutupalong camp through its implementing partner PHALS (see below).
- **The Bangladesh Red Crescent Society (BDRCS)**, as an implementing partner of WFP and UNHCR, has overall responsibility for the distribution of the general food rations and non-food items such as compressed rice husk (CRH), kerosene, soap and other relief items. They are also in charge of maintaining the camp level food warehouses.
- **Technical Assistance Incorporated (TAI)** is an implementing partner for both UNHCR and WFP. The agency is currently responsible for education in Nayapara camp, community services activities, skills training activities, kitchen gardening, communal poultry farm piloting, distribution of female sanitary items, food basket monitoring, school feeding monitoring, tree plantation and sports activities in the two camps. In Kutupalong camp, TAI is also responsible for sanitation activities.
- **Handicap International (HI)**, through direct implementation as well as through its implementing partner PHALS, is working to enhance access to services and opportunities to participate in community development for persons with disabilities in the refugee camps and surrounding communities.
- **Austcare**, through its implementing partner TAI, is supporting skills training activities, sports and recreation, education, kitchen gardening and sanitation activities.
- **Programme for Helpless and Lagged Societies (PHALS)** is an implementing partner for UNICEF and Handicap International for the above-mentioned activities.
- **Research, Management and Training International (RTMI)** currently implements reproductive health activities as an implementing partner of UNHCR and manages the In-Patient Department (IPD) in both camps through UNFPA funding.

UNHCR established its presence in Bangladesh in 1992, which was followed by the formalisation of a Memorandum of Understanding (MOU) with the GoB in 1993. This MOU is automatically renewed yearly unless either side gives contrary notice.

At the request for the Government of Bangladesh, WFP has been providing food assistance to the refugee population since April 1992. The current implementation phase is covered under the Protracted Relief and Recovery Operation (PRRO) 10045.3 which runs from January 2006 to December 2008.

4. Objectives and Methodology

The 2008 Joint Assessment Mission was undertaken with the following objectives:

- To determine how the performance of the ongoing operation could be improved in relation to food security, nutritional status, and the general well-being of the refugees.
- To update the strategy for assistance so as to determine what continuing assistance is required to ensure that the refugees have access to food that is adequate to meet their nutritional needs.
- To review the performance and efficiency of the logistic system and identify possibilities to increase performance and efficiency.
- To develop a strategy to promote refugee participation in food management, particularly the participation

of women.

- e) To determine what new measures are necessary and what continuing assistance is required to ensure that the refugees achieve the maximum possible level of sustainable self-reliance.

The mission interviewed key informants from GoB, UNHCR, WFP and implementing partners at the field and district level. The two refugee camps, Kutupalong and Nayapara were visited on several occasions. The team also met with the local authorities of Ukhiya, one of the hosting communities. A full list of individuals who informed the JAM team can be found in Annex 3. The primary data for this report was gathered from the refugees through focus group discussions, household and individual interviews and observation. Information and data from previous JAM reports as well as other WFP and UNHCR documents were used as secondary data. An interactive feedback session with all partners was held in Cox's Bazar where the draft recommendations received alterations and strengthening. The UNHCR Participatory Assessment focus group discussions, using AGDM (Age, gender and diversity mainstreaming) methodology, was a foundation for the collection of site specific information. (The JAM mission was curtailed by 2 days due to circumstances beyond the control of the team leader.)

Each section of this report provides background information, the findings of the JAM team and their subsequent recommendations. A full list of recommendations can be found in Annex 1. As per precedent, the JAM team recommends that a review workshop is held by mid 2009 to review the progress made on the implementation of these recommendations.

5. Refugee Demographics

The refugee population is very young with nearly 60% under 18 years old. The birth rate at the end of 2007 was 3.2% which is higher than the Bangladesh national birth rate of 2.8%. This high birth rate and increased child survival rates have resulted in the large proportion of the population under-18 age group. While in 2006 there were slightly more females than males, there are now slightly less females (48.2%) than males.

In 2006, UNHCR undertook a profiling exercise, which served to register (in UNHCR's database) all refugees living in the Kutupalong and Nayapara camps, including those living with the existing registered families.

The population composition is reflected in the following table, broken down by age and gender. These figures were correct at June 30th 2008.

Kutupalong Camp	0-4		5-12		13-17		18-59		60+		Grand Total	
	M	F	M	F	M	F	M	F	M	F	M	F
	1067	1061	1476	1467	600	661	2372	2023	120	108	5635	5320
Total	2128		2943		1261		4395		228		10955	

Nayapara Camp	0-4		5-12		13-17		18-59		60+		Grand Total	
	M	F	M	F	M	F	M	F	M	F	M	F
	1535	1577	2400	2342	992	917	3744	3148	177	182	8848	8166
Total	3112		4742		1909		6892		359		17014	

Grand Total	5240	7685	3170	11,287	587	27,969
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The table below indicates the evolution of the population in both camps combined in the twelve months from July 2007 until June 2008. The 'Data Update Increase' row represents individuals who were, for example, out of the camps at the time of the UNHCR profiling exercise, but were later found to be genuinely in possession of government-issued documentation and hence added to the database. Similarly, the 'Data Update Decrease' row represents those who were found to be out of the camp (perhaps in jail or gone to another country unassisted) and hence removed from the database.

	Jul '07	Aug '07	Sep '07	Oct '07	Nov '07	Dec '07	Jan '08	Feb '08	Mar '08	Apr '08	May '08	Jun '08	Total
Birth	142	155	91	124	136	73	97	118	88	200	129	105	1,458
Death	1	0	2	5	4	3	0	5	12	6	2	8	48
Repatriation	0	0	0	0	0	0	0	0	0	0	0	0	-
Resettlement	0	0	0	0	49	17	0	0	0	0	0	27	93
Data Update Increase	50	69	56	1	4	1	0	10	0	0	10	0	201
Data Update Decrease	15	191	10	1	8	4	0	10	84	1	20	0	344
Total Growth	176	33	135	119	79	50	97	113	-8	193	117	70	1,174

Repatriation

There has been no official repatriation since 2005. Repatriation statistics are shown below:

Year	Yearly repatriation (persons)	Cumulative Total
1992-2001	232,325	232,325
2002	760	233,085
2003	3,231	236,316
2004	210	236,526
2005	92	236,618
2006	-	236,618
2007	-	236,618
2008	-	236,618

Resettlement

Resettlement began in 2006. So far resettlement has only been an option for a small number of refugees:

Year	Yearly Resettlement	Cumulative Total
2006	4 cases - 13 persons	4 cases - 13 persons
2007	15 cases - 75 persons	19 cases - 88 persons
2008 to end June	6 cases - 27 persons	25 cases - 115 persons

6. Health

6.1 General Health Services

Health services for refugees in Kutupalong and Nayapara camps are provided under the overall coordination of the Civil Surgeon of the Ministry of Health and Family Welfare (MoH), Government of Bangladesh. This includes general health, nutrition and allied services. Along with the Ministry of Health (MoH) a number of agencies, both national and international, work as the implementing and operating agencies for health services including RTMI, Austcare, TAI, HI, PHALS, WFP, UNHCR, UNFPA, UNICEF and WHO.

The various health services in the camps include the Out-Patient Department (OPD), In-Patient Department (IPD), antenatal, delivery and postnatal care, laboratory services and immunisation. The health care units in the camps provide primary health care and are linked through referral services to the MoH hospitals in Cox's Bazar and Chittagong for secondary and tertiary health care services respectively.

Medicines are procured by UNHCR, both internationally and locally, from Good Manufacturing Practice (GMP) certified companies and provided free of charge to the refugees. UNHCR introduced a new health information system (HIS) in July 2007, which represents a significant improvement in recording and monitoring refugee health status and the health program performance.

The JAM team observed that the work in the health units of both camps are running smoothly and noted a significant improvement in the health care services compared to the 2006 JAM.

6.2 Mortality and Morbidity

The available mortality indicators suggest a general improvement of the health status of the refugee population compared to 2005. All but the maternal mortality rates (MMR) have dropped. Three maternal deaths have been reported in 2007. The absence of maternal deaths reported in 2005 is due to a failure in the reporting system at that time. However, the JAM team identified safe motherhood as an area that needs improvement (see section 6.4 Reproductive Health). Mortality indicators are as follows:

Mortality			
Indicator	2005	2007	Asian Standard
Crude Mortality Rate (death/1000/month)	0.29	0.16	<0.75
Under 5 Mortality Rate (death/1000/month)	0.56	0.25	<1.77
Infant Mortality Rate (death/1000 live birth/month)	19.61	10.49	<50
Neonatal Mortality Rate (death/1000 live birth/month)	12.19	2.56	<17
Maternal Mortality Rate (death/100000 live birth/year)	0.00	222.85 ¹	-

Incidences of diarrhoea and skin infections have decreased between 2005 and 2007; this trend is consistent with the improvement in the quantity as well as quality of the water supply. Malaria incidence has also considerably decreased; the introduction of long lasting insecticide treated mosquito nets (LLITNs) and Artemisinin Combined Treatment (ACT) in 2006 can explain this observation.. The incidence of respiratory tract infections remains relatively high but this is expected to decrease in the coming years as the new shelters being built will considerably improve ventilation and the quality of the indoor air. Incidences of reproductive tract infections have been lower and stable since 2005 when syndromic management was introduced (early 2006). Better specificity of diagnosis is most probably responsible for this change. The table below gives an overview of disease incidence over the past three years:

Morbidity			
Disease Incidence/1000/month	2005	2006	2007
Upper Respiratory Tract Infections	63.58	76.20	63.45
Lower Respiratory Tract Infections	13.90	26.68	22.18
Watery Diarrhoea	28.32	19.02	17.92
Bloody Diarrhoea	9.71	14.38	7.88
Skin Infection	53.76	52.58	31.19
Reproductive Tract Infections	4.03	1.95	1.31
Malaria (PV)	1.94	1.38	0.73
Malaria (PF)	1.43	1.23	0.53

6.3 Out-Patient and In-Patient Departments

Patients admitted to the IPD are first referred from the OPD. A register of patients is maintained with records revealing that diarrhoea, viral fever and respiratory infections are the most common reasons for admission.

Four health staff in each camp (two Medical Doctors and two Medical Assistants, all male) provide consultations in the OPD. The number of consultations per staff member per day is below 50, which is within the acceptable standard. It should be noted that refugee women raised serious concerns about the lack of female doctors in the camps. The position of Reproductive Health Coordinator (RHC) has been vacant since 2007 as no female candidate applied for the position despite several advertisements.

A new individual medical filing system has been put in place. This system ensures free access to health care services for all those registered in the UNHCR database, and excludes those who are not in the database. The mission noted that no 'non-registered' refugee cases were being recorded on the OPD register.

The laboratory tests performed on site include malaria, tuberculosis (TB) smear, basic blood and urine

¹ MMR = 100,000 x 3/1346 live births = 222.85; the relatively small number of live birth explains the apparently high MMR

examination, haemoglobin, etc. It was noticed in Kutupalong that Widal and HBsAg tests were not available; the reason given for this was that the Medical Team Leader (MTL) did not request them in the last monthly drug order.

Some of the lab technicians, paramedics and Family Welfare Assistants (FWA) had received formal training through UNHCR and MSF-Holland, while others learned through on-the-job training.

The items stored in the laboratory refrigerator needed to be monitored for temperature and a temperature chart needs to be maintained by the laboratory technicians in the same way that is being done in the immunisation section.

6.4 Reproductive Health

Family planning services are linked with the government family planning department. As per government policy, they are the sole authority able to provide contraceptive injections. There is a wide range of contraceptive methods available in the camps including injection, pills and condoms. Implants and female and male sterilisation are also available through referral. In February and March 2008 there was a countrywide shortage of injections but drop-outs were avoided through MSF's supply of injections. Data on unwanted pregnancies is not available, although abortions reported at the delivery room are now recorded in the newly implemented Health Information System (HIS) system.

Delivery is mostly done at home by the Traditional Birth Attendants, in spite of the availability of the nearby RTMI birthing unit. Available records reveal that only about 20% of the total deliveries (including those referred to government hospitals and those delivering in RTMI's delivery room) are conducted under the supervision of qualified staff. This is far below the minimum target of 50% and the ideal target of 100%. One of the main barriers for women to deliver under the supervision of qualified staff seems to be the refugees' cultural beliefs. For example, it was mentioned that some men do not allow their wives to deliver in the birthing unit because of its shared access with the IPD (where most of the staff are male).

MoH runs the ante-natal clinic (ANC), where nurses conduct routine examinations and record the findings in the register as well as on an individual card given to the women. When the pregnant women are sent for tetanus immunisation, they also receive family planning counselling. All women registered in the ANC are also enrolled in the Supplementary Feeding Programme, where they receive a daily dose of iron, vitamins and calcium along with nutritious food.

The JAM team noticed that there is a weak referral system in place between the ANC (run by MoH) and the Birthing Unit (run by RTMI). Now that both services are functional, there is a need to fill this coordination gap. Some new procedures could be put in place such as to transfer those pregnant women identified as "at risk" (according to standardised criteria) to RTMI midwives for the follow-up during the last trimester. In general, more needs to be done to encourage all women to deliver in the birthing unit in order to reduce the delay of referral to the hospital if needed. This so-called "first delay" was found to be the main preventable factor of death in the analysis of the three maternal deaths that occurred between 2007 and 2008.

In January 2008, RTMI started a reproductive health education program for youth and adolescents. Currently, 56 adolescent and young adult refugees (28 males and 28 females in two age groups 13-17 and 18-24 years) are undergoing six-month training course. They are expected to become peer educators at the completion of the course. The training curriculum was developed using the interagency field manual on reproductive health.

6.5 Child Health

Despite the measles immunisation catch-up campaign completed at the end of 2007, Helen Keller International's recent survey showed once again that the measles immunisation coverage among the one and two year old children is at an unacceptably low level. The JAM team observed several factors that may influence this. Firstly, with the current Expanded Program for Immunisation (EPI), it is difficult to identify who should come, who did not come and therefore who to trace. Secondly, the Community Health Workers (CHWs) in charge of the tracing activities were on strike during the JAM team's visit to Kutupalong Camp. Thirdly, the nurse in charge explained that in addition to her initial family planning assignment, she had to take over the EPI activity formerly under the responsibility of a health assistant who left months ago and has not been replaced. Finally, even though MOH provide the vaccines for the EPI program and the District Immunisation office is in charge of monitoring the Program, its supervisor visits the camps only two or three times a year. This leaves many issues unresolved at the field level and the staff do not feel sufficiently supported.

The introduction of growth monitoring of children in 2008 is among the recent positive achievements. All children

are now being screened and their 'weight for age' is monitored. Middle Upper Arm Circumference (MUAC) is also systematically measured as well as the height of the children. While these last two measurements are needed to evaluate nutrition status, they are time-consuming and may not be necessary to take at the growth monitoring centre if there is no suspicion of malnutrition. The growth monitoring program is further described in the Nutrition section.

Further improvements to child health in the refugee camps could be achieved by introducing the 'Integrated Management of Childhood Illness' practices as Bangladesh is among the countries that have been piloting this program.

6.6 Communicable Disease Control

One of the recommendations from the 2004 JAM was related to the improvement of tuberculosis (TB) detection and management. TB treatment is now in place with the help of a national NGO, Bangladesh Rural Advancement Committee (BRAC). BRAC technical staff visits the two camps on bi-weekly basis to provide anti-TB drugs and diagnostic support. Patients are diagnosed by the medical officers in the camps through sputum smear examination and, if required, by conducting other tests at Cox's Bazar TB hospital through a referral mechanism. The case detection rate however, seems to be low and needs further improvement. The World Health Organisation (WHO) is involved in assessing the situation and in improving the quality of the TB programme. Since the 2006 JAM, the incidence of malaria has decreased by about 50% after the introduction of long lasting insecticide treated mosquito nets (LLITNs) and Artemisinin Combined Treatment (ACT).

The JAM team noted the presence of a rapidly growing 'informal' Rohingya population gathering around Kutupalong Camp, representing a population of approximately 4000 people of concern. In addition to the obvious humanitarian issues they present, these growing groups of people are becoming increasingly at risk of being affected by an epidemic disease. An outbreak would not only affect their community members but may spread to the nearby local villages and the refugee population. Hence they were recently included in a sensitisation exercise by UNHCR on the prevention and response to water-borne diseases such as cholera. UNHCR is also assisting in cases of emergency medical treatment. The GoB however does not have a contingency plan to address the displacement of this population.

6.7 Infection Prevention in Healthcare Centres

The mission observed a positive change in waste disposal due to the installation of the medical incinerator in the camp health unit. Laboratory technicians were using gloves while working in the laboratory and the disposable items were being disposed of in an appropriate manner.

Progress has also been made in the area of infection prevention notably after a training course was conducted in 2007. However, because of the turnover of staff, it is advisable to plan another training course as some staff members are not aware of the infection prevention protocols. It is also advisable to ensure good practices by setting up an infection prevention committee that would undertake checks on a monthly basis.

6.8 Health Recommendations

1. Strengthen the capacity of the refugee health volunteers including CHWs, CNVs, CTBAs and TBAs to increase community awareness and improve participation in health and nutrition activities.
2. Encourage female medical professionals to apply for all current and future vacancies. They may be encouraged by providing additional incentives and, if necessary, by reviewing the recruitment criteria (for example, recruiting for a medical assistant instead of a medical doctor).
3. Establish a coordination mechanism between MoH and RTMI to ensure that pregnancies identified as "at risk" during antenatal care will not deliver at home and will be referred directly to the birthing unit at the time of delivery.
4. Assess and address the cultural barriers preventing access to the maternity facilities for women during childbirth.
5. Improve measles immunization coverage by setting up efficient detection and tracing mechanisms of the defaulters and by systematically checking the immunization card of the under five children in all health sector activities including growth monitoring.
6. Ensure monthly monitoring and supervision of the EPI program activities by the EPI District Supervisor.
7. Assess the public health threat on the refugee and surrounding local communities created by the rapidly growing Rohingya population in the immediate vicinity of Kutupalong camp.

7. Nutrition

The nutritional status of refugee children has significantly improved in recent years. This is evident from the trend of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates shown below:

Year of Survey	Malnutrition in Under-fives (%)	
	GAM	SAM
2005	19.6	2.7
2006	16.8	1.2
2007	12.1	0.5
2008	8.6	0.3

Actions taken to improve the nutritional status of refugees were as follows:

In August 2006, a joint UNHCR-WFP Nutrition Strategy was developed which used a multi-sectoral approach to address the factors causing the high levels of malnutrition. An improvement was possible despite the fact that around 5,000 unregistered refugees – many close relatives of the registered refugees - have been residing in the camps without receiving a general food ration, (food rations have been shared among the two groups). The nutrition survey conducted in 2007, revealed a higher percentage of GAM in the non-registered children (14%).

Although the nutrition situation is generally improving, there are still areas which need to be addressed. Dietary consumption of animal source protein such as meat, eggs and milk was found to be very low among under-five children resulting in micronutrient deficiencies. According to the results of nutrition survey conducted in 2007 64.2% of refugee children aged 6-59 months were found to be anaemic. Riboflavin deficiency was also assessed and it was found that among the surveyed children aged 6-59 months in the two camps, 17.1% had visible symptoms of riboflavin deficiency (cheilosis/glossitis/angular stomatitis) irrespective of their registration status. 57% of the pregnant women are also suffering from anaemia.

Under the UNHCR High Commissioner's special nutrition project, a blanket feeding program was introduced in July 2007 and continued until December 2007. The blanket feeding provided wet rations to all 6-24 months infants and toddlers residing in the camps.

In 2008, UNHCR – the agency responsible for complementary food items – plans to introduce a fifteen-element micronutrient powder known as Sprinkles. The target groups include children (5-59 months), adolescent girls, and pregnant and lactating women,

7.1 Kitchen Gardening

In order to prevent micronutrient deficiency and to diversify food intake, both the 2004 and 2006 JAM reports recommended introduction of kitchen gardens for all refugee households. Although some initiatives have been taken (such as distribution of seeds and training) no significant progress has been made in ensuring individual or collective access to land for producing fruit and vegetables and hence the recommendations have not turned into a reality. The absence of any expert individual or agency with specific responsibility to promote the intervention is one cause of this stagnancy.

As a result, most refugee families sell part of their food ration as well as non-food items to buy items such as vegetables and spices. Appropriate actions to ensure technical support in this land scarce situation (such as multi-level and in-house gardens) are necessary to make a breakthrough.

7.2 Growth Monitoring and Promotion

Growth monitoring and promotion (GMP) of all under-five children was recently introduced in the camps to assess their "weight-for-age". Because of a lack of human resources only one third (ie. 33%) of all children can be covered monthly and therefore each child is monitored once every three months. The monthly assessment report for May 2008 revealed that 37% and 6% children suffer from moderate and severe malnutrition respectively, according to weight-for-age standards. The height of all the children is also measured allowing "weight-for-height" (wasting malnutrition) assessment. Children identified as suffering from moderate and severe wasting malnutrition are referred to the selective feeding programmes.

7.3. Selective Feeding Programmes

The selective feeding programmes cover children under five years, pregnant and lactating women (PLWs) and those who are chronically ill such as TB and cancer patients. The beneficiaries are provided with supplementary

and therapeutic feeding in respective units in each camp; under-five children are supported in the SFP and TFP for moderate and severe malnutrition respectively. Supplies for the feeding programmes are provided by both WFP and UNHCR.

In the absence of a qualified NGO to implement the feeding programmes, UNHCR hired an international nutrition staff member to support the program and review the feeding protocols. Since then, the quality of the selective feeding programs has improved significantly. From August 2007, with the introduction of the Health Information System, the performance of the SFP and TFP for the under-five's has been monitored. The results for the first semester 2008 are satisfactory:

Programme Indicator	SFP (under-fives)	TFP
New admissions (Jan-June 2008)	427	20*
Mean length of stay (days)	74.6	30.3
Recovery rate (%)	96.3	81.6
Coverage among under-fives	96.3	87
Average weight gain (g/kg/day)	-	4.1

* including 1 Kwashiorkor

7.3.1. Supplementary Feeding Programme

The Supplementary Feeding Programme serves cooked meals (wet feeding) three times per day to the moderately malnourished children and PLWs. The cooked meal is a porridge prepared by mixing fortified blended food (wheat soy blend), sugar, salt and oil, supplied by WFP. Boiled eggs and biscuits (at present commercial "Energy" brand biscuits) are supplied by UNHCR. Since the SFP is closed on Fridays, a dry ration for each beneficiary is given on Thursdays for consumption at home on Friday. The JAM team recommends that in order to meet the protein, micronutrient and energy needs the targeted beneficiary groups, the commercial "Energy" biscuits used in the SFP should be replaced by fortified, high protein, high energy biscuits (HEB). These are locally produced. The cost of the fortified biscuits is comparable to the commercial biscuits. The exit criteria for children are the achievement of 80% weight-for-age and disappearance of specific clinical symptoms of malnutrition such as angular stomatitis.

Pregnant women receive wet feeding daily from their first visit to the ANC until the delivery of the baby and lactating women continue through to six months after delivery. The coverage of this program is also high: 99.4%. The benefits of the SFP are reflected in the improved rate of malnourished under five children and a decrease in the number of low-birth-weight children, which is now much lower than the national rate of about 35%.

7.3.2. Therapeutic Feeding Programme

Children with severe acute malnutrition identified through GMP and other clinical measures are referred for admission to the Therapeutic Feeding Programme. The children are provided with Plumpynut up to five times in a day in proportions corresponding to their age. Children admitted to the TFP also enjoy facilities such as appropriate music and toys for their recreation and psycho-social development.

Previously one major concern was that children born with low birth weights were automatically admitted to the TFP regardless of whether the mother was severely malnourished or the fact that the child was prematurely born. This disrupted the best practice of exclusive breast feeding for the first six months of the child's life. Currently only identified severely acute malnourished children are admitted in the centres with their accompanying mothers. Children and mothers are supported to improve personal hygiene practices while in the centre and encouraged to continue these practices in their home after discharge from the centre.

For humanitarian reasons, admission to the TFP has been unofficially extended to non-registered refugees when the situation is life-threatening. These include children living around the camps but not included in UNHCR's database, as mentioned in section 6.6 Communicable Disease Control. Poor hygiene, lack of access to sufficient food and vulnerability to disease has contributed to their deteriorating nutritional status and regular readmission to the TFP. Data surrounding these cases is not available as they are being treated unofficially.

7.4 Food Basket Composition

WFP provides a general food ration to all refugees in the camp registered with the Government of Bangladesh. The current food ration for each refugee comprises of six commodities in the following quantities:

Commodity	Daily ration in (grams)	Total Kcal
Rice	450	2,160
Pulses	40	
Oil	20	
Salt	10	
Sugar	10	
Blended food	50	

It also contains 46 grams of protein and 29 grams of fat per person per day. The present ration composition has been in place since 2001 with no change. The JAM team agreed that the ration should be reviewed in light of the following:

- The ration contains 2,160 Kcal per capita per day while the standard recommended size is 2,100 Kcal.
- The demographic make-up of the population shows many more children than adults. The average family size in the refugee camps is 5.5. As 2,100 Kcal is the average requirement of a 'standard' population, this population will require less because of the high number of children.
- New-born children are entitled to a full ration when according to best-practice, children should be exclusively breastfed until the age of six months.
- School children are supplemented with 50g of fortified biscuits (250 Kcal) on each school day.

The JAM team recommends a ration change. The team agreed that no longer including sugar in the food basket was an appropriate action and the rationale for this is:

- The ration will be marginally reduced by 40 Kcal, (i.e. down to 2,120 Kcal) which is still above the 'indicative average energy and protein requirements for human beings established by the FAO and WHO (2,100 k per person per day, with 10-12 per cent coming from protein)²Kcal.
- The fat, protein and micronutrient content of the food basket will not be altered.

The new food basket recommended by the JAM team comprises of five commodities in the following quantities:

Commodity	Daily ration in grams	Total Kcal
Rice	450	2,120
Pulses	40	
Oil	20	
Salt	10	
Blended food	50	

The above ration change could be implemented with immediate effect. However a socio-economic study to determine the level of contribution which the refugees make to their own livelihoods could further strengthen the rationale for the ration change.

7.5 Nutrition Recommendations

8. Strengthen the kitchen gardening project in the camps under the guidance of an expert individual or agency using appropriate technology (e.g. multi-level and in-house production) and using lessons learnt from the Nepal refugee camps.
9. Replace the "Energy" biscuits currently used in supplementary feeding program with a product of greater nutritional value such as fortified high energy biscuits (HEB).
10. Identify and hand over the selective feeding programmes to an NGO specialised in nutrition.
11. Continue the de-worming programme for school children.
12. Continue to conduct a nutrition survey on an annual basis.
13. Adjust the current food ration from 2,160 to 2,120 Kcal per capita per day by eliminating sugar.

² Refer to paragraph 3.14 of global Memorandum of Understanding between UNHCR and WFP, 2002. This paragraph notes: 'This figure will be adjusted as soon as possible to take into account the temperature in the area and the demographic composition, health, nutritional status and physical activity levels of the beneficiaries'

8. Water, Sanitation and Shelter

8.1 Water Supply

In both Kutupalong and Nayapara camps, there is a user ratio of 1:20 litres of water per day. Hence, for the total population of 27,900 people the requirement of water is 558,000 litres per day or 204 million litres per year.

In Kutupalong camp, ground water is available for drinking and household use. About 50 hand tube wells, each with a daily capacity of 4,000 litres (hence a total of about 200,000 litres) meet the daily needs of this camp. Although some tube wells have dried up, the supply capacity has been maintained by the recent digging of new ones.

Nayapara Camp however, does not have access to ground water due to hydrological constraints. Therefore, the camp depends on surface water from a water reservoir collected from hilly springs and rain water. WFP and UNHCR earlier excavated the reservoir to meet the year-round drinking and household water requirements of the refugees. Water is now distributed twice daily in the morning and in the afternoon, for four hours a day. Prior to this, water was trucked-in during the dry season but this was discontinued after the renovation of the reservoir. The capacity of the reservoir has however gradually decreased due to silting from the nearby hills. This has resulted in a shortage of water supply during the dry season, bringing the user ration down to 1:15 litres of water per day.

According to information provided by UNHCR, a comprehensive plan for lifting, treatment, quality assurance and distribution of water was implemented by MSF-Holland through involvement of experts. However, there is some disparity between water demand and supply. The water distribution system is ineffective due to its old age, leakages, reduced capacity of water distribution tanks and dependence on gravity flow. This is expected to be tackled through the UNHCR planned intervention in water and sanitation starting from July 2008.

Although water is a vital service for the refugees, there is no community participation in the management of the distribution of water in the camp. The reservoir has again been silted and is in urgent need of re-excavation.

8.2 Sanitation

8.2.1 Toilets

The NGO Concern initially constructed a number of pit latrines in Kutupalong Camp during the massive influx of refugees in 1992. All the latrines in the two camps have been replaced by new ones. Communal latrines have been constructed in both camps with a ratio of 1:22 individuals in Kutupalong and 1:26 in Nayapara. There are a total of 550 latrines in Kutupalong and 645 in Nayapara. The latrines visited by the JAM team were not clean and there is an obvious need for the community to participate in keeping latrines clean and usable. UNHCR promotes the construction of one latrine per family in post-emergency situations but the lack of space in these camps does not allow for this.

The new latrines are an upgrade of the previous ones, including a wooden structure with corrugated iron roofs, but lack of maintenance is also apparent. Sanitation activities in Kutupalong Camp are the responsibility Technical Assistance Inc (TAI), with two sanitation staff and twelve refugee sanitation volunteers. In Nayapara Camp, the RRRC office has overseen sanitation activities since 2003.

8.2.2 Bathing Cubicles

Although there are separate bathing cubicles designated for men and women, they are in adjacent locations and hence women feel uncomfortable using them. Most latrines are in very poor condition. In Kutupalong Camp only 40 bathing cubicles are available which makes the people per shower ratio of 1:237. There is a need to construct additional bathing facilities in the interest of personal hygiene. In Nayapara Camp, there are 293 communal showers with a ratio of 1:57 individuals.

8.2.3 Drainage

In both the camps, there are extensive drainage channels of 20cm depth by 20cm width. However their maintenance is poor. In some areas of both Kutupalong and Nayapara camps, improvement and reconstruction of drains are required on an urgent basis.

8.2.4 Waste Disposal System

In Nayapara Camp forty garbage pits were constructed with a plan for garbage to be deposited according to its nature then disposed of or burnt in a separate chamber. These were to be maintained by the community with the

assistance of an NGO. However these remain in a dirty condition and the community has not taken responsibility for them. The prevailing condition may result in serious health hazards if the garbage is dispersed throughout the camp with the flow of rain water during the rainy season.

8.3 Shelter

In line with 2006 JAM recommendations and in agreement with the GoB, UNCHR has undertaken a shelter replacement project in both Nayapara and Kutupalong camps, with increased shelter space from 11 to 21 square meters per family. This represents a vital achievement as UNHCR had been lobbying with the GoB for years to authorise the construction of semi-permanent sheds. Since 2006, 196 shelters (55% of total target; expected to be completed by end of 2008) have been replaced in Kutupalong and 46 shelters (8%) have been replaced in Nayapara.

The refugee shelters are constructed in lines and made of wood, bamboo and corrugated sheets. Each shelter also accommodates a kitchen. Although shelters include verandas and windows for ventilation, refugees often block them in order to convert the veranda into an extra room or to prevent rain penetration. Sunlight is also being blocked out which is not in the interest of health.

8.4 Water, Sanitation and Shelter Recommendations

14. Re-excavate the water reservoir at Nayapara camp within the next year using a Self Reliance Approach (SRA).
15. Build additional bathing cubicles for women in locations separate to those for men.
16. Expand and improve the garbage disposal system and set up a mechanism for community management.
17. Assess the feasibility of building family latrines and if feasible support the project using SRA.
18. Evaluate and improve the design of the new shelters to allow for more sunlight and raise the community awareness about importance of sunlight.

9. Self Reliance

Self reliance was considered as an overarching focus of this JAM and it became a cross-cutting theme for all sectors. Refugees who are more self reliant are not only better able to meet their basic needs while they remain in exile but are also better able to adapt whatever their future may be - whether they return to Myanmar, remain in Bangladesh or are resettled to a third country. The importance of self-reliance has been highlighted in various documents and reports including:

- The UNHCR document on “Local Integration and Self-Reliance” from the 33rd Meeting of the Standing Committee, June 2005, which emphasizes that restricting self-reliance, can lead to increased vulnerability and poverty of refugees; and
- the 2004 South Asia Declaration on Refugees by the Eminent Persons Group on Refugee and Migratory Movements in South Asia Recommendation 18 which calls on Governments "To be liberal, as far as possible, in permitting refugees to work and to become self-reliant."

The JAM was also mindful of the following excerpt from the global MoU between UNHCR and WFP of 2002: “UNHCR and WFP seek to contribute to ... the promotion of the highest possible level of self-reliance among the beneficiaries, through the implementation of appropriate programmes to develop food production or income-generation, which will facilitate a progressive shift from general relief food distribution towards more targeted assistance and sustainable development-oriented activities’ (section 2.1). Section 2.3 also emphasizes self reliance.

In Bangladesh, UNHCR is working with the support of the Dhaka Steering Committee which comprises of 14 diplomatic missions in the country in collaboration with the Government of Bangladesh to promote the refugees’ rights to self reliance. This is indicated in UNHCR’s “Road Map” strategy paper and is predicated upon refugee freedom of movement, the right to work and the right to education.

Building on the above, the JAM believes that a Self Reliance Approach (SRA), developed on the foundations of community mobilisation, gender main-streaming, participation, true empowerment, and the attainment of freedom of movement and right to work for the refugees is both appropriate and timely. The objective of SRA would be to promote self reliance as a critical step in the pursuit of durable solutions.

SRA recognises that the elderly, disabled and other vulnerable refugees (such as female-headed households) may require additional inputs as they can experience significant challenges in achieving self-reliance and thus

require greater attention.

SRA stresses the continuous role of the international community in sharing responsibility by supporting self reliance activities within the camps as well as in the host community.

Official GoB policy restricts freedom of movement and the right to work for the refugees, which has been a major constraint to refugee self-reliance over the years. This has created a situation of extreme refugee dependency on humanitarian aid. Although this policy of restricted freedom of movement is still officially in place, its enforcement has become slightly relaxed since 2007.

It is estimated that most refugee households sell 15% of their ration, especially rice, oil and pulses, generally in markets outside the camp, to be able to buy other essential items.(More information on this can be found in section 10.1 Food Security.) The refugees however, stated that though they are sometimes asked to sell their commodities at prices lower than in the local market, they are no longer forced to sell their ration as was the case in the past during the time of the *Mahjees*.

Some 562 refugees are engaged by various agencies within the camps as volunteers. Their incentive is either in the form of rice (20 to 25 kilograms) or cash ranging from 500 to 1500 taka. UNHCR is also undertaking a pilot poultry project that will benefit some 140 refugee men and women in the two camps.

The mission observed a general reluctance by the refugees, especially adults, to talk about ways of improving their livelihood or achieving self-reliance. Reasons for this could be lack of awareness of the advantages of having skills and fear of jeopardizing the possibility of resettlement. The JAM team also got the sense that many refugee adults have 'given up hope' after so many years living in a refugee camp. Aid dependency was evident by the way refugee leaders were generally focused on making requests for additional aid.

9.1 Livelihoods: Men

Although not officially permitted by the Government of Bangladesh, refugee men have been leaving the camps to work outside for a number of years. However, it is only within the last two years that they have been able to do so without having to pay the camp authorities to leave and enter the camp.

Outside the camps, men obtain employment in activities such as working in rice paddies, salt fields, brick factories, rickshaw pulling, fishing, making fishing nets and baskets, road maintenance, and collecting and selling firewood. The regularity of job opportunities is limited and follows seasonal agricultural variations. Since 2007, men are also earning money inside the camps by working for shelter construction contractors and by producing school uniforms and bags in a project supported by Austcare and TAI.

When refugees leave the camp for work, they are reportedly subject to discrimination because of their refugee identity. They are subject to:

- Lower wages;
- Harassment and sometimes beating by villagers;
- Forcibly taking away money or belongings by villagers; and
- Sexual harassment (especially females with no adult male in their household).

9.2 Livelihoods: Women

32% of households in the camps are female-headed households. Women from female-headed households are disadvantaged as they have no males who can go outside the camps to work. Also because of the social and religious customs prevailing in the region, women do not feel comfortable going outside the camps alone. A woman in a focus group discussion told the JAM team "I can not sell part of my ration to buy spices because I do not have a male family member to take it to the market." Some adolescent girls from female-headed families reported that they sometimes resort to selling their mother's personal belongings in order to buy other needed items.

Women also identified the inadequacy of the food ration to meet their needs. Refugees sell a part of their food ration in order to purchase spices, vegetables and animal products, as well as non-food items. Women interviewed by the JAM team expressed a lack of hope for the future. They said their children do not go to school because they do not have clothes to wear. The break in compressed rice husk (CRH) supply is also placing additional pressure on households.

Females, especially those from female-headed households engage in various activities within the camp to

supplement their livelihood. Some of these activities are self initiated (such as producing and selling items such as fishing nets and baskets) while other are arranged by camp agencies (such as serving as volunteers with NGOs and producing of school uniforms). Some women go to the forest to collect firewood for sale despite the risk of being beaten or harassed. Also some who completed the in-camp tailoring program use the acquired skill to generate income by sewing for other women or by tutoring others for a small fee.

WFP started a self reliance project for female headed households in February 2008. Approximately 65 women have benefited from this project to date by distributing empty bags and cans from the food distribution, which they exchange for income generating inputs such as sewing machines or raw materials for fishing net making. The majority of women female-headed households remain in need of sustainable livelihood activities.

9.3 Skills Training

TAI with the support of UNHCR is implementing skills training activities in the camps including carpentry, tailoring and laundry soap making. Approximately 450 refugees complete these courses annually. While the tailoring program is functioning well, refugees expressed the need for professional trainers for the carpentry program. WFP provides rice incentives to tailoring trainers (20 kg) and laundry soap-making trainees (25kg).

Austcare, through TAI, is also implementing related activities such as school bag and, school uniform making tailoring and bath soap production. Refugees receive cash incentives for participation in these activities.

Many refugees, especially men and male youth, expressed the need for additional vocational skills training and suggested areas such as carpet making, mat making, micro-credit, small business skills, cloth weaving, mechanics, electrical wiring, sandal making, fishing boat engine repair, rickshaw repair, driving, computer hardware, poultry farming, mobile phone repair and umbrella making. These and other income-generating skills will hopefully be considered in the forthcoming ILO study to determine their relevance to the prevailing situation. UNHCR will also take these suggested skills areas into consideration when reviewing the current skills training activities. The youth, especially those who have completed Class V and have no further education opportunities within the camps should be prioritized and provided skills which they can use to support themselves.

Some adult refugees expressed a lack of interest in skills training, saying that their future was solely in the hands of UNHCR and WFP and skills training would not make any difference in their life.

Skills training beneficiaries in 2007

Course	Male	Female	Total
Tailoring and Embroidery	80	532	612
Laundry Soap Making	0	111	111
Carpentry	80	0	80
Total	160	643	803

Skills training beneficiaries in 2008 (Jan-Jun)

Course	Male	Female	Total
Tailoring and Embroidery	80	240	320
Laundry Soap Making	21	63	84
Bath Soap Making	8	24	32
Carpentry	25	0	25
Total	132	327	459

Since the inception of these activities in 2006, more than 1,600 refugees have received in-camp skills training. With access to credit, these skills and additional skills may have the potential to be converted into sustainable income generating activities for refugees. The JAM team is aware of the constraints from the GoB in terms of refugee access to credit and micro-finance activities but would like to respectfully emphasise the critical role that access to credit and micro-finance could play in achieving refugee self reliance.

9.4 Self Reliance Recommendations

19. A qualified NGO should be identified to implement a sustainable and intensified community mobilisation program in the camps to increase refugee sense of ownership and participation. GoB is encouraged to support this action by assisting with necessary permissions.
20. Skills training activities should be diversified and implemented using qualified trainers and with a focus on entrepreneurship. The skills should be marketable and address current refugee needs and future

prospects, especially those of youth.

21. All graduates of skills training activities should be provided with 'start-up kits' to allow them to continue to utilise their skills.
22. The JAM welcomes the forthcoming ILO study ("Rapid Appraisal of the Livelihood Capability of Refugees: Kutupalong and Nayapara Refugee Camps"). but notes that food production is not included. Given the complexities of self reliance, the JAM recommends an over-arching follow-up study (possible title: '*Towards Self-reliance: A Program of Action for Rohingya Refugees in Bangladesh*'). This study could look at the whole range of activities aimed at socio-economic empowerment of refugees (including food production); the larger context of local development and the practical relevance of precedents from further afield.
23. All NGOs in the camps are encouraged to take on refugee volunteers and provide them with on-the-job training and incentives for their work. Persons with disability, elderly and other vulnerable groups should be given priority.
24. WFP and partners should introduce cash transfer programs in the camp to encourage refugees to take responsibility for the camp environment. Suggested activities include road maintenance, tree planting and de-silting of the Nayapara water reservoir.
25. All agencies should prioritise vulnerable households in their activities, especially livelihood activities such as skills training, poultry farming and kitchen gardening.
26. Where appropriate, all agreements between agencies should have a specific section where they indicate those activities they commit to which have a specific Self Reliance Approach (SRA).

10. Food

10.1 Food Security

Refugees are highly dependent on food aid, both as a source of food and of income. Food aid is the main food source and the bulk of the refugee diet. Most households (65-75%) lack access to regular income and depend on the sale of food and non-food items, borrowing and purchasing on credit³. Their vulnerability is increased by disruptions to the supply of food and non-food items (especially CRH).

The JAM team took into account that:

"The majority of households (64.2%) said adults ate two meals per day and only 32.5% households said adults ate three meals per day. However, most households (65%) said children ate three times per day. It should be noted that some refugees do not consider breakfast as a proper 'meal', and therefore the number of households eating three times a day may be slightly under-reported⁴."

The underlying reasons for household food shortage include:

- Sharing of ration with unregistered household members. To some extent this will be addressed when all refugees living in the camps and registered in UNHCR's database start to receive food assistance.
- Poor access to complementary food and essential non-food items, resulting in ration sales to purchase necessities (vegetables, fish, spices, fuel and firewood).
- Lack of work opportunities in the host community.

An average of 22,000 refugees received a general food ration fortnightly in 2007. Supplementary and therapeutic feeding programmes address malnutrition among the most vulnerable refugees, particularly children and pregnant women and lactating mothers. Under therapeutic feeding, attendants of severely malnourished children also received appropriate feeding (a diet different from the children). The school snacks programme provides fortified biscuits containing vitamins and minerals to more than 6,000 children attending primary schools. 450 adolescent girls including drop-outs, also receive snacks for attending after-hour schooling on language and numeracy as part of a functional curriculum covering a period of nine months.

Food for Training (FFT), as an incentive for participation in skills training, provided safety-nets to extremely vulnerable refugee households, particularly those headed by women. A total of 40 male refugees along with 648 female refugees took part in skills training in 2007.

Food production is only possible for a small number of households as access to land for kitchen gardens in the

³ Food Access and Utilization Study, February 2007, WFP

⁴ ibid

camps is extremely limited. It was noted that 65-75% of refugee households have little or irregular income and only 25% have a regular source of income (either daily labour or petty trade).

Many households have difficulty meeting their food needs and resort to some form of negative coping strategy such as skipping meals or borrowing food. Access to complementary food is poor, resulting in a limited diet.

The report cited in this section ('Food Access and Utilisation study') provides a bench mark regarding food security and was conducted while the exploitative *mahjee* system was still operational. The *mahjee* system illegally exploited resources from the refugees and with its disbandment one can plausibly infer that an improvement in the lives of the refugees occurred – this was corroborated through interviews with the refugees.

10.2 Food Procurement and Delivery

WFP is responsible for procuring food for general distribution in Kutupalong and Nayapara camps and for its transport and delivery to the GoB's Local Supply Depots (LSD). At the LSDs, various food commodities are stored before the Bangladesh Red Crescent Society (BDRCS, WFP and UNHCR implementing partner) transports them to the camp storage facilities.

BDRCS circulates a lifting schedule from the LSD to all partners before each distribution, which includes the nominated official from each agency who will be attending the lifting. As was observed in the 2006 JAM however, WFP and UNHCR staff are seldom present during lifting. Usually, the lifting of commodities is completed before distribution starts. On a few occasions, BDRCS has had to undertake lifting while the distribution is going on due to transport constraints. BDRCS has been reminded to avoid this whenever possible and ensure that adequate transport capacities are available before the distribution period.

At the camp, refugee distribution volunteers are responsible for off-loading of the commodities and in return for their labour, they receive a monthly incentive of 20kg rice.

Throughout, WFP ensures that the food delivery order is issued through the Government of Bangladesh (GoB) to BDRCS and the food procured is in line with WFP standard and GOB standard specifications for human consumption. Adequate storage facilities are available at the LSD and proper records are maintained.

In addition, it should be noted that UNHCR and WFP jointly cover the operational cost for management and distribution under a yearly renewable agreement with BDRCS, which has 17 staff coordinating and supervising the lifting, loading, unloading and distribution of food. The agency also maintains stocks records and distribution reports.

10.3 Food Distribution

BDRCS is also responsible for management and distribution of the food at the camp level. Food commodities are distributed to refugees on a fortnightly basis over a six-day period in each camp. Distribution is organised in order of the MRC number through a master roll and refugees collect their ration directly from the distribution centres by presenting their "family book"⁵. The quality of food supplied was found to be generally good.

At the distribution centre, BDRCS staff register refugees and verify the information in their family books while distribution volunteers guard the gates and scoop the commodities. Female participation (mostly distributing oil, WSB, salt and sugar) in the distribution is noticeable and has increased in the last year to reach 40% in each camp. Men are responsible for handling the rice scooping and guarding the gates. Therefore, it is evident that refugees - and more women - continue to actively participate in the distribution of food. Nevertheless, while there is a general agreement that refugees should be increasingly involved in food management itself, there is no agreed strategy to do this. Part of the reason may be that the actors involved (BDRCS, UNHCR, WFP, GOB) have differing opinions on who should take the lead in designing this strategy and this has apparently continued to hold up progress on the issue. Due to this, the JAM did not engage in planning such a strategy but sees a clear need for it.

In line with the 2006 JAM recommendation, it was observed that BDRCS now encourages literate refugees to sign on the master roll and only refugees who cannot read and write sign with their thumbprint (these are mostly women). In addition, and also in line with the 2006 JAM recommendation, when the ration is collected on behalf of someone else, BDRCS records the identity of the recipient and his/her relationship to the person entitled to the ration.

⁵ A form of identification for refugee families, issued by the GoB.

The following limitations were observed by the JAM team:

- The rotation of BDRCS staff remains unsatisfactory. In the last two years staff has mostly rotated within the two camps, but seldom within other operations in the country, which is not in line with the 2006 JAM recommendation.
- The distribution centre itself is not suitable for the existing operation. The space is too small, while the layout and in-and-out gates allow too many people to enter, particularly children.
- As reported in the 2006 JAM, the family book that is being used since the start of the operation continues to obstruct the smooth distribution of food. There are for example, cases of three families being included in one family book who insist on separating their rations within the distribution centre, creating additional work for BDRCS staff and increasing congestion in the centre. It should however be noted that according to on-site interviews with refugees, CICs and UNHCR staff, family books are no longer being confiscated as punishment⁶.
- Contrary to distribution guidelines, families pick up different commodities on different days.

It should however be noted that the BDRCS coping mechanism within the complexity of the distribution operation is satisfactory and greatly appreciated.

10.4 Food Basket Monitoring

One Food Basket Monitor (FBM), employed by TAI and funded by UNHCR, is present in the distribution centre on each distribution day and is responsible for randomly sampling at least 15% of families collecting their ration. The FBM records the findings and compensates families who are found to have received less than 100% by providing the shortfall of the given commodity. Because the FBM compensates any shortfall, refugees are very eager to have their rations checked. This is sometimes problematic for the FBM as they are supposed to use a random sampling method but they receive many requests from families to have their rations weighed as they are not confident they have received their full entitlement.

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

Food Basket Monitors are also responsible for creating awareness among refugees regarding their entitlements of food and non-food items through individual interactions during the distribution process as well as through awareness sessions being conducted by TAI Community Services staff with groups of refugees.

10.5 Warehousing

There are three LSDs used for food storage, located in Teknaf, Ukhiya and Zhilonja. They are located at suitable distances from camps, are well structured and properly maintained. The stacking system and bookkeeping are according to standard and other warehouse equipment such as weighing scales (which were checked and found well-calibrated), pallets and fire extinguishers are in place and operational. The only complaint brought forward by LSD officials was that salt is stored together with the rest of the food commodities, which is not in line with their internal governmental storing procedures.

The following problems were observed:

- The camp warehouses do not meet the minimum standards of warehousing in terms of space and equipment. The current number of scales available (one manual, one electronic) is not enough to cover the operation in a timely manner. The team noticed that warehouse control is not properly followed, even though the store manager and storekeeper attended a WFP training course on warehouse management in 2007 and were provided with a warehouse manual in Bengali language.
- There is another warehouse under different management (for WFP biscuits being distributed by TAI under the school feeding programme) located within the BDRCS warehouse.
- Two copies of the keys to the warehouse are kept with the BDRCS officials and one set with the warehouse manager, which is contrary to warehouse management and commodity control procedures.

⁶ This is related to the elimination of the *mahjee* system, represented by unelected refugee leaders.

10.6 Food Management and Commodity Control

The following problems were observed:

- The two types of losses noticed include the “normal” warehouse loss that results from storing, packing and distribution and what BDRCS claims to be “LSD loss”. This has actually been found to be transport loss as BDRCS has signed the way bills that they received the complete food commodities at the LSD.
- Despite the statement made by camp officials that there is no selling of food in the camp, the JAM observed that it does exist and is used to meet other household requirements such as meat, fish, spices, etc. Indeed, according to WFP’s “Food Access and Utilisation Study” in 2007, 52.1% of households engage in the sale of food aid for income.

10.7 Scooping and Packaging

The following problems were observed:

- YSP packages often differ in weight, which creates discrepancies in providing the adequate ration to the refugees. The JAM team undertook on-site sampling of the supposed 560 gram packets but found weight variations from 545g to 605g. Even when bags received are sealed and sound, the differences in weight lead to refugee complaints and result in shortage of supplies.
- The small packaging of YSP and WSB makes commodities spoil faster due to moisture and occasionally become unfit for human consumption. In addition, the small packaging disposal creates an environmental hazard. Finally, we have observed that refugees refuse to take some of the small packages because they are torn or leaking. As a result some refugees receive the YSP through the scooping system and others receive small packaging, causing further discrepancies and complaints.
- Because of the different density of the two types of rice that are distributed, BDRCS uses two different sized pots for rice scooping (one for parboiled rice and the other for white rice). This leads refugees to perceive that there are discrepancies in the amount of rice being provided and that the “right pot” is not always used.

10.8 Pipeline Breaks

The below table notes the occasions when WFP was unable to maintain the food pipeline:

Year	Period of Break	Commodity	Camp	No People Affected
2006	12–25 Apr	Pulses	KTP	1711
	13–19 Sep	Blended Food	Both	21,039
	27 Sep – 10 Oct	Blended Food	NYP	12,778
2007	14-16 Jan	Blended Food	Both	10,358
	17 Jan – 13 Feb		Both	21,426
	14–15 Feb		Both	2,504
	20 Jun – 03 Jul	Pulses	NYP	13,423
2008	24–31 Mar	High Energy Biscuits	Both	5,993
	01–10 Apr		Both	6110
	09–22 Apr	Pulses, Salt, Blended Food, Sugar	Both	23,220
	23 Apr – 06 May	Salt, Blended Food	Both	23,406

10.9 Food Recommendations

27. Eliminate small packaging for WSB and YSP to reduce environmental hazard and waste from rancid food.
28. Re-structure the current warehouse-distribution facilities to meet minimum standards in both camps. Where feasible, all work should be conducted through SRA.
29. Ensure proper implementation of UNHCR’s planned distribution of identification and ration cards for all refugees (that will be used instead of the existing family book system).
30. Eliminate the two types of scoops for rice. To this end, all commodities (including rice) should be weighed in scales to reduce refugee complaints about perceived differences in rice received.
31. WFP and UNHCR to review performance of BDRCS staff and take appropriate action.

32. Ensure that BDRCS staff rotates staff every 6 months, ideally by bringing staff from other BDRCS operations in Bangladesh.
33. Provide additional scales, plastic pallets and scooping equipment as well as fire extinguishers and cleaning materials for the warehouses and distribution centres.
34. Maintain proper lifting system to avoid “transport loss”. For example, BDRCS should always report to WFP and UNHCR when they receive less than 100% from the LSD. This issue is to be given additional priority by WFP and UNHCR field staff.
35. Implement food distribution every three weeks, ensuring refugees are aware of the changes in quantities.
36. WFP and UNHCR to proactively share (on monthly basis) respective pipeline information to prevent simultaneous breaks that can further weaken refugees’ coping mechanisms.
37. Expand food distribution to all refugees included in the UNHCR database (approximately an additional 5,000 beneficiaries).
38. WFP, UNHCR, BDRCS and GOB to agree on a strategy to promote refugee participation in food management, particularly women.

11. Non-Food Items

UNHCR is responsible for the procurement of non-food items (NFIs) which are then distributed in sufficient quantities according to family size. Over 2007 and 2008 to date, refugees received the following non-food items: soap, kerosene, mosquito nets, cooking and eating utensils, jerry cans, sleeping mats, blankets, plastic sheets, clothing and compressed rice husk (for cooking fuel).

Unfortunately, CRH (and therefore, kerosene) was not supplied for four months in 2008 (February-May) due to problems encountered by UNHCR in the tendering process. The JAM team was concerned by this issue. In a related matter, it should be noted that UNHCR has already initiated the process to construct energy-saving stoves in both camps.

11.1 Non-Food Item Recommendations

39. Create a CRH (compressed rice husk) contingency plan which would ensure that there would not be CRH pipeline breaks.

12. Community Services

TAI remains the only agency implementing community services in the camps. Their activities focus on skills training (tailoring, soap making and carpentry) and awareness-raising. TAI is also responsible for services to Extremely Vulnerable Individuals (EVIs), kitchen gardening, tree planting, poultry farming, and adult and adolescent literacy and numeracy classes.

Awareness raising sessions are regularly conducted amongst the refugee community covering topics such as sexual and gender based violence (SGBV), HIV/AIDS, hygiene, domestic violence and peace building. In addition, focus group discussions were held with various groups within the community, based on incident reports and the general camp situation. These have helped to raise awareness among the refugees; however there has been no evaluation to determine the impact of these activities. Refugees have expressed the need to strengthen these awareness sessions using visual aids and audio visual facilities.

UNHCR has taken action to expand the scope of these activities especially for sexual and gender based violence by employing an information education and communication specialist.

Actions are gradually being taken to provide recreational activities in the camps: the Nutrition Unit of UNHCR provided games for children in the therapeutic feeding centres; TAI has provided some games in the women’s and community centres; Austcare provided jerseys and volleyball sets to all blocks as well as table tennis sets for each of the community centres. Handicap International has introduced sporting activities for persons with disabilities and is sensitising the community to integrate the disabled in all activities in the camps. The implementation of recreational activities for children to enhance their mental development is still a challenge which must be addressed. UNHCR currently has a volunteer staff working with children and youth to train them in various sports. Despite these improvements, additional recreational activities are required to address the needs of all groups including men, women and children.

12.1 Extremely Vulnerable Individuals

Support is provided to around 710 people identified as extremely vulnerable individuals (EVIs), including female-headed households, unaccompanied minors, elderly, and refugees with physical or mental disability. The database of EVIs is updated on a regular basis. Efforts are made to address the needs of this group on a case by case basis. Support to this group includes involvement in FFT activities such as the soap-making centre and food distribution centre where they receive 20 or 25kg rice incentives from WFP. However it must be noted that soap-making and food-distribution volunteering is not sustainable as they have to be rotated approximately every three months. EVIs also receive targeted distribution of NFI and shelter materials. While these measures may provide temporary relief, there is a need to engage these individuals in activities that will enhance their self reliance.

Handicap International (HI) started work in the camps in February 2008 and has identified and documented 324 refugees in the two camps (147 in Kutupalong and 177 in Nayapara) with physical and mental disabilities. HI is also engaged in other activities in the camp including:

- provision of assistive devices such as wheelchairs and crutches;
- physiotherapy;
- advocacy and support for making public facilities accessible to persons with disability;
- disability mainstreaming in all camp activities; and
- forming peer and support groups for persons with disabilities.

12.2 Community Services Recommendations

40. The Camp Management Committee should be supported to establish and manage recreational activities within the community with emphasis on children and adolescents both in and out of school.

13. Education

Since 2006, Technical Assistance Incorporated (TAI) has been implementing the education program in Kutupalong and Nayapara Camps under funding from UNHCR. In 2008 UNICEF came on board and is in the process of taking over the education programme through its implementing partner Programme for Helpless and Lagged Society (PHALS). PHALS took over responsibility of education from TAI in Kutupalong Camp from March 2008 and is scheduled to also take over in Nayapara Camp from July 2008.

Austcare has also been involved in the education sector in 2007 and 2008, providing teacher training on the Bangladesh curriculum and new teaching techniques. Austcare is distributing uniforms, school bags, sandals and shoes to all schools students in July 2008. Austcare has also contributed to school infrastructure by providing school benches, water tanks and blackboards.

WFP provides 50g of fortified biscuits to students on every school day attended. Although TAI is the implementing partner of WFP for this activity, teachers under PHALS also play a role in biscuit distribution in Kutupalong Camp.

13.1 Quality of Education

Refugees identified poor quality of education as one of the main reasons for non-attendance at school. In particular, issues were raised in relation to the quality of the curriculum, teaching and materials provided in the camp schools.

Classes are managed in two shifts in order to accommodate all students. The morning shift runs from 9:30 am to 11:45 am while the afternoon shift runs from 12:30 to 2:15pm. This means that students spend an average of two hours at school each day.

Refugee children resort to private tuition within the camps in order to receive a better education than that being provided in the camp schools.

13.2 Curriculum

This year, the GoB allowed the introduction of formal primary education in the camps using the Bangladesh national curriculum taught in Bengali language. Currently the subjects being taught are Mathematics, English, Bengali and Burmese. From 2009, more subjects such as Social Science are planned to be introduced. UNICEF has instituted classes for early childhood development including play group and pre-primary. A play corner and play materials have been provided. Recreational activities for older children in the schools are limited. Some schools have been provided with playgrounds by Austcare and TAI while others have not.

13.3 Teaching

There are a total of 112 teachers in the camps, 88 male and 24 female. As teachers are engaged in teaching two shifts on each school day, the approximate teacher to student ratio is 1:30 in Kutupalong and 1:37 in Nayapara.

In Kutupalong Camp the teachers indicated that the quality of education is improving with the take over of UNICEF/PHALS but expressed the need to continue training of teachers. When the JAM team visited, the teachers lacked reference materials and it was noted that the delay in supplying educational kits to students was hampering the formal education program.

The JAM team observed that teachers did not have full control of their classes and the students were left unattended for lengthy periods of time. Concern was expressed regarding teacher attendance as they are often absent from school because of engagement in committees or other camp activities.

13.4 Female Teachers

Of the 112 teachers in the camps, only 24 are female. There are several barriers to women becoming teachers, including the lower number of women who complete primary education and social disapproval of women's participation in activities outside the home. However, refugee women clearly believe that suitable female candidates can be found if adequate support is provided to them. While ad hoc efforts have been made to encourage women to participate, there are no specific measures in place to address the lack of female representation within the teaching profession in the camps.

13.5 Enrolment and Attendance

Enrolment

There are currently 7,631 students enrolled in school (3,951 girls and 3,680 boys). This is 87% of the school age children (4 to 12 years) in the camp and represents a decrease from the enrolment of 93.15% in 2007. While teachers and students express general opinions on what needs to be improved in the schools (quality of education, more female teachers, more reference materials etc.) the actual reasons for the decrease in enrolment from 2007 to 2008 are not known.

Enrolment figures for 2008 are as follows:

	Class	Boys	Girls	Total
Kutupalong Camp	Play group	287	356	643
	Pre-Primary	293	336	629
	Class 1 (formal)	434	417	851
	Class 2-5 (non-formal)	679	748	1,427
	Kutupalong Total	1693	1857	3,550
Nayapara Camp	Play group	375	391	766
	Pre Primary	342	368	710
	Class 1	282	373	655
	Class 2	412	379	791
	Class 3	317	327	644
	Class 4	177	177	354
	Class 5	82	79	161
Nayapara Total	1987	2094	4,081	
Grand Total		3,680	3,951	7,631

Attendance

In May 2008 the average rate of attendance was 85% in Kutupalong and 67% in Nayapara.

Figures from Nayapara demonstrate that both enrolment and attendance drop significantly in the higher grades. This has been repeatedly shown in previous JAM reports and some of the causes for this situation continues to exist:

- Many refugee families practice *purdah*, whereby women are not permitted to be in public after they reach puberty. Many girls are therefore withdrawn from school upon nearing adolescence.

- Boys over the age of twelve are considered fit for work and many are therefore withdrawn from school by their parents. A teacher in the camps also informed us that boys are more regularly absent than girls as they are often engaged in domestic work, running errands and fetching fire wood, especially when there is a break in the supply of CRH.⁷
- Many refugees do not see any value in sending children to class five because there are no prospects for higher education.

During the focus group discussions girls said that though some parents are now allowing their girls to remain in school, it is the harassment and intimidation from adolescent boys and some adult male neighbours that usually forces them to stay away from school. One of the girls said “They [males] sometimes call us whores when we are on our way to school”.

13.6 School Infrastructure

There are nine schools in each camp. The JAM team found the classes to be congested and lacking adequate seating capacity. Some classes were observed to have more than 70 students with some of them sitting on the floor. This is almost double the 35 students per class envisaged during school construction. In addition, the present structures do not have desks or chairs for teachers to use.

13.7 Adult and Adolescent Literacy

TAI has been conducting adult and adolescent literacy classes since 2005. The refugee literacy rate was estimated to be 48% in 2007. In these courses, Bengali, English, Burmese and numeracy skills are taught. WFP also provides fortified biscuits to adolescent girls in the literacy program.

Although enrolment in these courses is high, the attendance rate of 71% in Nayapara and 63% in Kutupalong is unsatisfactory.

Enrolment for 2008 is as follows:

	Nayapara			Kutupalong			Total
	Male	Female	Subtotal	Male	Female	Subtotal	
Students	120	302	422	46	353	399	821
Teachers	16	4	20	13	1	13	43

13.8 Education Recommendations

41. Quality of the education in the camps needs to continue to be improved with special attention given to provision of textbooks, teacher resource materials, teacher training and classroom management.
42. The congestion problems in the schools must be addressed by expanding the existing classrooms or by constructing new schools. Finding alternative classrooms for the kindergarten students to free up space for the higher classes is also recommended.
43. Girls’ education and career development should be prioritised and promoted. The possibility of supplying an incentive package to girls continuing to Class V should be explored on a pilot basis (but only after quality of education recommendation above has been implemented).
44. A special effort should be made to train and recruit female teachers.
45. Corporal punishment should be eliminated from camp schools on an urgent basis.
46. Access to lower secondary education should be increased.
47. UNHCR to encourage UNESCO to work with the GoB to ensure access to higher education for refugees.
48. Quality of adult and adolescent literacy program should be strengthened and improved.

14. Protection and Gender

14.1 Protection

The mission members spoke with refugees and NGO staff in order to obtain information on the general security situation in the camps and related protection issues. Refugees and agency staff alike said the security situation has improved following the abolishment of the *mahjee* system. The refugees in particular are happy that they can move about more freely in the camp and are no longer forced to sell their rations to outsiders.

⁷As Kutupalong is in a transition period with both formal (Class 1) and non-formal classes (Class 2 to Class 5 combined), it is difficult to extrapolate information from the statistics.

Following the abolishment of the *mahjee* system, alternative camp management structures have been put in place. These are however still in their infancy and need close monitoring and supervision to ensure they address the needs of the community in a free and fair manner.

A significant protection risk is encountered when refugees go outside the camp. Incidents are more common in Kutupalong than Nayapara but both camps experience conflict between refugees and local host population. In Kutupalong Camp a conflict resolution working committee has been formed consisting of refugee, government and local community representatives. This committee has been instrumental in conflict resolution and there is a clear need for a similar committee in Nayapara Camp.

Sexual and gender based violence (SGBV) is also a protection concern in the camps. In the event of an SGBV case, TAI is responsible for the initial intake and documentation of the case while UNHCR provides protection and legal support to survivors who want to take legal action. With increased and ongoing awareness-raising and strengthened legal response to such cases, refugees are now increasingly coming forward to report incidences of SGBV. The following factors have contributed to the strengthened SGBV reporting and response mechanisms:

- Strengthened monitoring and survivors of rape and attempted rape;
- A precedent has been set by the sentencing to life imprisonment of a perpetrator of rape and seven more cases are under trial;
- Standard Operating Procedures are in place to deal with SGBV;
- Four psychosocial counsellors (two per camp) have been deployed through RTMI; and
- UNHCR has now employed an information, education and communication specialist to improve community awareness.

Other serious protection issues have arisen due to the break in supply of compressed rice husk (CRH) for cooking fuel. Men, women, boys and girls alike expressed their fear of collecting firewood from the forest because of beatings and harassment by villagers.

Resettlement has been used as a protection tool in these camps since 2006. Five countries (UK, Canada, New Zealand, US and Ireland) are now involved in the resettlement of the refugees with more countries expected to be involved in the future.

Over recent years the rates of repatriation and resettlement have respectively been zero or very low. Regarding labour and other income earning opportunities the refugees remain at a low base. The JAM considered that a phase-out from blanket assistance would for the immediate future be premature. Investments made with respect to the Self Reliance Approach would likely form a vital part of any future phase-out strategy.

14.2 Gender

In every aspect of life in the refugee camps, inequalities exist between male and females. The gender impacts of the refugee situation are discussed throughout this report under the sectoral assessments. However, a number of issues relating specifically to women were found.

Early marriage is still a serious concern and girls have no decision-making power in relation to their marriage. Over the years, awareness-raising activities have been conducted to build awareness among the refugees about the health and socioeconomic disadvantages of early marriage and polygamy however, the situation has not improved significantly.

Women's representation in camp committees is less than 30% and 40% in Nayapara and Kutupalong respectively. But even where there is women's representation, their capacity to make meaningful contributions remains limited. The women interviewed by the JAM team gave a number of explanations for this:

- Education level of women is lower;
- Women are unaware of selection process to become committee members;
- Women are reluctant because even if they are on committee with men, the men dominate discussions and decisions; and
- Cultural reasons. For example, one woman told us "*It is our culture that women should give due respect to men and stay silent when in the company of men*"

Other general concerns raised by females in the refugee camps include:

- Lack of access to a female doctor in the camps;
- Poor representation of females as teaching staff in schools;

- Households with no male member cannot go to the market and exchange rice for vegetables;
- Female-headed households (FHHs) are more vulnerable to burglary;
- Teenage girls are reluctant to continue schooling as they face harassment on the way to school and when moving around in the camp;
- There are no separate bathing cubicles for females.

14.3 Protection and Gender Recommendations

49. UNHCR, RRRC office, local government and law enforcement agencies should jointly take measures to minimise conflict between refugees and local villagers. A working group should be established to create a mechanism to resolve conflicts which could meet on a two monthly basis or as needed.
50. Female-headed households should be assigned shelters in central locations of the camp to minimise vulnerability to burglary or harassment.
51. Women's and girls' participation should be prioritised in all camp activities, for example in camp and block management. Gender awareness training should also be provided for staff and the refugee community.
52. Training and monitoring of the camp management and block committee to be strengthened. Training to include leadership skills, camp management and conflict resolution.
53. Increase the number of female ANSAR and police in the camp to serve as role models for refugee girls.
54. Leadership training for women to enable them to make meaningful contributions to their community.

15. Partnership, Coordination, Planning and the Environment

15.1 Partnership

The past two years have seen a significant change in the number of agencies working in the refugee camps. New United Nations agencies have become involved (UNICEF, UNFPA) as well as international NGOs (Austcare, Handicap International) and local NGOs (RTMI, PHALS). The following agencies are now working in the camps:

Organisation	Area of work
TAI	Community services, adult education, skills training
PHALS	Education
BDRCS	Food and non-food item distribution
RRRC	Camp management, law and order
DC Food	Food movement and storage at LSDs
MOH	Health and nutrition
RTMI	Health and reproductive health
HI	Disability
Austcare	Education, skills training, sanitation
UNICEF	Education
UNFPA	Health
UNHCR	Protection, shelter, water, sanitation, non-food items, community services, durable solutions and all other sectors
WFP	Food and self reliance

It is evident that there has been considerable success in involving additional UN and NGO development agencies (with less success in linking with development programmes in the host community). There are also indications of further UN involvement in the short-term; mainly through an ILO-designed study on livelihood possibilities within and around the refugee camps as well as an FAO-designed proposal on food security. Due to time constraints however, the JAM was not able to identify further possibilities in this area but clearly sees that it is necessary to involve more actors in the operation. To this end, it should be noted that NGOs wishing to initiate projects within the refugee camps tend to face a rather cumbersome process to obtain the MFDM's required clearance to operate in the camps.

15.2 Coordination

Inter-agency meetings are held monthly in Cox's Bazar and attended by all agencies working both in the official and unofficial camps with a rotating chair. Camp level coordination meetings are also held monthly, called and managed by the respective Camp-in-Charges.

Health and nutrition sectoral meetings are held in Cox's Bazar with the participation of the Civil Surgeon, MoH, and UNHCR and also at camp level with UNHCR, MoH and RTMI. These meetings have not however been on a sufficiently regular basis.

Food management meetings were previously called by WFP with participants from UNHCR, BDRCS and TAI. These ceased in 2007 after the inception of Camp Coordination meetings.

15.3 Planning

In terms of durable solutions, the JAM team took note of the relatively low numbers of third country resettlement cases as well as the circumstances for Rohingyas living in the Northern Rakhine State which do not augur well for the likelihood for significant repatriation. In such circumstances, the Self Reliance Approach model advocated in this JAM may be among the most realistic options.

The mission concluded that the Rohingyas are highly dependent upon humanitarian assistance. An end to the humanitarian assistance operation will be greatly assisted by providing refugees with opportunities that foster the Self Reliance Approach.

A number of conditions will enable the SRA:

- Commitment of the GoB to allow refugees to engage in capacity building and income generating activities. Substantial progress has been made in this area over recent years and the JAM commends the GoB for the humanitarian spirit with which they approach the issue.
- The current approach to allowing refugees to travel outside the camps is to be commended and constitutes a significant contribution to SRA.
- UN Country Team and the international community need to redouble their practical efforts to enhance capacity building opportunities for refugees through education, training and other productive activities in the camps.

15.4 The Environment

The state of the environment both within and outside the camps should be closely monitored. Despite annual tree plantations within camp boundaries, pressure on the surrounding forest due to fuel needs should not be overlooked nor underestimated. The JAM was especially mindful of the need to maintain a constant Compressed Rice Husk (CRH) pipeline.

15.5 Environment Recommendation

55. The state of the environment both within and outside the camps should be closely monitored. Additional steps should be undertaken to preserve the surrounding forest, plant additional trees within the camps and other activities which could counter the effects of environmental degradation.

Annex 1: 2008 JAM Recommendations

<i>Recommendation</i>	<i>Time Frame</i>	<i>Action by</i>	<i>Support from</i>
HEALTH			
1. Strengthen the capacity of the volunteer refugees including CHWs, CNVs, CTBAs and TBAs to increase community awareness and improve participation in health and nutrition activities	Jul-Dec 2008	UNHCR	IPs
2. Encourage female medical professionals to apply for all current and future vacancies. They may be encouraged by providing additional incentives and, if necessary, by reviewing the recruitment criteria (for example, recruiting for a medical assistant instead of a medical doctor).	Jul-Sep 2008	UNHCR MOH	RTMI
3. Establish a coordination mechanism between MoH and RTMI to ensure that pregnancies identified as "at risk" during antenatal care will not deliver at home and will be referred directly to the birthing unit at the time of delivery.	Jul-Dec 2008	UNHCR	RTMI
4. Assess and address the cultural barriers preventing access to the maternity facilities for women during childbirth.	Jul-Oct 2008	UNHCR	IPs
5. Improve measles immunization coverage by setting up efficient detection and tracing mechanisms of the defaulters and by systematically checking the immunization card of the under five children in all health sector activities including growth monitoring	Jul-Nov 2008	MOH	UNHCR
6. Ensure monthly monitoring and supervision of the EPI program activities by the EPI District Supervisor.	Jul-Sep 2008	MOH	UNHCR
7. Assess the public health threat on the refugee and surrounding local communities created by the rapidly growing population in the immediate vicinity of the camps and take appropriate actions to address the situation	Jul-Jun 2009	UNHCR	GoB IPs
NUTRITION			
8. Strengthen the kitchen gardening project in the camps under the guidance of an expert individual or agency using appropriate technology (e.g. multi-level and in-house production) and using lessons learnt from the Nepal refugee camps.	Jul 08 – Jun 09	UNHCR WFP	IP
9. Replace the "Energy" biscuits currently used in supplementary feeding program with a product of greater nutritional value such as fortified high energy biscuits (HEB).	Jul-Sep 2008	UNHCR	IP Donor
10. Identify and handover the targeted feeding program to an NGO specialized in nutrition	Jul-Dec 2008	UNHCR	IP
11. Continue the de-worming programme for school children.	Every 6 months	WFP	UNHCR MOH
12. Continue to conduct a nutrition survey every year	Annually	UNHCR	MOH
13. Adjust the current food ration from 2,160 to 2,120 Kcal per capita per day by eliminating sugar.	Jul-Sep 2008	WFP	UNHCR GOB
WATER, SANITATION AND SHELTER			
14. Re-excavate the water reservoir at Nayapara camp within the next year using SRA.	Sep-Dec 2008	UNHCR WFP	GOB
15. Build additional bathing cubicles for women in locations separate to those for men.	Jul-Dec 2008	UNHCR	Donor
16. Expand and improve the garbage disposal system and set up a mechanism for community management.	Sep-Dec 2008	UNHCR	IPs
17. Assess the feasibility of building family latrines and if feasible support the project using SRA strategy.	Sep-Dec 2008	UNHCR	IPs Donors
18. Evaluate and improve the design of the new shelters to allow for more sunlight and raise the community awareness about importance of sunlight	Jul 08 – Jun 09	UNHCR	Donors
SELF RELIANCE			
19. A qualified NGO should be identified to implement a sustainable and intensified community mobilisation program in the camps to increase refugee	As Soon As	UNHCR	GoB

sense of ownership and participation. GoB is encouraged to support this action by assisting with necessary permissions..	Possible		
20. Skills training activities should be diversified and implemented using qualified trainers and with a focus on entrepreneurship. The skills should be marketable and address current refugee needs and future prospects, especially those of youth.	From Jan 2009	TAI	UNHCR
21. All graduates of skills training activities should be provided with 'start-up kits' to allow them to continue to utilise their skills.	From Jan 2009	TAI	UNHCR
22. The JAM welcomes the forthcoming ILO study ("Rapid Appraisal of the Livelihood Capability of Refugees: Kutupalong and Nayapara Refugee Camps"). but notes that food production is not included. Given the complexities of self reliance, the JAM recommends an over-arching follow-up study (possible title: ' <i>Towards Self-reliance: A Program of Action for Rohingya Refugees in Bangladesh</i> '). This study could look at the whole range of activities aimed at socio-economic empowerment of refugees (including food production); the larger context of local development and the practical relevance of precedents from further afield.	First half of 2009	WFP	UNHCR
23. All NGOs in the camps are encouraged to take on refugee volunteers and provide them with on-the-job training and incentives for their work. Disabled, elderly and other vulnerable groups should be given priority.	From Jul 2008	All agencies	
24. WFP and partners should introduce cash transfer programs in the camp to encourage refugees to take responsibility for the camp environment. Suggested activities include road maintenance, tree planting and de-silting of the Nayapara water reservoir.	From Jan 2009	WFP	TAI, GoB, HI
25. All agencies should prioritise vulnerable households in their activities, especially livelihood activities such as skills training, poultry farming and kitchen gardening	From Jul 2008	TAI, all agencies	
26. Where appropriate, all agreements between agencies should have a specific section where they indicate those activities they commit to which have a specific Self Reliance Approach (SRA).	Jan 09	All agencies	UNHCR WFP
FOOD			
27. Eliminate small packaging for WSB and YSP to reduce environmental hazard and waste from rancid food.	Jul-Dec 2008	WFP	BDRCS
28. Re-structure the current warehouse-distribution facilities to meet minimum standards in both camps. Where feasible, all work should be conducted through SRA.	Jul-Dec 2008	WFP	BDRCS/ UNHCR
29. Ensure proper implementation of UNHCR's planned distribution of identification and ration cards for all refugees (that will be used instead of the existing family book system).	From Jul 2008	UNHCR	IPs
30. Eliminate the two types of scoops for rice. To this end, all commodities (including rice) should be weighed in scales to reduce refugee complaints about perceived differences in rice received.	Jul-Dec 2008	WFP	BDRCS
31. WFP and UNHCR to review performance of BDRCS staff and take appropriate action.	Jul-Dec 2008	WFP UNHCR	WFP UNHCR
32. Ensure that BDRCS staff rotates staff every 6 months, ideally by bringing staff from other BDRCS operations in Bangladesh.	Jul-Dec 2008	BDRCS	WFP UNHCR
33. Provide additional scales, plastic pallets and scooping equipment as well as fire extinguishers and cleaning materials for the warehouses and distribution centres.	Jul-Dec 2008	WFP	BDRCS
34. Maintain proper lifting system to avoid "transport loss". For example, BDRCS should always report to WFP and UNHCR when they receive less than 100% from the LSD. This issue is to be given additional priority by WFP and UNHCR field staff.	Jul-Dec 2008	BDRCS	WFP UNHCR
35. Implement food distribution every three weeks, ensuring refugees are aware of the changes in quantities.	Jul-Dec 2008	WFP BDRCS	UNHCR IPs
36. WFP and UNHCR to proactively share (on monthly basis) respective pipeline information to prevent simultaneous breaks that can further weaken	From Jul 2008	UNHCR WFP	IPs

refugees' coping mechanisms.			
37. Expand food distribution to all refugees included in the UNHCR database (approximately an additional 5,000 beneficiaries).			
38. WFP, UNHCR, BDRCS and GOB to agree on a strategy to promote refugee participation in food management, particularly women.	Jul-Dec 2008	UNHCR WFP	GOB
NON-FOOD ITEMS			
39. Create a CRH (compressed rice husk) contingency plan which would ensure that there would not be CRH pipeline breaks.	July-Sep 2008	UNHCR WFP	Donors
COMMUNITY SERVICES			
40. The Camp Management Committee should be supported to establish and manage recreational activities within the community with emphasis on children and adolescents both in and out of school.	From July 2008	PHALS TAI, HI	UNHCR UNICEF
EDUCATION			
41. Quality of the education in the camps needs to continue to be improved with special attention given to provision of textbooks, teacher resource materials, teacher training and classroom management.	From July 2008	PHALS UNICEF	
42. The congestion problems in the schools must be addressed by expanding the existing classrooms or by constructing new schools. Finding alternative classrooms for the kindergarten students to free up space for the higher classes is also recommended.	Jul-Dec 2008	PHALS UNICEF	UNHCR GoB
43. Girls' education and career development should be prioritised and promoted. The possibility of supplying an incentive package to girls continuing to Class V should be explored on a pilot basis (but only after quality of education recommendation above has been implemented).	Jul-Dec 2008	PHALS UNICEF	
44. A special effort should be made to train and recruit female teachers.	From Jul 2008	PHALS UNICEF	
45. Corporal punishment should be eliminated from camp schools on an urgent basis.	From Jul 2008	PHALS UNICEF	
46. Access to lower secondary education should be increased.	Jul-Dec 2008	UNHCR	UNICEF
47. UNHCR to encourage UNESCO to work with the GoB to ensure access to higher education for refugees.	Jul-Dec 2008	UNHCR	GoB
48. Quality of adult and adolescent literacy program should be strengthened and improved.	Jul-Dec 2008	TAI	UNHCR
PROTECTION AND GENDER			
49. UNHCR, RRRC office, local government and law enforcement agencies should jointly take measures to minimise conflict between refugees and local villagers. A working group should be established to create a mechanism to resolve conflicts which could meet on a two monthly basis or as needed.	Jul-Dec 2008	UNHCR	GoB
50. Female-headed households should be assigned shelters in central locations of the camp to minimise vulnerability to burglary or harassment.	From Jul 2008	UNHCR	GoB
51. Women's and girls' participation should be prioritised in all camp activities, for example in camp and block management. Gender awareness training should also be provided for staff and the refugee community.	From Jul 2008	UNHCR	All agencies
52. Training and monitoring of the camp management and block committee to be strengthened. Training to include leadership skills, camp management and conflict resolution.	Jul-Dec 2008	UNHCR	GoB
53. Increase the number of female ANSAR and police in the camp to serve as role models for refugee girls.	From Jan 2009	GoB	UNHCR
54. Leadership training for women to enable them make meaningful contributions to their community	Jul-Dec 2008	UNHCR	
ENVIRONMENT			
55. The state of the environment both within and outside the camps should be	From Jul	UNHCR	All

closely monitored. Additional steps should be undertaken to preserve the surrounding forest, plant additional trees within the camps and other activities which could counter the effects of environmental degradation.	2008		agencies
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Terms of Reference For the WFP-UNHCR Joint Assessment Mission for Myanmar Refugees in Bangladesh June 2008

Background

From late 1991 to early 1992 some 250,000 people from the North Rakhine State (NRS) of Myanmar, known as Rohingyas, took refuge in south-east Bangladesh following religious and ethnic persecution. Currently there are approximately 27 800 Rohingyas living in Kutupalong and Nayapara refugee camps, approximately 22 000 of which are registered as refugees with the government of Bangladesh. Further to this, there are around 8000 Rohingyas living in a settlement by the Naaf River near Teknaf known as Tal Camp or the “Makeshift” Camp. It is estimated that anywhere between 100,000 and 300,000 Rohingyas from Myanmar have spontaneously settled in Bangladesh, independent of international assistance.

Repatriation started in September 1992 and by mid-1997 about 230,000 refugees had returned to Myanmar, leaving a residual group of around 20,000. In 2003, renewed efforts by UNHCR resulted in an easing of the Government of the Union of Myanmar’s acceptance of those willing to repatriate. This led to a peak in repatriation in mid-2003, which subsequently slowed to a trickle. There has been no repatriation since 2005 and there is little willingness to repatriate among the Rohingya population in Bangladesh. This is due to the ongoing human rights abuses in NRS such as restricted mobility, forced labour and the lack of recognition as citizens of Myanmar.

To encourage repatriation and discourage a further influx, the Government of Bangladesh (GoB) has placed restrictions on the refugees’ access to incomes and livelihoods. Policies such as the prohibition of permanent structures within in the camp, limited schooling and training opportunities and the restriction of movement in and out of the camps hinder the attainment of refugee self-reliance and perpetuate refugee dependence on humanitarian assistance.

Resettlement as an option for durable solutions became available to this group of refugees in 2006 however it is to be noted that this will only be a solution for a small number of people. By the end of 2007, 98 refugees had been resettled in Canada. This programme continues in 2008 with more countries accepting Rohingya refugees (United Kingdom (121 people), New Zealand (54), United States (28) and Canada (another 208). Resettlement is used strategically in Bangladesh to negotiate and achieve improvements in the situation in the camp for the remaining refugees and therefore pave the way for UNHCR’s advocacy with the GoB. The desired outcome is for GoB to approve activities in the camp which improve the profile and capacity of the refugees, and is beneficial to all in the long term, whatever the durable solution may be.

2007 and 2008 have seen a number of positive changes in the conditions of the camps and the attitude of GoB. UNHCR and the United Nations Country Team in Bangladesh, along with the Dhaka Steering Group comprising of 14 diplomatic missions, is working towards an agenda of self-reliance with an indicated target of the end of 2008 for opening up the camps. Assistance from WFP will continue to be required but perhaps to a lesser extent. GoB has also softened its policies on allowing new agencies to work in the camps and a number of new NGO partners began work in late 2007.

Previous Joint Assessment Missions

- 1993** First joint food assessment mission (JFAM) was undertaken
- Food basket and ration scale amounting to 2,221 kcal for general distribution proposed
- 1996** Second JFAM
- Ration scale adjusted to reflect changes in the demographic composition of the populations with a higher percentage of women and children
- 1998** Third joint JFAM
- Ration scale was further revised to 2,007 kcal's per day per person to match the demographic profile and activity level of the refugees
 - Blended food introduced
 - UNHCR staff presence during monitoring implemented through creation of joint food monitoring committees at camp level
- 1999** Household Food Security Study carried out
- 2001** Household Food Security Study carried out – no JFAM during this period
- As a result of these studies, the basic food ration of WFP provided 2,160 kcal per person/day, including 49g protein and 29g fat
- 2002** Fourth JFAM - no change in food basket

- 2004** Fifth JFAM - no change in food basket
- 2006** Joint Assessment Mission (JAM) carried out
- Dried skimmed milk removed from selective feeding programmes because of issues related to food safety and leakage
 - Food For Work (FFW) activities stopped as was not meeting objective of improving relations with host community
- 2008** Joint Assessment Mission (JAM) planned for June

Objectives

- a) To develop a strategic plan for self-reliance – to determine what new measures are necessary and what continuing assistance is required to ensure that the refugees achieve the maximum possible level of sustainable self-reliance, and identify possibilities for the involvement of governmental, UN and NGO development agencies and linkages with development programmes in the host community;
- b) To determine how the performance of the ongoing operation can be improved in relation to food security, nutritional status, and the general well-being (NFI, skills development & assets creation) of the refugees;
- c) To update the strategy for assistance – to determine what continuing assistance is required to ensure that the refugees have access to food that is adequate to meet their nutritional needs and to assess the feasibility of beginning to phase-out and transition from blanket assistance to targeted distribution of food and non-food items;
- d) To review the performance and efficiency of the logistic (transport, storage and handling) system, the losses incurred, the food basket monitoring system, and possibilities to increase performance and efficiency; and
- e) To develop a strategy to promote refugee participation in food management, particularly the participation of women.

Methodology

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

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

Analysis should:

- Review the overall situation of the Rohingya refugees in Bangladesh;
- Assess the public health and nutrition situation, in particular mortality and morbidity rates, access to health and sanitation services, caring and eating practices, malnutrition trends, micro nutrient deficiencies and nutrition and hygiene awareness/education in the camps;
- Assess the adequacy of current kitchen gardening and poultry rearing arrangements and identify ways to enhance these activities;
- Review the effectiveness of skills training activities (Food for Training) including appropriateness of incentives, opportunities for utilisation of skills learned and potential for new training activities;
- Review the recommendations of the 2007 Nutrition Survey and revisit action points subsequently developed based on the results of this assessment;
- Review the progress of 2006 Joint Assessment Mission recommendations and 2007 Joint Plan of Action

developed by WFP and UNHCR.

- Assess household food security (including access and utilisation of food and income) and identify reasons why food rations are used for purposes other than direct consumption;
- Assess the needs for related non-food assistance and the extent to which this affects nutritional status;
- Assess factors that inhibit the receipt of entitlements by vulnerable/at risk individuals, and their impact;
- Assess the relationship of the camp population with the host community;
- Assess the therapeutic, supplementary and school feeding programs, with particular reference to how the quality of these programs can be enhanced;
- Identify opportunities to reduce refugees' dependency on aid and engage in meaningful self-reliance activities;
- Explore the possibility of beginning phase-out and transition from blanket assistance to targeted distribution of food and non-food items;
- Assess the extent of refugee participation in food management with particular reference to the opportunities and constraints faced by women in terms of access to or control of food or other forms of assistance, and recommend on how their participation could be strengthened;
- Review the effectiveness of the current food distribution system and monitoring/reporting arrangements, including WFP internal monitoring check-lists;
- Assess the current arrangements for registration/revalidation and refugee documents such as ration cards and ID cards; and
- Assess the logistical aspects of food and non-food delivery including:
 - Logistics management;
 - Adequacy of storage facilities and handling practices;
 - Timeliness and regularity of deliveries;
 - Cost-effectiveness; and
 - Losses and possibilities to reduce constraints and increase efficiency.

Required output

A concise report that:

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

Before finalising the report, the provisional conclusions and recommendations should be presented to the host Government, other concerned UN-agencies, the major donors and key NGOs in a specially-convened wrap-up meeting, in order to benefit from last-minute contributions and with a view to securing the endorsement of all these parties and their support for the recommendations, if possible.

The investigations of the Joint Assessment Mission will take place starting 15 June 2008. The final report will be prepared in the attached format and is to be submitted to the UNHCR Representative and the WFP Country Director by within 30 days of the wrap-up meeting at the end of the mission.

Annex 3: Key Informants

Dhaka:

Ms. Pia Prytz Phiri, Representative, UNHCR Bangladesh
Mr. Edward Kallon, Country Director a.i, WFP Dhaka, Bangladesh
Mr. Muhammed Ahsanul Jabbar, Head, Myanmar Refugee Cell, MFDM

Cox's Bazar:

Mr. Jim Worrall, Head of Sub-office, UNHCR Cox's Bazar
Mr. Mahfuz Alam, OiC, WFP Cox's Bazar
Mr. Md. Shamsul Alam Khan, RRRC, Cox's Bazar
Mr. Shahidul Hasan, Programme Officer, UNICEF Cox's Bazar
Mr. Ruben Flamarique, Programme Coordinator, Austcare
Mr. Salah I. Dongu'du, Project Coordinator, MSF
Mr. G. M. Khan, Programme Director, TAI
Dr. Emdadul Haque, Project Manager, TAI
Mr. Akram Ali Khan, Coordinator, BDRCS, Cox's Bazar
Mr. Albert Prosad Bashu, Project Manager PRM, Handicap International
Cdre. Harunur Rashid, RTMI
Mr. Saiful Islam Chowdhury Kalim, Executive Director, PHALS
Mr. AKM Mahfoozul Huq, Coordinator, IR

Kutupalong Camp:

Mr. Shahanoor Alam, Camp-in-Charge, Kutupalong Refugee Camp
Mr. Abdur Rashid Khan, Field Officer, BDRCS
Dr. Md. Mominul Haque, Medical Team Leader/Officer
Mr. Shah Sekander Ali, Field Coordinator, TAI
Mr. Goutoum Barai, Physiotherapist, HI
Dr. Raihan, Medical Coordinator, RTMI
Mr. Ansarul Karim, Assistant Project Coordinator, PHALS
Mr. Khan Nobenur Rahman, Field Assistant, UNHCR
Mr. Nurun Nabi, Field Monitoring Assistant, WFP

Ukhiya Upazila:

Mr. Ahmed Shamim Al Razi, Upazila Nirbahi Officer (UNO), Ukhiya Upazila, Cox's Bazar
Mr. Bidhan Kanti Roy, Family Planning Officer, Ukhiya
Mr. Mohammad Selim Helali, OCLSD, Ukhiya
Mr. Kamal Ahamed, Upazila Food Officer, Ukhiya
Mir Kashem, Acting Chairman, Raja Palong Union Parishad, Ukhiya Upazila, Cox's Bazar

Nayapara Camp:

Mr. A.N.M Nazim Uddin, Camp-in-Charge, Nayapara Refugee Camp
Mr. Abdur Rahim Akon, Field Officer, BDRCS
Mr. Mohammad Abdur Rahman, Medical Team Leader/Officer
Mr. Tofail Ahamed, Field Coordinator, TAI
Mr. Md. Raihan Morshed, Field Coordinator, HI
Ms. Nasrin Ahter Monika, RTMI
Mr. Selim Reza Chowdhury, Field Assistant, UNHCR
Ms. Bithika Biswas, Field Monitoring Assistant, WFP

Teknaf Upazila:

Mr. Abdur Rashid, Sub Inspector- Food, Teknaf Upazila, Cox's Bazar

Annex 4: Focus Group Discussion with Female Heads of Households

Group: 5 female heads of households

Date: 18 June 2008

Place: Women's Centre, Kutupalong Camp

Methodology

Semi-structured group interview conducted by the JAM team leader, combined with the use of stones to represent concepts like the level of strength, importance, etc.

a) What is your biggest problem?

- The food provided is not enough; we have to buy other things like spices and vegetables
- There is no father in the house, so I can't provide education to my children, vegetables, fish, spices and clothing. Also, there is no CRH and no firewood for cooking.
- I only have females in my family, so I cannot give them [the children] what they want: diversified food, clothes for school. With the ration I can only provide them one or two meals per day.
- My mother is not registered. Also, we have no money for vegetables and since there is no male member in my family I cannot sell my rice in the market.
- I have nine children so I constantly think about the future and how I have spent half of my life in this camp. I want to provide for my children's education but what for? There is no future.

	# of stones
How important is being able to work for you?	4/5
	4/5
	4/5
	5/5
	?
How much money do you spend on food and how much money do you spend on other needs?	3/5
	5/5 (+ 4 for other things)
	2/5
	3/5
	?

b) Are men giving you problems?

- No, our problem is getting food and spices
- No, earlier they did give us problems, but not anymore
- I have no husband, so there are many bad people around who break into my house and take my belongings
- No, my problem is obtaining food and running my family
- Everybody has problems, if I have any problem I cry by myself

c) Do you know of anyone who has been sold into prostitution?

Only one participant knew of such an incident: Five months ago my 12-year old daughter disappeared after going to the house of her friend's uncle. I have not heard from her since.

d) Do you have any questions for me?

- How can you bring us happiness? You know better how peace will come; it is not in our hands.
- Can you do something for my daughter?
- Why are you here?
- If we need to solve our own problems, how will we do it?
- Do you solve the problems we brought to your attention here? People ask us about our problems but they give us no solution. We need safety from village people, so we need you to do something!

e) If you can't go to the market to sell your rice, how do you suggest you solve this problem?

They don't know.

f) How do you suggest you can earn an income?

The only answer obtained was: "This [the camp] is not the right place to earn an income"

g) Why can't you send your children to school?

The general answer obtained was that school is only until grade 5.

h) What are your biggest problems?: Children's education, small shed to live in, "Need for a 'fixed' place to live in, for the last 17 years you feed us everyday and nothing changes, we just got to the toilet! The UN should do something for us, we need our own land!"



Annex 5: List of Acronyms

AGDM	Age, gender and diversity mainstreaming
BDRCS	Bangladesh Red Crescent Society
CHW	Community Health Worker
CIC	Camp In Charge
CMR	Crude Mortality Rate
CRH	Compressed Rice Husk
DC Food	District Controller of Food
DSM	Dry Skimmed Milk
EPI	Extended Programme of Immunisation
EVI	Extremely Vulnerable Individual
FFT	Food For Training
FFW	Food For Work
FHH	Female Headed Household
GAM	Global Acute Malnutrition
GMP	Growth Monitoring and Promotion
GoB	Government of Bangladesh
HEB	High Energy Biscuit
HI	Handicap International
HIS	Health Information System
IPD	In Patient Department
JAM	Joint Assessment Mission
Kcals	Kilocalories
LSD	Local Supply Depot
MFDM	Ministry of Food and Disaster Management
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSF	Medecins Sans Frontiers
MTL	Medical Team Leader
MUAC	Mid Upper Arm Circumference
NFI	Non Food Item
NGO	Non Governmental Organisation
NRS	North Rakhine State, Myanmar
OPD	Out Patient Department
PHALS	Programme for Helpless and Lagged Societies
PLW	Pregnant and Lactating Women
PRRO	Protracted Relief and Recovery Operation
RRRC	Refugee Relief and Repatriation Commissioner
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
SRA	Self Reliance Approach
TAI	Technical Assistance Incorporated
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFP	Therapeutic Feeding Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	United Nations World Food Programme
WHO	World Health Organisation

Annex 6: Participatory Assessment

**Participatory Assessment Prioritisation Form
Nayapara and Kutupalong Refugee Camps
2008**

This year, it was decided that UNHCR would conduct its six-monthly Participatory Assessment (PA) exercise in conjunction with the WFP-UNHCR Joint Assessment Mission. The PA uses a methodology entitled age, gender and diversity mainstreaming (AGDM) to gather information from refugee groups about their needs and priorities. During the JAM mission, focus groups discussion were carried out with 8 different groups in each camp (4 male groups and 4 female groups divided into the following age groups: 10-13 years, 14-17 years, 18-40 years and over 40 year old).

Facilitators from UNHCR, WFP and partners lead the sessions. The following organisations should be acknowledged for their support of this process: TAI, RTMI, BDRCS, PHALS and WFP.

The information in this document represents the views expressed by all sub-groups interviewed through focus group discussion on the theme Livelihood and Self-Reliance.

Human Rights Violated	Protection Risks/ Incidents	Causes	Capacities	Solutions proposed by MFT	Protection Objectives
Right to standard of living adequate for health and well-being	<ul style="list-style-type: none"> Inadequate food ration Early marriage as parents tend to "get rid" of their girls to reduce their burden Refugees sometimes sell their personal belongings and food ration to buy other necessities (spices, fish, vegetables, clothes ...) Lack of access to land for farming Refugees are harassed, exploited, robbed, beaten by villagers when collecting fire wood from the forest to sell Vulnerable groups including adolescents, elderly and 	<ul style="list-style-type: none"> Sharing of ration with other refugees who have no access to food ration Lack of access to income-generating activities (IGA) Lack of access to other nutritious food and other basic needs Lack of access to adequate land to grow vegetables. Limited/Lack of income generation activities Disruption in the supply of CRH for four months 	<ul style="list-style-type: none"> Refugees desire and ability to work if opportunities are available Desire to live a decent life Some refugees have skills and are able to work unofficially 	<ul style="list-style-type: none"> WFP should increase support Income generation activities (IGA) WFP and UNHCR should advocate with the GOB to include other family members on the list to receive food ration (in process) UNHCR and WFP should support the introduction of innovative vegetable gardening techniques in the camps UNHCR and other UN agencies should advocate for refugees 	To achieve refugees' right to self-reliance

	<p>women are exposed to risk during firewood collection</p> <ul style="list-style-type: none"> Families sometime hire their girls out as domestic servant to support the family Refugee men are harassed, exploited and assaulted (e.g. robbed, paid lower wage) by villagers when outside of the camp, including when going to and from work. Refugee women are stigmatized if they go alone to the market 	(Feb-May)	<ul style="list-style-type: none"> The non- recognition of the refugees' right to work or earn income by the authorities Villagers view of refugees as a threat and fear of competition for meagre resources. Discrimination by villagers; disharmony between villagers and refugees Lack of adequate resources within the camp and inadequacy of assistance to address other basic needs Lack of accountability by the villagers or local authorities for their actions against the refugees Cultural expectations Lack of /or limited opportunities for IGA 	<ul style="list-style-type: none"> Refugees' ability to work for an income The tolerance of refugees to seek jobs outside despite the difficulties involved Refugees committed to peaceful resolution of conflicts 	<p>right to officially work and generate income</p> <ul style="list-style-type: none"> UNHCR should continue to advocate and pursue GoB to allow refugees freedom of movement and the right to work. UNHCR and WFP should support IGA for refugees inside camp Create awareness on refugees rights through the UNJI 	
Rights to work and freedom of movement	<ul style="list-style-type: none"> Some females cannot marry because their families are too poor to provide marriage payment (<i>dowa</i> and dowry). Sometimes parents are forced to take loan which they are unable to pay to support 		<ul style="list-style-type: none"> The presence of community leaders (Imams, elders) who are willing to participate in creating relevant awareness in their 	<ul style="list-style-type: none"> UNHCR, partner agencies and community leaders to strengthen awareness activities UNHCR and GOB should establish a system to enforce the 		

	daughter (s)' wedding			community. <ul style="list-style-type: none"> The existence of a law prohibiting dowry 	existing laws within the camps.	
Right to work, and free choice of employment, to just and favourable conditions of work	<ul style="list-style-type: none"> Refugees face discrimination and exploitation (lower wages, not paid for their work, being reported to the police for working illegally, lower price for their goods, extortions, physical assault, robbery outside of camp) 	<ul style="list-style-type: none"> No official right to work and/or income and freedom of movement Villagers are not supportive; some cause disharmony/distrust between villagers and refugees. 	<ul style="list-style-type: none"> Refugees hide their identity Some refugees' ability to have reasonable business partnerships with villagers Some friendly relations between refugees and some villagers Refugees ability to negotiate with their harasser unofficially 	<ul style="list-style-type: none"> UNHCR and partners should pursue and continue to advocate for freedom of movement and right to work for refugees Create awareness on refugees rights among the local population through the UNJI 		
Right to Participate without discrimination Right to Education	<ul style="list-style-type: none"> Women are reluctant to participate in leadership and employment activities outside the home Upon reaching puberty, girls are reluctant to go to school or drop out Girls are harassed and pressured to leave school Girls are discouraged from participating in other livelihood activities within the camp to increase their (e.g. skills training). 	<ul style="list-style-type: none"> Lack of awareness about women's rights, community pressure and low level of education among women Cultural expectations and religious beliefs Pressure from families members and religious leaders Fear of social stigma and being labelled as rebels Lack of community 	<ul style="list-style-type: none"> Desire of some women to become more involved in leadership and IGA Adolescent females committed to acquiring education and other skills Some parents' commitment to supporting their girls' education The commitment of some community members including 	<ul style="list-style-type: none"> UNHCR, partner agencies and community leaders to strengthen awareness-raising sessions on girls' education and gender equality. UNHCR and UNICEF should increase support to and strengthen female-only adult literacy classes UNHCR and WFP should support IGA programs for women 		

		<p>support for girls/female education.</p> <ul style="list-style-type: none"> • Harassments from adult and adolescent males (who throw small stones, try to grab them, call insults and profanities) on their way to and from school 	<p>leaders, imams and teachers, to create awareness about girls' education.</p> <ul style="list-style-type: none"> • Some parents are willing to pay private tutor for their daughter(s)' education 	<ul style="list-style-type: none"> • UNHCR and UNICEF should *explore scope for separate schools for girls and increase the number of female teachers 	
	<ul style="list-style-type: none"> • Females have less input into decision-making in the community • Majority of women have no input in how household resources are used. • Women are viewed as anti-tradition and religion if they become outspoken /active in public life 	<ul style="list-style-type: none"> • Cultural expectations, practices and religious beliefs. • Lack of awareness in the community about women rights 	<ul style="list-style-type: none"> • The existence of few role models who can be mobilized to create awareness. 	<ul style="list-style-type: none"> • UNHCR, partner agencies and community leaders should strengthen awareness-raising sessions on gender equality. 	<p>Right to participate in decisions that affect him/her</p>
Right to Education	<ul style="list-style-type: none"> • No access to formal post-primary education 	<ul style="list-style-type: none"> • Restrictions from authorities • Absence of facilities for post-primary education in the camp • Lack of access to secondary or higher education outside the camps 	<ul style="list-style-type: none"> • Committed to education • Some refugees providing private tuition inside camp for fee • Few refugees have the ability to pay private tutors • Few refugees can afford to pursue-education outside the camp under hidden identity 	<ul style="list-style-type: none"> • UNHCR and UNICEF should pursue GoB to recognise refugees' right to post-primary education. • Facilitate access to post-primary inside and outside camp (e.g. build high school) 	
"	<ul style="list-style-type: none"> • Limited access to skills development for livelihood 	<ul style="list-style-type: none"> • Lack of facilities for demand-based skills 	<ul style="list-style-type: none"> • Interest, motivation and time 	<ul style="list-style-type: none"> • UNHCR and UNICEF should pursue GoB to 	

	<p>activities and secondary education</p>	<p>training in camp</p> <ul style="list-style-type: none"> Refugees are not officially allowed to have access to formal learning centres outside of camp due to restrictions from authorities Refugees must hide identity to be admitted into established learning institution and are not given certificates upon completion 	<ul style="list-style-type: none"> Some refugees can afford and receive short course skill training privately from outside the camp. 	<p>recognise the right to education and facilitate it outside the camp</p> <ul style="list-style-type: none"> UNHCR , WFP and partners to support appropriate skills training activities for refugees (e.g. small business training, poultry, raising, shoe-making, computer, medical-related activities [formal medicine village doctor]), driving, hand loom weaving, carpet making) 	
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* suggested by adolescent males

Annex 7: Status of 2006 JAM Recommendations

Colour coding based on implementation status:

Implemented	Partially implemented	Not implemented
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Sector	No	Recommendation	Action by	Support from	Status	Comments
Health	1	Upon signing of the sub-agreement, repairs to health infrastructures should be undertaken.	GoB	UNHCR	Implemented	IPD and other construction complete.
	2	CHWs should be provided with further training on specific topics related to health.	MoH	UNHCR	Implemented	CHWs provided training on HIV/AIDS, nutrition and primary health care.
	3	Communications materials (such as visual aids) should be provided to improve the quality of the awareness sessions.	UNHCR		Implemented	Materials printed.
	4	The provision of identification cards or some other form of identification for CHWs should be considered.	MoH	UNHCR	Implemented	White coats with identification as "TBA" or "CHW" provided
	5	Health services including SFP and TFP must show a good example by having soap available at the hand washing points.	MoH	UNHCR	Implemented	Soap is available at feeding programmes and OPDs.
	6	The TBA network should be strengthened with refresher training, especially on assessing complications in pregnancies.	MoH	UNHCR	Implemented	
	7	Unregistered ill people should have systematic access to health care and not only on a case-by-case basis. Currently, a UNHCR or WFP officer has to see the patient first and sign a slip for the health centre staff before s/he can be seen for consultation.	MoH,	UNHCR	Partially implemented	Refugees not registered with the government, but holding UNHCR yellow data sheets now have access to health care. Unregistered refugees (those with no documentation) do not have access to services.
	8	An intensified awareness campaign is recommended to address the negative impact of early marriages and adolescent pregnancies.	TAI/MoH	UNHCR/ UNFPA	Partially implemented	Campaign needs further strengthening as still 11% of pregnancies are teenagers.
	9	Upon completion of the UNHCR verification exercise, the procurement of medicines should be adjusted to reflect the actual number of persons of concern living in the camps.	UNHCR/ GOB		Implemented	
	10	Mothers of children with low birth weight should be admitted in the SFP instead of the TFP where they should receive additional nutritious food to maximise milk production and be monitored to ensure that the child is gaining weight.	MoH	UNHCR	Implemented	
Nutrition	11	TFP should be supervised by a specialised international organisation to ensure that international standards are met either through onsite feeding or Community Therapeutic Care (CTC).	INGO	UNHCR	Not implemented	A specialised INGO has not been identified to supervise feeding programs.
	12	The MUAC reporting system needs to be strengthened in order to be fully used as a monitoring tool.	MoH	UNHCR	Implemented	
	13	Scales in health centres and feeding centres should be replaced.	MoH	UNHCR	Implemented	
	14	The possibility of introducing dried fish or increasing blended food quantity in the food ration should be considered.	WFP		Not implemented	Introducing dried fish was considered but not found to be feasible.
	15	The possibility of piloting the use of Sprinkles should be considered.	WFP/UNHCR		Implemented	Sprinkles training and implementation beginning in July 2008.

	16	The possibility for allocating small land plots for all households to enable vegetable cultivation should be explored.	GoB/TAI	UNHCR	Partially implemented	Plot of land not formally allocated but small scale household vegetable gardening is taking place.
	17	The usage of DSM in both SFP and TFP should be standardised and could be removed for reasons of cost and food safety.	MoH	WFP/JUNHCR	Implemented	DSM was removed for food safety reasons.
	18	Availability of hand washing facilities near latrines should be explored.	TAI/GoB	UNHCR	Partially implemented	Partly implemented in Kutupalong but Nayapara needs more work.
	19	Lighting facilities should be provided in the latrine areas for the safety of refugees using the facilities at night.	GoB	UNHCR	Partially implemented	The process of installation of additional solar lights is ongoing.
	20	Latrines for men and women should be in separate locations.	GoB	UNHCR	Implemented	
	21	Suitable garbage disposal systems and awareness should be provided in both camps.	GoB/TAI	UNHCR	Partially implemented	Incinerators are now in use for medical waste. Effective household waste disposal system is lacking.
	22	Male and female bathing cubicles should be constructed in separate locations.	GoB/TAI	UNHCR	Partially implemented	There is still a high need for separate bathing cubicles although it has been implemented in a few blocks.
	23	Periodic water testing should be conducted.	GoB	UNHCR	Implemented	
	24	After completion of the UNHCR validation exercise persons of concern living in the camps should be properly registered, receive a family book and thus receive humanitarian assistance.	GoB/JUNHCR/WFP		Partially implemented	Distribution of identification and ration cards is planned for 2008.
	25	Special support should be enhanced for female headed households to prevent them from adopting negative coping strategies.	TAI	UNHCR	Partially implemented	Although FHHs receive support (additional NFIs, enrolment in training courses, shelter assistance) they are still adopting negative coping strategies.
	26	Measures should be taken to stop forced selling of food to local interest groups as soon as possible	GoB	UNHCR/WFP	Implemented	Forced sale of food no longer being reported.
	27	BDRCS 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. Adequate training should be provided to the volunteers to ensure accurate distribution.	BDRCS	WFP	Implemented	Rotation taking place more or less every 3 months. Some skilled volunteers not being rotated. 50% female being maintained.
	28	Proper skills training should be provided to distribution volunteers.	BDRCS	WFP	Implemented	
	29	An electronic master-roll should be put in place and training should be provided to BDRCS staff on relevant technical skills. BDRCS should give due attention in taking signature in the master roll from literate refugees. Where the ration is taken by others on behalf of the entitlement holders, BDRCS staff should record the identity of the recipient on the master roll.	BDRCS	WFP	Implemented	
	30	WFP and TAI should organise awareness raising sessions for the refugees on ration entitlements. Awareness sessions could be conducted amongst the children (classes 3-5) in the school about food entitlement and the children encouraged to share the learning with their parents or guardian at home.	TAI/BDRCS	WFP/GoB	Implemented	
	31	Refugee participation in the food distribution and management should be further enhanced.	BDRCS/GoB,	WFP/UNHCR	Not implemented	A women's food group was created in Kutupalong but this has since disbanded and refugee participation in food management remains inadequate.
Sanitation						
Food Security						
Distribution						

			GoB	UNHCR/ donors	Implemented	
46	GoB should allow reconstruction of sheds with minimum international standard shed space for the refugees.		GoB	UNHCR/ UNICEF	Implemented	
47	TAI should explore in consultation with refugees culturally appropriate recreational activities for both refugee children and adults living in the camps.		TAI	UNHCR/ UNICEF	Partially implemented	Sport and recreational activities taking place more frequently than before.
48	Explore different techniques to disseminate information on key topics that incorporate a participatory approach, e.g. theatre		TAI	UNHCR	Partially implemented	Efforts have been made but more participatory information dissemination techniques are required.
49	UNHCR, WFP and TAI explore should opportunities to include more women in the production of non-food (CRH, sleeping mats etc.) and possibly food items (cakes for school feeding program) for in camp consumption through diversification of the skills training program, based on feasibility study.		TAI	UNHCR/ WFP	Partially implemented	New programs such as tooth powder making and bath soap making have been implemented. More skills training and self reliance activities are still needed for both females males.
50	TAI should continue their efforts to regularise the rotation of both trainers and trainees to ensure more women have the opportunity to benefit from FFT opportunities. TAI may also explore the possibility of extending the duration of the tailoring program to six months.		TAI		Implemented	
51	UNHCR together with TAI explore the possibility of providing vocational training to adolescent boys and men, with a focus on skills they can utilise after the refugee situation is over.		TAI	UNHCR/ WFP	Partially implemented	Male tailoring training centre opened and is working well. Carpentry course was piloted unsuccessfully. Youth and adult vocational training remains critical.
52	Block committees should be revitalised through allowing its members to be selected by refugees. Block committee members should be on a one-year rotation.		GoB	UNHCR	Partially implemented	Efforts have been made to strengthen refugee committees. Camp management committee now in place but needs strengthening.
53	Mahjees should be on a one-year rotation. Refugees themselves should select Mahjees.		GoB	UNHCR	Implemented	Not relevant as mahjee system no longer in place.
54	The school curriculum should be diversified. General science and "life skills" could be included.		GoB/TAI	UNHCR/ UNICEF	Partially implemented	Although Bangladesh curriculum has been approved subjects are still limited to Mathematics, English, Bengali and Burmese. It is planned that new subjects such as Social Science will be included from 2009.
55	Regular recreational activities for school children should be provided.		UNHCR/ UNICEF and an identify agency		Partially implemented	Early Childhood Development classes (play group and pre-primary) are provided with play materials and a play corner. Recreational activities insufficient for older school children.
56	The possibilities for UNICEF to provide technical support to the education program should be explored.		UNICEF		Implemented	
57	Training on teaching techniques for refugee teachers should be enhanced, with particular focus on participatory learning.		UNICEF		Implemented	
58	Volunteer school committees should be formed to enhance community ownership of the education programme.		GoB/TAI	UNHCR	Implemented	School management committees established.
59	Separate classes should be established for girls in class four and five with female teachers. This may be done through establishing a separate class shift for older girls.		GoB/TAI	UNHCR/ UNICEF	Partially implemented	Girls and boys classes are separate in some schools. Female teachers not necessarily employed for girls classes.

	60	Biscuits should be distributed at the beginning of class in line with WFP guidelines.	TAI/GoB	WFP	Not implemented	Biscuits continue to be distributed towards the end of class.
	61	Considering the current enrolment figures, additional classrooms should be built or additional shifts could be explored.	TAI/GoB	UNHCR	Partially implemented	Additional schools have been built but space remains inadequate and more are needed.
	62	Mats should be provided to each classroom for children to sit on based on the floor space.	UNHCR/TAI		Implemented	Benches were provided.
	63	Separate teacher recruitment and training courses should be established for women.	TAI	UNHCR/UNICEF	Not implemented	More effort is needed to train and recruit female teachers.
	64	Separate TOT training for existing female teachers, facilitated by a female trainer and addresses their (possible) additional learning needs	TAI	UNICEF	Not implemented	
	65	Build community support / enabling environment for female teachers	TAI	UNHCR/UNICEF	Not implemented	Environment and processes are still not female teacher friendly.
	66	Separate latrines should be constructed for girls	GoB/TAI	UNHCR	Not implemented	Latrines for girls in schools are separate.
Gender and Protection	67	The GOB should ensure the security of refugees at Kutupalong camp to prevent villagers from entering the camp and harassing women and men.	GoB		Partially implemented	Less cases of refugee harassment taking place in the camp however more cases are being experienced outside the camp.
	68	UNHCR should intensify focus group discussions and awareness raising sessions on trafficking and forced prostitution to encourage reporting, with a view to gaining a more accurate situation analysis on these issues.	TAI/UNHCR/GoB		Partially implemented	Efforts are being made in this area but more work is needed.
Environment	69	Tree planting in areas surrounding the camps should continue.	TAI/GoB	UNHCR	Implemented	Tree planting continues.
Food For Work	70	The usefulness of FFW in host communities should be reconsidered, if no link is made between the FFW activity and the refugee community. WFP could include these host communities in their normal poverty reduction projects through the country programme, if they meet the criteria for inclusion.	WFP/JUNHCR		Implemented	FFW activities in host communities have ceased.