REPORT OF WFP/UNHCR
JOIN ASSESSMENT MISSION
REGARDING
ASSISTANCE TO BHUTANESE REFUGEES IN NEPAL
(25 August – 9 September 2003)

Mads Lofvall                 Mission Leader
WFP Regional Bureau for Asia, Bangkok

Zahra Mirghani               Member
Senior Technical Officer (Food & Nutrition)
UNHCR Headquarter, Geneva

Catherine Nash               Member
Programme Officer
WFP Country Office, Kathmandu

John Andrew                  Member
Head of Sub-Office
UNHCR Sub-Office, Jhapa, Nepal

Suvash Acharya               Member
Head of Sub-Office
WFP Sub-office, Jhapa, Nepal

Dr. Kandarpa Jha             Member
Health Coordinator
UNHCR Sub-Office, Jhapa, Nepal

Pramila Ghimire              Member
Nutrition Focal Point
WFP Country Office, Kathmandu

The Mission prepared this draft report for discussion in Kathmandu with HMG/N and the implementing partners. It does not reflect the final position of WFP and UNHCR. The finalization of this report may be subject to revisions, following discussions in Nepal, at WFP Headquarters in Rome and the WFP Regional Bureau for Asia in Bangkok, and at UNHCR Headquarters in Geneva. The final report incorporating the position of HMG/N and WFP/UNHCR will then be forwarded to HMG/N and the two respective Country Offices of WFP and UNHCR in Nepal for implementation.

Kathmandu, 23 September 2003
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Acronyms

AMDA  Association of Medical Doctors of Asia
AS   Angular Stomatitis
BHA  Bhutanese Health Association
BRAVVE Bhutanese Refugees Aiding Victims of Violence
BRETEC Bhutanese Refugee Technical Education Center
CMC  Camp Management Committee
DSM  Dried Skim Milk
EDP  Extended Delivery Point
FBM  Food Basket Monitoring
HGNE Home Gardening and Nutrition Education
HGP  Home Gardening Program
JAM  Joint Assessment Mission
JVT  Joint Verification Team
LS   Loan Scheme
LWF  Lutheran World Federation
MJC  Ministerial Joint Committee
MMAN Madan Memorial Academy Nepal
MUAC Mid upper arm circumference
NRCS Nepal Red Cross Society
PGP  Pot Gardening Program
PRRO Protracted Relief and Recovery Operation
RCU  Refugee Coordination Unit
RGB  Royal Government of Bhutan
RWF  Refugee Women Forum
SFP  School Feeding Programme
SGBV Sexually and Gender-Based Violence
SIGA Supplementary Income-Generating Activities
TOT  Training of trainers
UNHCR United Nations High Commissioner for Refugees
VT   Vocational Training
WHM  Weight-for-height median
WFP  World Food Programme
Executive Summary

Overall findings:
The 2003 WFP/UNHCR Joint Assessment Mission (JAM) took place in Nepal from August 25th to September 9th 2003. In accordance with the Terms of Reference, the Mission carried out a regular management review and needs assessment. This work was conducted in close consultation with HMG/N on both central and local levels, WFP Nepal Country and Sub Offices, UNHCR Branch and Field Offices, NGO partners, refugees and their representatives. The major findings are presented below and the Mission has for all components of the operation made recommendations, which it hopes will further fine-tune the refugee programme in Nepal.

Overall, the Mission concluded that the protracted refugee operation is generally well-managed with the refugees achieving a high degree of self-reliance as well as gender balance. The relationship between the refugees and the surrounding local communities is still considered to be relatively good and only minor incidents have been reported. However, efforts to strengthen the relationship should be considered if the good relationship is to be maintained.

The Mission also observed some discrepancies between the various refugee records held by different agencies/partners involved the refugee operation and urges that a general headcount exercise be conducted before the end of the year.

Joint Verification Process:
The Mission noted the progress the Joint Verification Team (JVT) had made in finalising Khudunabari camp results, but emphasised the need to accelerate steps towards achieving a lasting solution to the plight of the Bhutanese refugees. The Mission also noted widespread concerns as to the joint verification process and the wish of all refugee stakeholders in Nepal that the process should conform to international standards. Furthermore, taking into account the joint verification results in Khudunabari camp, the Mission initiated a discussion with the various stakeholders to solicit ideas on the future of a possible small caseload remaining after the planned voluntary repatriation process. In order to address the issue of the remaining caseload, HMG/N, WFP and UNHCR have agreed to convene a taskforce to begin the planning process.

Food Management:
The Mission found that the food distribution system in general continues to function well with the actual distribution done by refugees and supervised by the NRCS. However, the Mission noted that more efforts are needed in the area of refugee registration, ration distribution and food management modalities as well as post distribution monitoring.

Based on discussions with both the government and WFP/UNHCR field representatives, the refugee figure for the next phase could fall to between 85-90,000 as result of the initiation of the repatriation and the proposed headcount exercise. However, as the exercise will not have been finalised before the submission deadline for the WFP PRRO document, a planning figure of 99,600 for the WFP PRRO period July 2004 to June 2005 seems realistic in view of the joint verification results from Khudunabari camp, where approximately 5% of the registered refugees were not present. The final refugee number will be established following the results of the joint verification and the proposed headcount.
Education Services:
The education system in the camps has achieved major accomplishments and one of the most notable is that where Nepali students have a School Leaving Certificate (SLC) pass rate of 32 % on average, the refugee students have 74 % pass rate.

The only two concerns raised were that the CARITAS funding for school classes 11 and 12 has dried up, and that the SLC for the refugee students reads “Bhutanese Refugee” which they felt as further stigmatising.

Sexual and Gender-Based Violence (SGBV) Investigation:
The Mission reviewed the progress made to establish support structures for the refugee communities for the prevention and response to sexual and gender-based violence. Thus far, awareness workshops have been conducted in all camps, two international protection officers have been recruited, and a field assistant has been deployed in each camp. The only area that has not yet been addressed fully is the psycho-social support to the SGBV victims.

Supplementary Activities:
The implementation of the activities appeared to be well-established, and only minor adjustments should be considered. Efforts to increase the number of refugee participants and exploration of the possibilities for a greater use of local training institutions as means of supporting local Nepali institutions are recommended. With regard to home gardening activities, the Mission concluded that efforts to make the programme more sustainable should be strengthened.

Health and Nutrition:
The overall health and nutrition situation of Bhutanese refugees in the camps is quite stable and satisfactory. Chiefly, AMDA’s monthly reports from January -June 2003 confirm that the crude and under five mortality rate are within the international acceptable benchmarks which stand at 3.4 and 4.4/1000/year respectively.

The Mission is pleased to note the progress made in involving refugee women in various activities, particularly vocational training. However, the Mission hopes that a more active role for women in the health delivery system can be achieved.

A joint WHO/UNHCR health evaluation Mission, funded by DFID, is scheduled to take place in mid-September 2003 to review the existing health and nutrition services and overall management in the sector. The outcome of the Mission will determine the future of health delivery services in the camps and is highly welcomed by the JAM Mission.
Major Recommendations

Overall recommendations:

1. The Mission recommends that the advocacy efforts targeting the neighboring communities on why the refugees are in Nepal and on the economic benefits to the Nepalese economy and the local community should be strengthened.

2. The Mission also recommends that implementing partners (NRCS, LWF, CARITAS and AMDA) as well as HMG/N work with donors to identify funding to increase their local area development initiatives.

3. The Mission recommends that a general headcount and record reconciliation exercise be conducted in close collaboration with all partners involved in the refugee operation with the aim of establishing more accurate beneficiary numbers.

4. The Mission recommends that an internal exercise by WFP/UNHCR be undertaken to review the current level of assistance without affecting the general ration and assistance with an aim to harmonise it in line with international norms and standards.

Joint Verification Process:

5. The Mission recommends that the 15th Ministerial Joint Committee Meeting be held as soon as possible given the original agreed dates of 11-14 August and that the results of the meeting be clearly communicated to all the stakeholders shortly thereafter.

6. The Mission also recommends conducting the verification exercise in accordance with international standards, in the remaining six camps simultaneously in order to expedite the process. A further recommendation is the addition of female members to the next JVT following the review of the current joint verification process.

7. The Mission recommends that an informal Task-Force be established with relevant representatives from HMG/N, WFP and UNHCR now to discuss and plan for various future scenarios following the first results of the verification exercise.

Food Management:

8. The Mission recommends that together with the general recommendation for a refugee headcount exercise/reconciliation of HMG/N, UNHCR, NRCS and AMDA beneficiary records, a Ration Entitlement Card with photo identification be issued to all the registered refugee family heads, and where applicable to female headed households, along with a photo of one designated family member.

9. The Mission recommends, at this stage, that the planning figure for the next phase be reduced to 99,600 refugees for the WFP PRRO phase July 2004 – June 2005.
10. The Mission recommends at this stage that WFP/HMG/N/NRCS carry out a review of the current distribution system aiming at adjusting the distribution cycle to cover a four-week period for both the general and health-based supplementary rations. Furthermore, a system of random post distribution monitoring at the household level should also be initiated.

11. The Mission recommends that distribution of fresh food commodities be reviewed, to focus on a few commodities that are not accessible to refugees. Seasonal availability should also be considered, in view of the progressive improvement in access to micronutrients.

12. The Mission recommends that all bags with rejected food should be marked by NRCS at the warehouse to clearly indicate that they contain rejected food, and when the food commodities have been cleaned and reconstituted, the food commodities should be re-bagged with WFP-markings.

**Education Services:**

13. The Mission, taking into account the importance of higher education in the context of a durable solution, urges donors to consider providing the necessary funding to CARITAS for the continuation of a well-proven higher education initiative.

14. The Mission recommends that the current practice of printing "Bhutanese Refugee" on the School Leaving Certificates (SLC) be considered by HMG/N with the aim to delete the reference and thereby avoid further stigmatisation of the refugees.

**Sexual and Gender-Based Violence (SGBV) Investigation:**

15. The Mission welcomes the initiative taken by UNHCR, as well as that of the NRCS to address the SGBV/domestic violence issue in the camps and recommends that permanent psycho-social support services be established as soon as possible.

**Supplementary Activities:**

16. The Mission recommends that the VT curricula are reviewed in close collaboration with the refugees and ways to enhance the number of refugee participants in local training institutes be explored by HMG/N, WFP and the implementing partners.

17. The Mission recommends that initiatives to enhance the sustainability of the home gardening programme be explored further with a view towards handing over the project management entirely to the refugees. Another recommendation is to elaborate the sustainability of introducing pot gardening to those refugees who do not have enough land to make a functioning garden.
**Health and Nutrition:**

18. The Mission recommends that AMDA look into the frequency of antenatal visits, which should adhere to WHO recommended interval.

19. The Mission recommends, in addition to the Village Health Worker and MCHW training currently in place, that prospects for further training, particularly for female refugee staff at the level of midwives and nurses, should be considered and supported.

20. The Mission recommends that the upcoming health evaluation mission look at: (1) referral services to refugee patients; (2) cost recovery strategy; (3) resistance for TB treatment; and (4) treatment of chronic diseases and produce related recommendations, if warranted.

21. The Mission further recommends AMDA establishes close links with the Ministry of Health system in order to further harmonise protocols and supply channels as appropriate, e.g. use same “road to health” cards, growth monitoring policy and other supply system, such as family planning supply, iron-folate tablets, HIV-AIDS programme, etc.


1 Introduction

1. The Mission assessed the progress made in the search for durable solutions to the situation as well as the overall management of the operation, including supply of food, refugees’ living environment, education and health services, and possibilities for the refugees to increase their self-reliance. The Mission also looked into aspects regarding the relationship between the refugees and the surrounding population. Finally, the Mission assessed the levels of food assistance required for future support.

2. During its stay in Nepal, the Mission consulted relevant authorities of His Majesty’s Government of Nepal (HMG/N) at national, district and camp levels; the Representatives and staff of WFP and UNHCR in Nepal; and implementing partners in Kathmandu and in the camps. The Mission visited six of the seven camps, and discussions were held with the relevant Camp Management Committees (CMC), health service staff and the Refugee Women Forum (RWF). The Mission also interviewed individual refugee women and refugee families. The Mission held de-briefing meetings with HMG/N, the major donors and the implementing partners in the field and in Kathmandu.

2 Socio-economic and political environment

2.1 National and local context

3. Nepal is a low-income country of 23 million people, with a per capita GDP of US$236. It is one of the world's poorest countries ranking 143 out of 175 countries by Human Development Index 2003. The average annual population growth rate between 1975 and 2001 was 2.3%, and about 82.5% survive on less than two dollars a day.

4. It is estimated that 39 out of 75 districts are food-deficit: three of the southern lowland Terai districts, 23 of the 39 hill districts and 13 mountain districts. Food insecurity in the food-surplus areas of the Terai is a problem mainly of households’ access to food and its utilization, whereas in the hills and mountains, all dimensions of food insecurity are prevalent.

5. Nutritional problems are widespread. About half of all children under five are underweight and stunted. Child mortality (<5) is one of the highest in the world at 91 per 1,000 in 2001, and over 500 women in every 100,000 live births die from pregnancy-related causes. While 78% of the population has access to safe drinking water, access to safe excreta disposal is limited to 30% of the population (Annex VII-2). The poor socio-economic conditions result in low educational attainment among the population, illustrated by the adult literacy rate of only 48% (male: 61% and female: 25%) and net primary enrolment of just over 70%.

6. Jhapa and Morang districts, where the seven Bhutanese refugee camps are located, are the two most eastern districts lying on the fertile Terai (flat land of the Gangetic plains). With an estimated population of over 1.5 million, both districts together form one of the most densely populated regions of Nepal. Agriculture is the mainstay of the people in these two districts, with food cereal surpluses amounting to 68,945 MT and 38,706 MT (Annex II-4). Mainly because of their proximity to the Indian border, good road network and industrial infrastructure, the two districts rank among the lowest in terms of

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2 Department of Agriculture (2001).
vulnerability to food insecurity. However, these two districts have also experienced a heavy influx of migrants from the adjoining hill districts, thus adding pressure on the land and already limited employment opportunities. As a result, the districts are now facing increasing problems of urbanization, deforestation, and lack of adequate health and sanitation facilities.

2.2 Background of Bhutanese refugee situation

7. The influx of Bhutanese refugees into Nepal began towards the end of 1990, after the Bhutanese authorities enforced restrictive immigration and citizenship laws in the second half of the 1980s. Upon request by HMG/N, UNHCR and WFP began an emergency operation in 1992 by providing refugees with shelter, food, and non-food assistance. By the end of 1993 over 80,000 refugees had arrived in Nepal. As of June 2003, 102,892 persons registered by HMG/N as refugees reside in seven camps (Annex III-1).

8. Nepal is not a signatory to the 1951 Refugee Convention, and HMG/N has continued to apply a policy of non-integration. Therefore, the refugees are considered foreigners with no political rights, and are not allowed to engage in any economic activity outside the camps. In addition, they cannot own any immovable property in the country. Meanwhile, refugees do enjoy de facto freedom of association. There are a number of political organisations that were founded by educated Bhutanese.

2.3 The search for durable solutions

2.3.1 History

9. Bilateral negotiations between HMG/N and the Royal Government of Bhutan (RGB), through the Ministerial Joint Committee (MJC), began in 1993. After ten rounds of MJC meetings, the two governments selected their respective members for a Joint Verification Team (JVT) in early 2001 to conduct a verification exercise on refugee status of the camp residents. In March 2001 the JVT began screening the residents of Khudunabari Camp by grouping them into four agreed categories, which included: 1) Bonafide Bhutanese, 2) Bhutanese who reportedly emigrated willingly, 3) non-Bhutanese, and 4) Bhutanese criminals. The exercise ended in December 2001. After an interval of one and a half years, as a direct outcome of the 14th MJC meeting, the verification results for a total of 12,183 people in Khudunabari Camp were announced in June 2003. The report recognized:

- 2.4% (293 individuals) as Bonafide Bhutanese Refugees;
- 70.55% (8,595 individuals) as Bhutanese who reportedly emigrated willingly;
- 24.2% (2,948 individuals) as non-Bhutanese; and
- 2.85% (347 individuals) as Bhutanese criminals.

10. Consequently, a strong majority of the refugees from all camps voiced dissatisfaction and disappointment. As a result, 94% of the registered population in Khudunabari Camp, who were determined to belong to categories two, three and four, submitted their appeal documents for reclassification to the JVT. Along with Bhutanese refugee groups, the United States, EU and international human rights organizations voiced their concerns with the process noting that the report contains inconsistencies, such as categorising members of the same family into different groups and categorising children as criminals.

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4 VAM Unit Nepal, based on per capita kcalories available, per capita income and malnutrition rates.
2.3.2 Current situation and future perspective

11. The Mission noted the progress that the JVT had made in finalising Khudunabari camp results, but emphasised the need to accelerate steps towards achieving a lasting solution to the plight of the Bhutanese refugees. The Mission also noted widespread concerns as to the JVT process and the wish of all refugee stakeholders in Nepal that the process should conform to international standards. The Mission trusts that the JVT process will be reviewed and expedited. Furthermore, the return modalities should be clarified and communicated to all concerned parties. Also, the Mission would like to stress that the bilateral process for solving the refugee issue chosen by HMG/N and HMG/B is observed and would like to reiterate that WFP and UNHCR stand ready to offer their assistance in line with their respective mandates, should the two governments request it. The Mission hopes that the delay of the 15th MJC will be short, and that it will take place by early October 2003 ensuring that the process is back on track in a timely manner.

12. In the course of the JVT exercises, refugees must recount the circumstances under which they left Bhutan. In cases where women would be more comfortable recounting their experience to female officers, the addition of female members to the next JVT exercise would be appreciated.

13. Furthermore, as mentioned above, the Mission hopes that the verification process will be reviewed in line with the concerns raised by the refugees, donors and other stakeholders and that the revisions be incorporated in the next round and done in a timely manner.

The Mission recommends that the 15th Ministerial Joint Committee Meeting be held as soon as possible given the original agreed dates of 11-14 August and that the results of the meeting be clearly communicated to all the stakeholders shortly thereafter.

The Mission also recommends conducting the verification exercise in accordance with international standards in the remaining six camps simultaneously in order to expedite the process. A further recommendation is the addition of female members to the next JVT exercise following the review of the JVT process.

14. The results of the joint verification in Khudunabari camp, with 3,268 persons categorised into group 3 (non-Bhutanese), and their unlikely return to Bhutan, prompted the Mission to initiate a discussion with the various stakeholders to solicit ideas on the future of a possible small caseload remaining after the voluntary repatriation process. The Mission supports HMG/N’s aim to facilitate the return of the majority of the refugees to Bhutan. However, as the Mission also is tasked with an obligation to assess the future refugee scenarios, the Mission believes that informal discussions on the above-mentioned subjects should be initiated between HMG/N, WFP and UNHCR soon.

The Mission recommends that an informal Task Force be established with relevant representatives from HMG/N, WFP and UNHCR now to discuss and plan for various future scenarios following the first results of the verification exercise.

15. Finally, the Mission would like to reiterate its concerns from last year about possible donor fatigue in the light of the slow progress and competing demands for resources elsewhere in the world. The Mission urges that all stakeholders join efforts to assist HMG/N and HMG/B to find a solution to the Bhutanese refugee issue.
Sexual and Gender Based Violence (SGBV) Investigation:

16. The Mission reviewed the progress made to establish support structures for the refugee communities for the prevention and response to sexual and gender-based violence. Thus far, awareness workshops have been conducted in all camps, and UNHCR has deployed two international protection officers, and field assistants in all seven camps. Furthermore, a Manual of Interagency Procedures and Practices has been developed in collaboration with all the stakeholders in the refugee operation (Annex VIII-1). The overall impression is that the system now in place is adequate and should be able to reduce the number of SGBV cases in the camps.

17. The only area that has not yet been addressed fully is that of psycho-social support to the SGBV victims. UNHCR Damak is in the process of setting up a support facility with the assistance from NRCS and the American Red Cross. The first awareness training for the support staff is planned for the last quarter of the 2003 and the facility should be in place before the end of the year.

The Mission welcomes the initiative taken by UNHCR, as well as that of the NRCS to address the SGBV/domestic violence issue in the camps and recommends that permanent psycho-social support services be established as soon as possible.

3 Refugee numbers, registration and demographic characteristics

18. The refugee population has a total growth rate of 1.22% (Jan-Jun 2003), which is lower than that of Nepal (2.18%) and of Bhutan (2.61%). The current population figure as per 30 June 2003 is listed by RCU as 102,892, of whom 51% are male and 49% female. More than 10,000 Bhutanese are estimated to have settled in Nepal outside the camps with no assistance from UNHCR. However, the Mission is not in a position to confirm this number.

19. Although no official mass re-registration exercise has been carried out since the acceptance of the large refugee influx as “Prima Facie” prior to June 1993, the number of refugees has remained quite stable. Apart from the natural growth, only a small number of individuals have since been screened and accepted (2,296 persons) until 31 March 2001 when the exercise was stopped due to the ongoing joint verification exercise.

20. In line with the international standards of protection of refugees, the Mission welcomed the plan to reactivate the screening process, which had been suspended since March 2001. UNHCR trained HMG/N staff in June 2003 to meet the first of September date for the reopening of the screening process at Kakarvitta. In addition to the screening process, the Mission observed some conflicting information regarding the refugee number and noted the need to reconcile the different records on refugee numbers held by the RCU, NRCS, AMDA and other implementing partners.

The Mission recommends that a general headcount and record reconciliation exercise be conducted as soon as possible in close collaboration with all partners involved in the refugee operation with the aim of establishing more accurate beneficiary numbers.

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5 The average population growth rate in the camp for the first six months of 2003 was calculated as follows, with data for Jan.-Jun. 2003 available in Monthly Health and Nutrition Situation Report prepared by AMDA (Annex 7-3):

\[
\text{Average growth rate (1.22\%) } = \frac{\text{Crude Birth Rate (1.558/100)}}{\text{Crude Death Rate (0.34/100)}}
\]

6 The 2002 World Development Indicator (Worldbank).
21. The majority of the population in the camps is young people. While 52% of the population is between 18-59 years old, 35% are of school age between 5-17 years. Elderly over 60 years old constitutes 6%, and under five population accounts for 7%. This age group structure in the population may have an impact on their nutrition requirements and needs for other services (reproductive health, education etc.). It may easily affect the level of social unrest in the camps as well.

22. The refugee community consists of various ethnic groups with the main groups most active in camp activities. The Mission urged greater participation in camp activities by all groups. The breakdown is Brahman (28%), Chhetri (17%), Rai (14%) and small numbers of Mongar, Tamang, Gurung and others. By place of origin, majority is from Sarbang (36%) followed by Chirang (22%), Dagana (17%) Smachi (14%) S. Jongkhar (10%) and others (1%).

23. In view of the diversified composition of refugee groups and their living conditions, the Mission noted a number of social problems. Women seem to suffer more in dealing with those issues. AMDA indicated the mental and psychiatric cases are very high among women. This issue should be further investigated to determine both the underlying causes and the necessary intervention to address the problem.

The Mission recommends that NGOs and the UNHCR community service staff explore ways to strengthen social support for refugees, especially for women, to address the issue of mental and psychiatric cases.

24. Regarding the beneficiary number, the Mission noted that the current form used by NRCS as a ration document only contains the basic information and neither a photo nor a signature of the refugees. Although the Mission did not receive many complaints about the distribution system, there is room for further improvement on the current practice to avoid possible misuse.

The Mission recommends that together with the general recommendation for a refugee headcount, a Ration Entitlement Card with photo identification be issued to all registered refugee family heads along with a photo of one designated family member.

Repatriation and Future Population Estimate:

25. Based on the current figures of registered but non-ration-receiving refugees, including the suspended and long-term absentees, the Mission has reason to believe that the proposed headcount and reconciliation of figures will reveal fewer refugees. Thus the Mission estimates that the planning figure for the next phase should be reduced. Secondly, the Mission observed that the refugee number is not automatically reduced when a refugee passes away, as there is not a system in place for reporting the number from the AMDA records to the RCU/NRCS. Thirdly, it was observed that all newborns are immediately added to the distribution lists in spite of the fact that six-month breastfeeding is widely practiced among the refugees.

26. The Mission urges that a dependable reporting system between AMDA and UNHCR/RCU/NRCS be established which will ensure that the refugee numbers are adjusted on a regular basis. Further, newborn babies should only be added to the

7 Source is from UNHCR (Annex III-4 and III-5).
distribution list when they reach six months, especially as lactating mothers receive supplementary rations to cover increased needs while breastfeeding.

27. In view of the JVT results for the Khudunabari Camp, as many as 910,000 refugees, as estimated by HMG/N, may return to Bhutan before the end of this year. It is expected that, roughly one week following the 15th MJC, which may be re-scheduled for mid-October 2003, voluntary repatriation forms will be distributed in Khudunabari Camp. It is likely to take a month for completion and another two weeks for processing. Thus, according to the above timeline shared by HMG/N, the first repatriation may possibly take place by the end of this year or early next year. It is understood that monitoring in Bhutan in accordance with international standards must be guaranteed prior to the UN giving support to the repatriation.

28. In summary, based on discussions with both the government and WFP/UNHCR field representatives, the refugee figure for the next phase could fall to between 85-90,000. This figure is also based on the approximate 5% registered Khudunabari Camp refugees who, during the joint verification exercise, despite being given a 2-week grace period, never came forward to be screened. Given this and the fact that the proposed headcount exercise and repatriation will not have been finalized before the WFP deadline for the PRRO document’s submission, a planning figure of 99,600 (down from 103,850) seems realistic at this stage. The final refugee number will be established following the results of the headcount and final joint verification results. If high numbers repatriate, then, according to WFP Policy, food will follow the returning refugees for an initial period of time after repatriation.

The Mission recommends, at this stage, that the planning figure for the next phase be reduced to 99,600 refugees for the WFP PRRO phase July 2004 – June 2005.

4 Camp management structure

29. The Mission confirmed the general conclusion of the 2002 JAM that the integral involvement of the refugees in all aspects of camp management was a major contributing factor to the overall good quality of the living conditions in the camps, and commends HMG/N for this participatory approach. This operation exemplifies how refugee involvement in all aspects of the camp management leads to their empowerment, which is commendable. However, the empowerment also comes with risk attached. The high degree of reliance on refugees in the management is directly related to the reduced day-to-day involvement and contact by outside agencies, as clearly demonstrated in the recent SGBV investigation. Notwithstanding the above, the overall good management of the camps is also due to the good relationship among all partners and the government authorities.

30. HMG/N’s Home Ministry, through its field wing Refugee Coordination Unit (RCU) in Jhapa, is responsible for administering the seven camps, including maintaining law and order. RCU has a representative (Camp Supervisor) in each camp to oversee registration of refugees (including births, deaths and marriages), to transfer refugee families to/from another camp, and to issue out-passes for those who wish to travel outside the camp. The government-approved camp rules govern the administration of the camps. The Mission observed that due to insufficient monitoring and follow-up of the camp rules, the census records do not capture accurate demographic status of the camp. For instance, examples
of unregistered refugees occupying vacated huts of suspended families, without informing the RCU, were found during the field trip.

31. Overseen by RCU Camp Supervisors with technical supervision and logistic support by UNHCR, WFP, and their implementing agencies, the day-to-day management of the camps is to a large extent handled by the refugees themselves. Each camp has a Camp Management Committee (CMC), which is elected annually in accordance with the government-approved CMC Election Guidelines. The CMC is composed of the Camp Secretary, his/her Deputy, Women Focal Point, Sector Heads and Sub-Sector Heads, and six sub-committees (Annex II-3):

- **Administration**: co-ordinates UNHCR’s material support to the CMC and is responsible for coordinating any registration issues with NRCS, RCU and UNHCR.
- **Project Service**: is instrumental in the area of infrastructure maintenance. All refugees, with the exception of extremely vulnerable individuals, are expected to do basic maintenance and repair of their own huts and latrines. This sub-committee also supervises the work of sanitation volunteers who ensure that basic hygienic standards are maintained in each Sector of the camp.
- **Distribution**: co-ordinates with the Sector and Sub-Sector Heads and NRCS and mobilises volunteer labour for each scheduled distribution of relief items;
- **Social Service**: co-ordinates actions in favor of vulnerable groups with agency staff and refugee organisations such as the Bhutanese Refugees Aiding Victims of Violence (BRAVVE), RWF, etc.;
- **Health**: promotes refugee self-management within the health sector and works closely with Association of Medical Doctors of Asia (AMDA) and the Bhutanese Health Association (BHA); and
- **Counseling Board**: settles minor disputes among the refugee community members.

32. There are several organizations within the camp community that are instrumental in the delivery of assistance in the camps. The Refugee Women Forum (RWF) implements a range of vocational training and income generating activities, aiming at supporting women and vulnerable families. BRAVVE also assists vulnerable individuals and families in skill development activities. BHA, an organization founded by the refugees with medical and public health background, works closely with AMDA in delivering health services in the camps.

33. All agencies involved in the operation pay particular attention to women refugees’ participation in various projects. UNHCR and WFP continue to promote more equitable gender representation in the CMC in order to encourage women to participate in refugee leadership structures. As a result, female representation has steadily risen in recent years. The percentage of women representation this year (2003) reached 47%, up from 32% in 2002, with 298 female representatives out of 630 members of CMC (Annex II-2).

34. Women are actively involved in different types of work related to ration delivery. While 8% of the refugee volunteers engaged in unloading food commodities are women, more active participation is seen in the kinds of work that require less physical strength. Today women represent 27%, 35%, and almost half of those who are engaged in transfer, distribution and collection respectively (Annex IV-8).

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8 The results of a WFP’s survey conducted in seven camps from 28 July to 8 August 2003.
5 Assessment of the current situation

5.1 General food basket

5.1.1 Distribution system

35. Each camp is comprised of 4 to 12 sectors, which are further divided into sub-sectors with an average population of 80 to 110 families (around 500 persons). Each sector and sub-sector have representatives, supervised by the CMC. A sub-sector is considered as a distribution unit for both food and non-food assistance. Sub-sector heads and their assistants are elected annually among the adult refugees under general supervision of the RCU camp officials.

36. As an operational partner of WFP, the NRCS has been managing the camp warehouses and the food distribution since 1994. WFP has been funding the salaries of 51 NRCS staff members through the Internal Transportation, Storage and Handling (ITSH) subsidy. Refugees themselves are directly involved in fortnightly distribution under the supervision of distribution sub-committee and NRCS staff. On a random sampling basis, AMDA staff members conduct food basket monitoring at the distribution point, as elaborated later. WFP Field Monitors conduct random checks of this process. A system of verification and rectification is in place by which individuals with complaints regarding receipt of ration entitlements can appeal either to the CMC or directly to WFP and UNHCR through the NRCS staff.

37. With regard to the distribution system, the Mission observed one distribution in which the normal established procedures were not followed. In addition, the current fortnight cycle is very labour-intensive with distribution taking place nearly daily to supply the regular ration. The nearly daily presence of the NRCS staff at the distribution sites seems to leave very little time for other monitoring-related activities.

38. Gender segregated "ration collection survey" was conducted from 28 July to 8 August 2003 in all seven refugee camps. A total of 2,438 families, representing 16,288 refugees, were surveyed. It was found that half of ration collection and 35% of the distribution were undertaken by women, and many of them also participated in food unloading and transfer to distribution center (Annex IV-7 and IV-8).

39. There are fixed distribution days in each camp. If food commodities arrive late at the camp warehouses, an additional distribution day will be organised to catch up. Retroactive distribution is possible for commodities delivered up to one week after the set distribution date. To date there have been no instances of non-distribution of basic food commodities due to late food deliveries from suppliers.

Food basket monitoring:

40. Food Basket Monitoring (FBM) of the general food ration and the fresh vegetables was established in all camps in February 2000 in order to ensure fair and transparent food distribution. UNHCR is funding this activity by providing, through AMDA, cash incentives to refugee nutrition monitors and camp-based food basket monitors. The
Mission observed that beyond the FBM conducted by AMDA directly after the distribution, no post distribution household monitoring was in place.

41. Camp-based food basket monitors carry out FBM under the guidance of the AMDA nutrition monitor and in collaboration with NRCS distribution monitors. Since May 2003, the sample size of the FBM has been increased from 1 to 2-3 households per sub sector, depending upon the camp size. FBM is being carried out by random selection of ration recipients right outside the distribution shed. Rations are re-weighed and recorded against the entitlement amount.

42. The FBM has been running smoothly and is well accepted in all the camps. An analysis report of the FBM results during January-May 2003 (Annex IV-4) shows the average deviation of general food ration from the entitlement amount at –1.93%. The recent steps taken by WFP, such as replacement of weighing instruments, increased sample, and close collaboration with AMDA staff, have positively influenced the FMB results.

Suspensions:

43. WFP and UNHCR are currently reviewing the process of re-registration in conjunction with RCU authorities. The Mission was informed that the previous practice of temporarily suspending rations as a sanction for infractions of camp rules has been discontinued. However, for the long-term absentees, measures to prevent abuse of the re-registration system are needed. The current procedure lacks clear criteria with nearly 100% reinstatement approval even for cases that are lack of credibility or substantial reasons for such decisions to be made.

The Mission recommends that clear guidelines for suspensions and reinstatement be finalised as soon as possible.

5.1.2 WFP-provided general rations

44. The daily WFP general ration provides 1,985 Kcal per person/day. In addition to the above, food items provided by UNHCR as complementary rations provide an additional 100 Kcal per day (i.e. potatoes, pumpkin, cabbage, onions, plantains, and spices). The daily WFP general ration is composed of the following:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>General ration (g)</th>
<th>Kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>410</td>
<td>1,475</td>
</tr>
<tr>
<td>Pulses (lentils and chickpeas)</td>
<td>60</td>
<td>205</td>
</tr>
<tr>
<td>Vegetable oil (vit A fort.)</td>
<td>25</td>
<td>225</td>
</tr>
<tr>
<td>Sugar</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Salt (iodized)</td>
<td>7.5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>522.5</strong></td>
<td><strong>1,985</strong></td>
</tr>
</tbody>
</table>

As there are neither serious nutrition problems among the refugees nor visible signs of over-nutrition, the Mission recommends continuing the current general and complementary food baskets and ration levels.

The Mission recommends continuing the policy of trying to maintain one-month buffer stock within the camps, subject to the availability of resources in a timely manner.
Specifications:

45. Rice: WFP has provided parboiled rice to the refugees since 1994 in order to combat potential micro-nutrient deficiency diseases such as beri-beri. The proportion of parboiled rice against raw rice had decreased from 99% to 70% between 2000 and 2002 and this year, the proportion of parboiled rice has increased to 85% (Annex IV-6). When WFP is unable to procure 100% of parboiled rice, efforts have been made to provide rice ration at a ratio of 60% parboiled rice and 40% raw rice.

From a nutritional point of view, the Mission recommends that, while recognising resourcing and market constraints, all efforts should be made to maximise the delivery of parboiled rice, with the aim to reach 100%. When not all the rice can be provided as parboiled rice, the Mission recommends continuing the 60% - 40% parboiled to raw rice ratio for distribution.

46. Pulses: Following the distribution of one third of the pulse ration as chickpeas in 2000, the WFP Sub Office provided training in bean-sprouting and fermentation to 750 persons through RWF. More intensively from 2002, the chickpeas sprouting TOT was conducted to 21 prospective facilitators. In 2003 they further conducted training to 3,500 beneficiaries (546 were male) in close collaboration with AMDA, NRCS, and LWF. Some 2,300 out of 3,500 families had successfully sprouted chickpeas for daily consumption (Annex VI-1 and VI-6). However, the Mission observed that there were further needs to spread the practice in the camps.

The Mission recommends continuing the distribution of chickpeas with an effective demonstrational approach on enhanced nutritional value of sprouting at the household level in each camp.

47. Oil: The Mission found in the WFP warehouses that the Vegetable Oil was not clearly labeled as "Vitamin A and D fortified."

The Mission recommends the vegetable oil be clearly marked as "Vitamin A and D Fortified."

Quality:

48. The independent surveyor for quality control, Central Quality Control (CQS) opened an office in Damak in February 2003 to ensure regular checking and testing for each delivery. Samples of vegetable oil and WSB are collected every six months from camp warehouses and sent to Delhi for reliable testing of micro-nutrient quantity. Since CQS began operating from its local office, complaints from refugees about commodity quality have significantly decreased.

49. Refugees have the right to reject commodities deemed unacceptable at the camp level based on visual inspection alone. Suppliers have the right to contest such rejections. However, to date, no supplier has contested any rejected commodity.

50. WFP equipped all seven warehouses with rice testing machinery in June 2003, in order to screen for substandard deliveries. The Mission observed how the testing is done in the stores visited, and noted that storekeepers were well-trained and confident in using the machines. This gives them confidence to reject substandard rice deliveries.
51. The Mission noted that a quantity of food rejected at the warehouse as substandard was brought to Damak for cleaning and reconstituting. The full bags with WFP markings were observed in a storefront being reconstituted on the local thoroughfare. While substandard quality must be rejected, all the bags should be marked at the warehouse as “rejected,” to avoid any possibility for misuse.

The Mission recommends clearly marking all bags of rejected food from the camps due to substandard quality in order to diminish the public concern about the rejected commodities and to minimise the chances of manipulation.

52. The Mission found that WFP has a penalty system in place for suppliers when their deliveries do not meet the stipulated specifications of the commodities and/or timely delivery requirement.

The Mission recommends maintaining the current quality control procedures and penalties.

5.1.3 UNHCR-provided complementary food ration

53. In line with the recommendation made by the last JAM and in order to prevent micro-nutrient deficiency and improve food diversity, UNHCR continued its programme for providing fresh vegetable to the seven refugee camps on a regular basis. A total of nine different commodities were provided with specific schedule based on the seasonal availability, i.e. potato, onions, green chili, turmeric, ginger, garlic, pumpkin, cabbage, and banana. A total of 3,727 MT or 98.3% of the scheduled amount of 3,790 MT were distributed. Purchase and delivery of fresh food is done by NRCS, while the distribution is done through the existing distribution system in place.

54. While the UNHCR-financed vegetable distribution continued regularly throughout the past year with no apparent problems, the Mission did, however, observed bananas being distributed although bananas were widely growing and available in the camps. This commodity could be substituted with another fruit or vegetable during the banana season.

The Mission recommends that the distribution of fresh food commodities be reviewed, to focus on fewer commodities that are not accessible to the refugees. Seasonal availability should also be considered, in view of the progressive improvement in access to micro-nutrients.

55. In view of the stable nutrition status, declining rate of micro-nutrient diseases as well as regular and full supply of basic food commodities for the general ration, fresh vegetable distribution should be re-examined.

The Mission recommends that the cost effectiveness and impact of distribution of fresh vegetables should be reviewed, and may be directed to address certain needs among specific targeted groups as appropriate.

56. Interventions made by WFP for the promotion of vegetable gardening and distribution of seeds and seedlings as well as the increased consumption of sprouted and fermented food should contribute positively towards improving the micro-nutrient content in the refugee diet.
Dried Skimmed Milk (DSM)

57. A total of 6 MT of DSM was supplied last year through local purchase. Milk is usually used for treatment of severe malnutrition and not recommended for dry general distribution. The June 2003 nutrition survey detected only a few cases of severe malnutrition. While use of DSM in the dry premix may increase the protein content of the ration, it is not so essential as WSB contains a good level of protein. Premix of WSB, Sugar and oil will serve the purpose and provide the necessary nutrients. It should be noted that the excess heat, humidity and poor storage conditions increase hazards associated with the use of such a commodity. Should there be any cases of severe malnutrition, the supply of therapeutic milk (TM) should be secured. TM is a special formula containing the recommended level of macro and micro-nutrients required for treatment of severe malnutrition.

5.2 Health and Nutrition Situation and supplementary feeding programmes

5.2.1 General health services

58. The Mission noted that overall the health and nutritional situation of Bhutanese refugees continues to be satisfactory and stable, and is far better than what is reported in the surrounding population (Annex VII-1 & VII-2). Morbidity and mortality rates are better than those of Nepal or many of other Asian countries. The crude and under-five mortality rates stand at 3.4 and 4.4 per 1000 per year respectively, which is significantly lower than the rates reported among the national population. The services provided by AMDA are satisfactory. Trained refugee health staff provide primary health care services, which include preventive and curative services. EPI (Extended programme of Immunization), antenatal and postnatal services including family planning and iron folic acid distribution, and growth monitoring are implemented in line with national programme. Outpatient clinics with small lab facilities in camps are operational throughout the week and for those who require further treatment outside the camp, a referral system to AMDA hospital in Damak is in place.

59. The UNHCR health coordinator (National UNV) is now based at the field office and provides technical support and guidance to the implementing partners. The fund for health staff, medical supplies and drugs is covered by UNHCR through a sub-agreement with AMDA. According to local and refugee programme standards, the level of health service package provided in the camps goes beyond that of primary health care.

60. AMDA has been responsible for the health services since January 2001. Managing health services in all seven camps in a smooth manner, AMDA has gained the respect of refugees and other partners involved. Each camp consists of: (1) one Health Center, (2) a maternal/child health clinic (MCH), and (3) one to two Basic Health Units (BHU).

61. Under the supervision of AMDA, refugee health employees (Bhutan Health Association) are involved in provision of health services, including community outreach and prevention and advocacy efforts. BHA also assists AMDA in various surveys, public health awareness and cleaning campaigns, and control of outbreaks of seasonal communicable diseases.

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9 See Food and Nutrition Needs in Emergencies by UNHCR, UNICEF, WFP and WHO.
62. The Drug supply seems adequate with no complaints raised. Recently, AMDA began procuring through a local supplier in Damak. In June and July 2003 they met with some delays. However, local purchase should be encouraged as long as it is done in accordance with quality and procurement regulations.

63. AMDA receives family planning and HIV/AIDS supplies, vaccination, iron-folate tablets, etc. from the government in the framework of national governmental health programmes. However, as the government recently decided to stop health supplies to NGOs, AMDA is facing a shortage of family planning supplies at the MCH clinics in the camps. This issue should be further discussed and resolved to ensure a steady supply.

The Mission further recommends that AMDA establish close links with the Ministry of Health in order to harmonise protocols and supply channels as appropriate e.g. use the same “road to health” cards, growth monitoring policy, and other supply system, such as family planning supply, iron tablets, HIV-AIDS programme, etc.

64. Despite the overall good health status of refugees, AMDA reported a large and unjustified number of outpatient consultations, which appears unnecessary. Refugees seek assistance and request referral for simple reasons, presumably due to easy access to health services and the fact that the majority of refugees are sitting idle.

The Mission recommends that the upcoming health evaluation team look into this issue and explore the possibility of cost recovery measures, with an understanding that a system shall be put in place to ensure the recovered cost will be used to support/improve health services.

65. Although the health service package was set up to provide primary health care, AMDA is dealing with an increasing number of chronic health problems, which cause a huge burden on their resources. For example, AMDA has experienced difficulties due to resistance for TB treatment and therefore, started expensive second line treatment. AMDA requires necessary support and advice on treatment of chronic cases.

The Mission recommends that the health evaluation team look at: (1) referral system of refugee patients to local hospitals; (2) The proposed cost recovery strategy; (3) resistance for TB treatment; and (4) treatment of chronic diseases and advice on measures that can be introduced with immediate effect.

66. AMDA compiles a health/nutrition statistical report on a monthly basis, which contains information on morbidity and mortality, supplementary feeding programmes, reproductive health and family planning services. This report is submitted to UNHCR and WFP as a means of monitoring to ensure adequate services continue to meet the health and nutrition needs of the population.

The Mission recommends that the health information system be maintained and further strengthened/analyzed to reflect the health and nutrition situation with a focus on nutrition related problems.

67. Most of the key health staff are nationals, while refugee staff are mostly involved in tasks of non-core, secondary function. In preparation for repatriation, capacity building of refugee workers should be one of the priority areas. The Mission is pleased to note that remarkable progress has been made in involving refugee women in various activities
including vocational training, but has seen scope for more focused health activities involving women.

The Mission recommends, in addition to the Village Health Worker and MCHW training currently in place, that prospects for further training, particularly for female refugee staff at the level of midwives and nurses, should be considered and supported.

5.2.2 Maternal and Child Health (MCH) services

68. The MCH clinics provide routine services to <5 children, pregnant women and lactating mothers. Currently antenatal visits are scheduled once a month during the first 6 months of pregnancy, twice during the period from 6th to 8th month and every week during the last month. Women continue to receive postnatal services after delivery, keeping enrolled in the supplementary feeding programme (SFP).

69. Pregnant women receive iron-folate supplementation from the second trimester of the pregnancy until 6th week after postpartum. Health education and supplementary ration is provided to all pregnant and lactating women in the camps through frequent visits. A reduction down to the WHO standard number of visits may free more time of health staff, which is likely to lead to improved quality of services with an emphasis on counseling and health education.

The Mission recommends that AMDA look into the scheduling of antenatal visits, which should adhere to the WHO recommended interval, with a possibility of revising the number of antenatal visits in line with the WHO's recommendation (a minimum of 3 visits).

The Mission further recommends that SFP for pregnant and lactating mothers be administered as a part of the ante-/post-natal and vaccination services at the MCH clinic.

70. The majority of mothers are breast-feeding their children for an extended period (up to 24 months). Among other interventions, this may have contributed to stable nutrition status of children. However, the Mission recommends that an emphasis should be placed in promotion of exclusive breast-feeding up to six months. Semi-solid weaning food should only be introduced to the children after the age of six months, and more education and cooking demonstration should be considered.

The Mission recommends more attention be paid to health/nutrition education through the various women groups and forums in order to raise their awareness on micro-nutrient issues by addressing causes of the problem, impacts and effective cooking and food preparations techniques. AMDA, in collaboration with WFP, should organize training of trainers on important health and nutrition messages, such as child care, exclusive breast-feeding, weaning food, cooking practices and preparation of blended food with special attention to hygiene and sanitation.

71. The issue of low birth weight was reported by AMDA in the 2003 nutrition survey report. Approximately 12% of children are born with low birth weight (<2.5 kg). Although this is not alarming, it should be closely monitored. Furthermore, it is reported that 22.6% of the pregnant women weigh less than 45 kg, and the prevalence of malnutrition among children has a strong relation with low weight of the mothers during pregnancy. However, the Mission has reason to believe that data may not be statistically representative and
suggests that the above two indicators be monitored regularly through the clinic reports before conclusions are drawn.

5.2.3 Nutritional situation interventions

72. All registered refugees continue to receive general full ration. The food pipeline is quite steady, and no major concerns were raised by the refugees or other actors. The current food basket (see 5.1.2 for composition) provides 1985 Kcal and 45 gm of protein. The dry ration is adequate for a protracted refugee situation in terms of its protein and energy content. However, meeting the micro-nutrient requirement without fortification or use of blended food can pose a big challenge when refugees are fully reliant on dry ration.

5.2.3.1 Micro-nutrient deficiency

73. The study carried out by the Center for Disease Control (CDC), UNHCR and SCF (UK) in October 1999 indicated a high rate (26.5%) of Angular Stomatitis (AS) among adolescent population, which is an indication of low riboflavin (vitamin B2) concentration. Another issue related to micro-nutrient deficiency in the refugee community is thiamin deficiency, which was clinically diagnosed in the form of mild cases of beri-beri. In both type of micro-nutrient deficiency, severe cases are rare and in many cases, diagnosis are difficult to be confirmed. However, for thiamin deficiency, it is expected that the incidence of beri-beri will increase if supply of parboiled rice in general ration were discontinued.  

74. Several interventions have been introduced to address micro-nutrient deficiencies among the refugee population, as specified below:

- Increased awareness campaign on micro-nutrient deficiency was conducted by aid workers, health staff and the refugee community, which believed to have contributed to a better control of the problem.
- Although no general distribution of blended food is taking place, WSB is provided to targeted groups through supplementary feeding programs. The groups include all infants of age 6-12 months, pregnant and lactating women.
- School feeding is implemented for three months during the dry season.
- Improved access for refugees to fresh vegetables is ensured through general distribution of various fresh food commodities (funded by UNHCR), which supplements 100 Kcal to the general ration.
- Home gardening was promoted through distribution of seeds and seedling by WFP.
- Replacement of 1/3 of lentil ration with chick peas was implemented in order to promote bean-sprouting practice, which enhances riboflavin intake.
- Various supplementation programs are in place: the routine Vitamin A supplementation every 6 month to children 1-5 years of age, iron supplementation for all pregnant women (from the second trimester) and lactating mothers until six weeks after delivery, and the de-worming programs for school children and under five children.

75. Although all the above interventions have contributed to alleviating the problem, random check through school and home visits revealed that signs of AS are still common. AMDA’s annual nutrition survey conducted in June 2003 indicated that 3.9% of the <5 children showed a clinical sign of AS. However, AMDA monthly reports indicated that AS continue to decline in the past few years following the introduction of the school-

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11 See Section 5.1.2 and Annex IV-6 for the past procurement of parboiled rice.
based supplementary feeding programme during 78 days of the dry season. Additionally, the rates of AS were slightly lower (although not statistically significant) among the children of families with home gardens (3.5% as against 4.8%).

76. Although the above interventions improved the situation, presence of clinical signs is an indication of widespread deficiency problem among the population. This should not be neglected if refugees continue to live in the camp environment. It should be noted that local capacity to tackle against micro-nutrient deficiency is very limited, and therefore, special training on diseases related to micro-nutrient deficiency should be organized to target health staff particularly in the Outpatient Doors (OPD), MCH clinics and Nutrition clinics.

The Mission recommends that micro-nutrient deficiency status should be closely monitored and the necessary measures should be taken to address the problem. Efforts should also be made to strengthen health staff capacity to detect clinical signs. Close monitoring and reporting system should be established and necessary interventions should be made as required.

5.2.3.2 School-based supplementary feeding programme

77. The school-based supplementary feeding programme was recommended by the 2000 JAM to run from January to March (the dry season) in order to address the issue of AS. Blended fortified food was introduced (Annex VII-5) to cover children enrolled in the CARITAS-run refugee camp schools, from pre-primary level (exclusive of Child Play Centres) up to Class 10 for a total of 78 school days. Around 40,000 children were provided with supplementary food under this scheme during 2003.

78. Although school feeding is perceived to have a positive impact on children’s attention and attendance rate, the Mission noticed the following problems:

- The feeding programme this year (2003) was going on until the end of June. Apparently, the schools observe final examination followed by holidays during the target period from January to March. Therefore schools could not administer the feeding as scheduled.
- The supplementary feeding is replacing the main meals (morning meal or lunch) of the children, which should not be the case.
- Schools are facing problems of cooks for the preparation of the food. Currently, the refugee volunteers are involved on a rotation basis in the preparation of food. However, the Mission noticed that in some schools, students are paying incentives to cooks. This practice should not be encouraged; parents should volunteer to assist in this preparation.
- Cooks have not received any training, and therefore, some inconsistency in preparation was reported. Moreover, long time cooking of WSB was reported, which may damage the micro-nutrients and defeat the purpose. WSB is precooked and should not be cooked for more than 5 minutes.

The Mission recommends the followings:

1. Examine and improve SFP's management and monitoring.
2. In consultation with AMDA and teachers, revise the scheduling of school feeding. It has to be done during the dry season to meet its objective of combating AS.
3. Review the timing of meals to allow children to avail of both the regular meals at home and supplements in school.
(4) Organize training for cooks to ensure that WSB does not lose its fortification value during due to overcooking.

5.2.3.3 Health center-based supplementary feeding programme

79. In addition to the general ration, a considerable number of refugees, 2,958 persons according to June 2003 statistics (Annex VII-6), are enrolled in the supplementary feeding programme (SFP). This programme is targeted to certain groups, such as malnourished children under five years of age, TB patients, elderly, sick people, pregnant women (from the first antenatal visit until delivery) and lactating mothers (from delivery until the first year of lactation).

80. The supplementary feeding is done through provision of a dry premix, which is distributed on a weekly basis at the MCH clinic. The current ration consists of WSB 80 g, DSM 40 g, Sugar 15 g and oil 10 g. This ration provides 576 Kcal, 31.6 g protein and 15 g fats. Each beneficiary is entitled to receive 1,015 g of the premix every week. However, the measuring cups used for scooping provide only 900 g of premix.

81. Although distribution of WSB premix was meant to be a means of addressing micro-nutrient deficiency for the targeted population, the Mission feels micro-nutrient deficiency affects the whole camp population. Therefore, it will be more appropriate if the intervention targets all affected groups. However, the Mission, recognising the high cost implication of introduction of WSB in general ration, does not propose the blanket coverage at this stage.

82. Meanwhile, the Mission recommends that a thorough review of the health-center based supplementary feeding intervention be carried out and that the possibility of redirecting resources and interventions in line with the reviewed objectives be considered.

83. The Mission also realizes, though not at an alarming rate, that a considerable number of children under five years of age are malnourished with moderate wasting at 8.43% (<-2SD) and at 0.46% with severe wasting (<-3SD).

84. The children identified as malnourished (below 80% weight for height) are referred to the nutrition units at the MCH clinics for enrolment in the supplementary feeding program. These children remain enrolled in the supplementary feeding programme until they exceed 85% weight for height and maintain this level for at least one month (two consecutive weighing). However, there is no provision of follow-up with the children.
who do not show any improvement and thus the children remain enrolled in the supplementary feeding for more than one year.

Malnutrition is not necessarily always caused by insufficient food intake. Taking this into account, the Mission recommends follow-up of the individual malnourished children enrolled in the supplementary feeding programme for more than 4 months.

5.2.4 Nutrition monitoring and reporting

85. Nutrition monitoring is done through various ways in the refugee operation, which include, surveillance system through monthly statistic reports from outpatients and feeding programme reports, regular nutrition surveys, growth monitoring, and food basket monitoring surveys.

86. In the Monthly Health and Nutrition Situation Report, AMDA records the number of malnourished children attending the supplementary feeding program. The report, however, does not provide analysis of the impact of feeding intervention, i.e. rate of recovery, duration of stay in the SFP, underlining causes for failure to gain weight, etc.

The Mission recommends that AMDA reporting includes a comparison of enrolment figures of previous months, the average duration of stay in SFP, defaulters, and the number of chronically ill or disabled children.

87. While there is a system for monitoring the nutritional status of children in terms of protein, energy, and malnutrition on a regular basis, there is no similar system for micro-nutrient deficiencies. Micro-nutrient deficiency is possibly determined only in the health centers or BHUs, where they can be clinically diagnosed (Annex VII-4). Apart from iron-deficiency anemia and hemoglobin test, no periodic micro-nutrient deficiency surveys are conducted. Although regular assessment is not necessary, health staff should be trained for detection of clinical signs in the OPD or during surveys.

88. A number of registers maintained at the MCH Clinics, where records of ANC and PNC are kept, make the reporting fairly cumbersome.

The Mission recommends that AMDA assist the Camp Health Centres and the Basic Health Units to review and minimise its record keeping system.

5.2.5 Nutrition surveys

89. AMDA undertakes a nutrition survey for children under-five on an annual base, in addition to screening of children by measuring height and weight at the camp clinics in December.

90. The annual nutrition survey is conducted in June as per the recommendation of 2002 JAM. Results were reported in Z-score format instead of percentile of the median. The analysis and results were segregated by age and sex groups. However, age groups should be further broken down to enable a closer follow up of children-at-risk group, namely 6-36 month old where malnutrition is common. The Mission is pleased to note that Z-score is being used for interpretation of the results of nutrition survey. However, the Mission advises AMDA to continue the median WT/HT for admission and discharge criteria for feeding program.
91. The annual nutrition survey carried out in June 2003 also reported acute malnutrition at 8.4% (WHZ< -2SD), with the children from 12 to 24 months being the most affected (13.86%). The prevalence of severely malnourished children was 0.46% (WHZ< -3SD), while the prevalence of stunting (height-for-age) was 29% (HAZ< -2SD) with 7.9% of those being severely stunted (HAZ< -3SD). However, this still compares favorably with the national and regional averages.

The Mission recommends that the current schedule for nutrition survey should be maintained. However, more attention should be paid to assessing micro-nutrient levels through the survey.

Growth monitoring:

92. A growth monitoring exercise is going on in all camps and it has been extended to children up to 24 months of age as per the 2002 JAM Mission. To further harmonize interventions with MOH and in order to focus on groups at risk of malnutrition, the Mission believes extension of growth monitoring until 36 months could be beneficial as this will ensure timely interventions for the young children.

Since the first three years are the most critical period for growth and development of children, the Mission recommends an extension of growth monitoring from 24 to 36 months.

93. The Mission noted that the educational element for mothers to understand and follow their children’s development is very limited and defeating the purpose of the monitoring. It was also noted that growth monitoring cards were not properly filled and reference curves were wrongly placed. Further, it was noted that the growth charts in use were not in line with those used by government facilities.

The Mission recommends promotion of individual and mass counseling for mothers be implemented in order to help them understand the importance of growth monitoring and reasons why their children gain or lose weight. The Mission also recommends a revision of the growth chart in line with the government’s system.

5.3 Infrastructure: shelter, water and sanitation

94. Structures in refugee camps are predominately made of local materials; a few are with iron sheet roofing. Houses are built of mud, bamboo and grass roof. Plot size is roughly 2.5 x 6.0 m. on average, and large families are living in double size. Many refugees live in extended families, children, parents, grand parents, and in some cases, two wives. Refugees are supplied with materials to repair their houses for regular as well as for major repairs, and some cost-sharing has been introduced. Houses are kept in very good condition and often are very clean and neat. Refugees maintain home gardens, some with banana, flowers and beauty trees. Different levels among the huts and gardens were noted. Fire extinguishing equipment is located in all camps. Pit latrines with concrete slabs are installed for every two such dwellings. Although they are built in rows and very close to each other, they seem to be well maintained.

95. There is a good water system in place. Stand water pipes are distributed all over the camp at reasonable distances. Water is pumped on a certain schedule. The supplied water is sufficient for drinking and domestic needs. The average supply is 22 liters per person per day. The water system is managed by the Lutheran World Federation (LWF) with
involvement of refugee incentive workers. The quality is checked weekly by random
testing of samples from water taps and jerricans at family dwellings.

96. All camps are commendably clean and no urgent hygienic risk was identified by the
Mission. In addition to the quality of the services provided by HMG/N and the
implementing partners, this is largely due to the refugees’ own initiative to keep their
place of residence as clean and comfortable as possible.

5.4 Education

97. Primary and secondary education is offered free of charge to all refugee children in the
camps. Enrolment rate is very high and the drop rate is less than 1%. As of June 2003,
statistics show that 39,788 pupils were enrolled: 21,533 (54%) in primary, 11,815 (30%)
in lower secondary and 6,440 (16%) in secondary schools.

98. Schools are built of local materials and managed by CARITAS Nepal. The involvement
of refugees in the management of education system is commendable and should continue.
All teachers are refugees. The boy to girl ratio is 51% and 49% respectively (Annex V-
1). School feeding is provided during the dry season (see section 5.2.3.2).

99. The Mission noted that the School Leaving Certificates for the refugees list the students
as “Bhutanese Refugees,” which they felt as a stigmatisation. The Mission discussed the
issue with CARITAS and Government representatives and both agreed that the issue
should be followed up.

The Mission recommends that the current practice of printing “Bhutanese Refugee” on the
SLC be considered by HMG/N with the aim to delete the reference and thereby avoid further
stigmatisation of the refugees.

100. The number of students in secondary level (classes 10 and 11) has increased
significantly by 25% this year. CARITAS sponsored a considerable number of students
in this category through its own fund (from DIFID). However, due to lack of resources,
this service may not be maintained. Both CARITAS officials and the refugee teachers
and parents expressed their serious concerns in discontinuation of these services.

The Mission, when taking into account the importance of higher education in the context of
long-term solutions, urges donors to consider providing the necessary funding to CARITAS
for the continuation of a well-proven higher education initiative.

101. The Mission recognises the negative impact of diminishing funding for this group, and
therefore urges partners to adhere to standard norms in refugee settings. Options for
increasing vocational training and youth projects such as Olympic aid may be enhanced
in preparation for repatriation.

102. The Mission is pleased to note that a combination of Nepalese and Bhutanese curricula
is currently used. However, the Mission would encourage more efforts to be made in
teaching Dzongkha to all students, as it will be a requirement when they return to Bhutan.

103. Currently there are some non-formal education activities carried out and supported by
NGO partners. The Mission recommends that such activities should be organized through
voluntary work and as part of self support activities, especially where there are a number
of educated persons who are sitting idle in the camps. UNHCR community services staff
in collaboration with NGO partners should look into the available practical options to engage refugees more effectively in delivery of such services.

The Mission recommends that UNHCR community service staff, in collaboration with NGO partners, look into the available practical options to engage refugees more effectively in delivery of non-formal education activities.

5.5 Non-food items

104. Refugees have been supplied with a set of household items, such as jerrycans of various sizes (for water and for kerosene), soap (for bath and washing), buckets, Kerosene (for cooking and light), cooking utensils, stoves and blankets, weighing scales, school uniforms and clothes (Annex IV-13). Ration scale is set according to the family size.

105. The supply of cooking fuel is a major challenge for UNHCR as the price had increased by 45% over the last few months. The promotion project of solar cooking system, which was introduced in Beldangi II Camp, offers a better option. It was found that the refugees who already have solar cookers appreciate it.

The Mission recommends that expansion of this project be explored to cover other camps. While there is a need to continue the supply of kerosene, other fuel options should be considered.

106. In addition to the consumable supplies, Sanitary napkin, jerrycans and stoves are included in UNHCR’s 2004 allocations. International Federation of Red Cross (IFRC) through NRCS is expected to provide clothes and blankets.

The Mission recommends that since refugee women are engaged in weaving in the camp, purchase of locally produced fabrics for various projects should be given a priority.

107. In view of all the food and non-food assistance to the camps over the years, the Mission suggests that it is a good point to review the assistance level to harmonise it with international norms and standards.

The Mission recommends that an internal exercise by WFP/UNHCR be undertaken to review the current level of WFP/UNHCR assistance with an aim to rationalise assistance without affecting the general ration and that the assistance level be harmonised with international norms and standards.

5.6 Capacity building and income generating activities

5.6.1 General assessment

5.6.1.1 Overview

108. Since 1994 and in agreement with HMG/N, WFP has financed the Supplementary Activities with funds generated through the sale of empty food containers. The three main activities supported by these funds are Supplementary Income Generation Activities (SIGA), Vocational Training (VT) and the Home and Pot Gardening Projects (HGP and PGP). These activities target women and the most vulnerable and help build self-reliance.
109. WFP guidelines are followed for tendering to solicit bidders for the sale of empty containers, with the highest bidder recommended by the committee for selection. The funds are deposited into an interest-bearing bank account. Financial audits are conducted on a yearly basis by WFP through national private accounting firms. As of 30 June 2003, the balance of the generated funds was US $166,097.29 (Annex I-5).

5.6.1.2 Scope of participation

110. The self-reliance activities have continued to expand in good understanding with the authorities. The number of beneficiaries participating in supplementary income generating loan scheme activities has increased from 76 in the 1999 cycle, to 110 beneficiaries in the current cycle 2003-2004. Home and Pot gardening assistance increased from 9400 families last cycle to the current targeted 12,050 families who will receive support through June 2004. The vocational training programme had graduated a total of 1,013 graduates by June 2003 since it began in March 1998, with another 356 slated for graduation by June 2004. A number of vulnerable local community members residing in affected areas outside the camps participate in the supplementary activities like home gardening initiatives and vocational training.

5.6.1.3 Financing

111. Total annual expenditure for supplementary activities has increased from an average of US $60,000 in 1999 to a projected total of US $123,492.62 for the PRRO one-year cycle from 1 July 2003 to 30 June 2004. As prices for empty containers may fluctuate due to market demand, and to ensure smooth implementation of the supplementary activities, it is suggested for future budgeting to allocate a comfortable buffer of at least 20%.

112. Given the importance of capacity building activities for the refugees and participants from the surrounding communities, the Mission concludes that efforts should be made to maximise the local resources currently in place for greater cost-effectiveness.

At this stage of the operation, with a long-term view towards sustainable durable solutions, the Mission recommends working towards fully financing the supplementary activities from of funds generated from the sale of empty containers. In this process, sufficient buffer should be built-in to accommodate any market price fluctuations.

5.6.1.4 Limitations placed on economic activities

113. In the search for acceptable durable solutions, it is hoped that HMG/N will begin to relax its policy of forbidding economic activities outside the camps, and authorise refugees to engage in opportunities which will potentially equip them with skills to use in Bhutan, thus providing conducive support for their return. In order to foster economic self-sufficiency, it is practical and pragmatic at this point to begin exploring ways to encourage those refugees capable of earning a living on their own to do so, and thereby wean them from full dependency on external assistance. The prohibiting of livestock in the camps limits opportunities and should be revisited.

114. The Mission hopes that a less restrictive policy, allowing refugees to participate in the local economy through limited employment and small business opportunities inside and outside the camps when not in competition with the local economy, will be in place in future.
5.6.2 Supplementary Income Generating Activities (SIGA)

115. Refugee Women Forum is WFP’s main implementing partner for the SIGA. RWF is a voluntary refugee organization that provides programmes and training for refugee women with its central office in Sanischare camp. RWF has representatives in each camp, organized by sector and sub-sector, and along with the loan scheme projects, runs reading and sewing centers and organises non-formal education, as well as different training such as nutrition and gender awareness training. RWF has proven its capability in many undertakings from training to micro-credit, and is encouraged to broaden its membership base.

The Mission recommends that RWF expand its membership base and continue focusing on increasing women’s participation in SIGA.

116. Capacity building and administrative support provided to RWF has been effective and has successfully increased RWF’s capacity. Expansion of the loan scheme project from one camp to all seven was implemented smoothly and the high payback rate (roughly 80%) has been retained. RWF ensured adequate monitoring staff for the expansion by recruiting one loan scheme supervisor for each camp along with one central manager on an incentive-wage basis. The successful Money Management Training of Trainers (TOT) course provided through a regional bank to RWF loan scheme workers last year should be continued. Trainers provide the mandatory Money Management course to all loan scheme participants (110 persons targeted this cycle) before participants become eligible for receipt of loans.

117. The Mission observed loan scheme recipients in each camp had been selected based on interest and experience in their particular endeavor. Small business sectors that receive loans include watch repair, small grocery stalls, tailoring and electronic goods servicing shops among others.

118. Camp Management Committee officials made the final selection of loan recipients following recommendations of applicants through RWF. Former vocational training graduates, women single head of households, and disabled persons and groups have been given priority for loans.

119. Since SIGA began in 1994 with a chalk-making scheme, there have been 63% women to 37% male beneficiaries. In the April-May 2002 Money Management training, 62% of the trainees were women. Half of the loan recipients were women as well during that 2002-2003 cycle. In the current cycle 45% women beneficiaries are targeted for loans.

120. RWF’s progress is illustrated in the fact that during this PRRO cycle, RWF has targeted 110 beneficiaries for loans on a revolving fund basis funded fully from the repaid loans of the last cycle. This year, RWF will utilise NRs 509,550 from repaid loans, out of NRs 855,821 provided last year by WFP. RWF’s sound management practices are reflected in their comprehensive management approach and presence in all seven camps, the provision of mandatory financial training, and indeed achievement of a revolving fund from the high rate of payback.

5.6.3 Vocational Training (VT)

121. CARITAS has been implementing the Vocational Training programme (funded by WFP) since early 1998 in two training centers located outside the camps in Birtamod and Damak. Based on last year’s JAM recommendation, the increase from 25% to 50% local
trainees combined with 50% refugees has been successful. The vocational training courses provided by CARITAS include welding, house-wiring, electronic goods servicing, carpentry, pattern drafting, cosmetics and beauty, automobile mechanics and two-wheeler mechanics (Annex VI-3). School dropouts from the most needy families are selected as trainees based on the criteria set by CARITAS and WFP. The trainees are provided with classroom instruction as well as hands-on opportunities to participate in internships in local workshops in their course area. Collaboration between refugee and local beneficiaries in the classes and in workshops outside has contributed to a mutual understanding and has helped build capacity of the whole community.

122. In May 2003, an independent firm conducted a WFP-funded market survey. The main findings have been incorporated into the current training cycle V and include: bookkeeping and basic accounting to be given to all trainees at the outset, and the inclusion of complementary training such as including driving skills into the Auto Mechanics course. Starting in July 2003, WFP initiated training courses with two new local implementing partners: AMDA for Village Health Worker Training, and Madan Memorial Academy for Animal Health Worker training, retaining the 50–50 ratio of local to refugee trainees. The survey mentioned other training areas requiring a shorter duration, such as watch and shoe repair. Based on RWF’s considerable training experience, and presence in all seven camps, it has been suggested to implement these types of short training during the next PRRO cycle.

123. While overall the vocational training programme benefits all participants, the refugees are less likely to secure employment than the participants from the local population and earn considerably less under the current restrictions on economic activities outside the camps. Refugees have been successful, however, in small self-employment endeavours in the camps.

124. Most of the refugees’ customers come from within the camps, but in some cases, their customers come from the surrounding local communities. Thus, an additional VT programme benefit is the provision of necessary services (often at a considerably reduced rate) to the camp community as well as to surrounding urban and rural communities.

125. In the current cycle, CARITAS along with the two new implementing partners AMDA and Madan Memorial Academy, have increased the total number of trainees to 356 trainees from 238 in the last cycle, targeting 44% women this year. The budget for vocational training has nearly doubled since the last cycle.

126. In view of the success of vocational training, a more cost-effective approach of enrolling refugees into the existing Nepali institutes should be explored along with continuing the CARITAS and other ongoing vocational training in place.

The Mission recommends that the VT curricula be reviewed in close collaboration with the refugees and ways to enhance the number of refugee participants in local training institutes be explored by HMG/N, WFP and the implementing partners.

The Mission recommends, as a means to further acceptable durable solutions and strengthen the community collaboration, that Madan Memorial Academy and other local Nepali Vocational training centres expand their enrolment to include 50% refugees along with 50% locals, with the aim to support the Nepali systems and strengthen capacity building within the refugee-affected area.
127. Additionally, Nutrition training was provided through RWF to some 3,500 beneficiaries, 84% of whom were women. Other training by RWF fall under vocational/non-formal, including gender awareness and other short training in business-related skills. Such training was separately conducted from the longer duration vocational training of CARITAS, AMDA and Madan reported above.

Women’s Participation in SIGA and VT:

128. A gender breakdown for the WFP-sponsored programmes implemented to date shows that, for SIGA, 63% of beneficiaries were women, and for VT, 31% of trainees have been women, which is increasing every year. In other nutrition and gender awareness training offered by RWF, a total of 78% beneficiaries have been women.

5.6.4 Home Gardening Project (HGP)

129. In 1999 a Home Gardening Project was launched to improve households’ access to food rich in micro-nutrients through the production of vegetables. The HGP was launched in two Beldangi camps with technical support from Helen Keller International. Following its success in these camps, the project had expanded to six camps by 2001 with NRCS and LWF providing the technical support. By 2002 the alternative “pot gardening” method was introduced to circumvent Timai camp’s problem of rocky soil. The pot gardening programme recycles empty WFP vegetable oil containers for use in planting vegetables. Managed by LWF in partnership with RWF, the pot gardening alternative has ensured that gardening programmes are implemented in all seven camps.

130. Participants are selected from the most vulnerable families and form user-groups, which receive training in growing various all-year-round varieties of vegetables and fruits. In addition, composting, organic pest management and nutritional workshops are included as an integral part of the Home Gardening Project.

131. To achieve greater self-sufficiency, more refugees as agricultural specialists and technicians have been hired on an incentive basis with the eventual goal of handing the programme over entirely to the refugees themselves. A trained group of refugee household monitors works to increase household involvement and performance by providing technical advice, awareness and advocacy at the household level. In the current home gardening cycle one refugee agricultural specialist in each camp has been promoted to home gardening camp manager and has been provided with programme management and administrative training.

The Mission recommends that initiatives to enhance the sustainability of the home gardening programme be explored with a view towards handing over the project management entirely to the refugees. Another recommendation is to review the sustainability of introducing pot gardening and other options to those refugees who do not have enough land to make functioning gardens.

The Mission further recommends that efforts be made to involve more refugee families from all spheres. In addition, based on RWF’s proven track record of cost-effective programme management, upgrading RWF’s home gardening skills with a view towards handing over the management of the gardening programmes to the refugees themselves possibly through their leadership should be considered.
132. By June 2004, a total of 12,050 families will have benefited from the gardening programmes, with pot gardening doubling from 300 to 600 families in Timai camp in this cycle. This is over 80% of all families residing within the camps. The yearly budget for the gardening programmes approaches US$40,000 for the current phase (2003-2004).

133. The home and pot gardening projects have helped to promote the availability of different varieties of vitamin-rich food. Vegetable varieties distributed focus predominately on green leafy vegetables with the highest concentration of vitamins. Cuttings and seeds are provided from camp-based central and satellite resource nurseries. To further refugee self-sufficiency in the H/PGP, seed preservation and increased use of cuttings is encouraged. Having demonstrated its cost-effective management practices in other areas, notably loan schemes and savings groups, RWF will be encouraged to seek ways of enhancing the refugee ownership of the gardening programmes. One recommendation on a pilot basis is to try charging 1 NRs per cutting or seedling to encourage stakeholders’ investment in the programme.

The Mission recommends that the home/pot gardening projects make every effort to train beneficiaries in seed preservation methods as a means towards increasing self-sustainability of this valuable project. It also recommends pursuing the use of unallocated land within the camp for seed preservation.

134. Household yields can provide up to 100kg of additional vegetables per family per year, depending on the size of plot available. The land available to the refugees to grow food is limited. Therefore, pot gardening and the use of unallocated lands may increase vegetable consumption for those families yet to be assisted.

The Mission recommends that pot gardening options be pursued for families with insufficient land for HGP.

5.6.5 Non-formal education and vocational activities

5.6.5.1 Non-formal education

135. CARITAS and refugee organizations, such as RWF and Bhutanese Community Development Center (BCDC), implement non-formal education activities in the camps. LWF sponsors the Children’s Forum, which offers arts and music training to youths under 18 years old. RWF and BCDC concentrate on activities to promote literacy, culture and social awareness targeting school dropouts and the wider refugee community. CARITAS, on the other hand, is engaged in more specialized activities such as Child Play Centers with 3,724 beneficiaries and the Disability Programme with 3,243 participants as of 30 June 2003. The BCDC’s non-formal Nepali literature classes and cultural orientation benefited 1,754 participants. (See Annex VI-5)

5.6.5.2 Vocational activities

136. As of 31 July 2003, some 366 persons were enrolled in various vocational training activities conducted by BRAVVE, funded by UNHCR. Likewise, the ongoing non-formal educational and vocational activities conducted by RWF and funded through UNHCR reported 5,494 beneficiaries enrolled as of 31 July 2003 (Annex VI-5). These activities are implemented by the RWF and BRAVVE, and prioritise vulnerable women and family members for selection of beneficiaries.
5.7 Support to local communities

5.7.1 Impact of the refugee presence in Jhapa and Morang Districts

When the refugees began entering Nepal in the early nineties, HMG/N set up camps on land that the local communities had used as forest reserve and grazing land. Initial resentment subsided and resulted, years later, in a form of economic interdependency between the refugees and local community. While officially prohibited, some refugees unofficially work in various sectors, notably of agriculture and education, at a cheaper wage than local counterparts. While this has benefited local business establishments, it has also caused resentment among the local population whose job opportunities were already scarce. On the other hand, local grocers and small stalls are patronised by the refugees who purchase small items from them.

5.7.2 RAARP (1994-2001) and future support to local community

The Refugee-Affected Areas Rehabilitation Programme (RAARP) commenced in 1994 with the initial objective to mitigate part of the environmental damage caused by the presence of refugees. This UNHCR-funded programme was extended for another four-year period and expanded beyond local environmental issues to providing development support to local communities in their initiatives. The financial support (totaling to US$2.5 million since 1994) provided to local Village Development Committees (VDCs) through UNHCR’s implementing partners was utilized for construction and repair of access roads surrounding refugee camps, construction of local school buildings and libraries, and small-scale vocational training and a small micro-credit project. These activities were much appreciated by the local communities, and to a great extent helped to enhance good understanding and cooperation between the local population and the refugees.

RAARP was a time-bound programme, financed by special donor funds and ran from 1994 to March 2002. With the ending of the funding, the implementing partners joined the effort and expanded some of their projects to include local residents, notably LWF and its disaster preparedness and mitigation projects, and NRCS with its vocational and gardening assistance. These efforts have had a positive impact in helping to reduce tensions between the local population and the refugees in the area.

The Mission recommends that the advocacy efforts targeting the neighboring communities on why the refugees are in Nepal and on the economic benefits to the Nepalese economy and the local community should be strengthened.

UNHCR also encouraged HMG/N to engage in its own fundraising to substitute the financial assistance previously provided under RAARP. In light of this sharing of benefits and resources, maximising the use of structures already in place, and building up capacity and infrastructure in the refugee-affected area is a part of the durable solution. Local projects could be identified and the stakeholders can dialogue together on the best implementation strategies, be it with refugee participation, or from a line Ministry direction. Ownership of the solutions is seen as the most positive way to achieve lasting, acceptable solutions.

In line with the recommendation above, the Mission also recommends that implementing partners (NRCS, LWF, CARITAS and AMDA) work with donors to identify funding to increase their local area development initiatives.
5.8 Planning of assistance

5.8.1 Overview of requirements and available resources

141. During the period January 1992 to June 2004, WFP will have committed a total of just over US$87 million for food assistance (Annex I-1), covering a total of 224,600 tons of food commodities (Annex IV-2). In 2003, UNHCR provides a total of US$3.7 million for care and maintenance programmes (Annex I-2). Direct assistance to the Bhutanese refugees in 2003 is around US$104 per refugee.

The Mission recommends that WFP Nepal review the ITSH matrix before the submission deadline for the WFP PRRO document.

Government contribution

142. Since 1996/97, HMG/N has made available to WFP an annual cash contribution of US$ 100,000 for food procurement. This contribution in support of the refugee operation is highly appreciated by WFP.

The Mission recommends that HMG/N continue its annual cash contribution of US$ 100,000 for the PRRO period July 1, 2004 – June 30, 2005.

143. NGO funding for complementary schemes in the camps has decreased considerably. In the light of the long-running operation and tight resources, the Mission recommends reviewing ways to use the existing resources and adding to finance these rather than creating separate systems of support to refugees only.

5.8.2 Planning figures of refugees and food aid requirements

5.8.2.1 Planning figures of refugees and food rations

144. The Mission urges that a dependable reporting system between AMDA and UNHCR/RCU/NRCS be established, which will ensure that the refugee numbers are adjusted on a daily basis and that newborn babies are only added to the distribution list when they reach six months, as lactating mothers receive supplementary rations to cover increased needs while breastfeeding. Based on discussions with both the government and WFP/UNHCR field representatives, and the fact that the 5% refugee population missing during the Khudunabari JVT exercise, the refugee figure for the next phase could fall to between 85-90,000. However, as the joint verification results and the proposed headcount exercise will not have been finalised before the WFP deadline for the PRRO document’s submission and that food according to the WFP policy will follow the returning refugees for an initial period of time after repatriation, a planning figure of 99,600 seems realistic at this stage.

The Mission recommends, at this stage, that the planning figure for the next phase be reduced to 99,600 refugees for the WFP PRRO phase July 2004–June 2005. The Mission further recommends a planning figure of 3,300 beneficiaries under the health-center based supplementary feeding programme and 42,000 children under the dry-season school-based supplementary feeding programme.
Based on the above, the Mission recommends to plan a total of 19,226 MT of basic and supplementary food commodities to be provided by WFP, and some 3,639.9 MT of complementary food items to be provided by UNHCR.

### 5.8.2.2 Food aid requirements

145. Food aid needs have been calculated for the next phase of the operation (July 2004–June 2005) on the basis of the above planning figures. This includes the provision of complementary food commodities by UNHCR, in particular fresh vegetables for general distribution and dried skimmed milk for malnourished children in the supplementary feeding programme. In addition, the school-based supplementary feeding programme for an estimated 42,000 students during three months (or 78 school days) will be continued with the provision of fortified blended food and sugar by WFP.

#### Ration scales:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>General Ration</th>
<th>Health center-based supp. Ration</th>
<th>School-based supp. Ration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice (parboiled)</td>
<td>410</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pulses</td>
<td>60</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vegetable oil</td>
<td>25</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Blended food (fortified)</td>
<td>-</td>
<td>80</td>
<td>25</td>
</tr>
<tr>
<td>Sugar</td>
<td>20</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Salt (iodized)</td>
<td>7.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Vegetables (by UNHCR)</td>
<td>100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DSM (by UNHCR)</td>
<td>-</td>
<td>40</td>
<td>-</td>
</tr>
</tbody>
</table>

146. The basic food ration provided by WFP is equivalent to 1,985 Kcal, 41 grams of proteins and 27 grams of fat per person per day. Complementary foods are provided by UNHCR. The total ration, combined with limited coping mechanisms available to the refugees, provides them with the recommended minimum daily requirement of 2,100 kcal. An additional 452 Kcal and 14.4 grams of proteins and 14.8 grams of fat per person per day are supplied in the form of a premix under the supplementary feeding programme for vulnerable groups. The June 2003 AMDA Nutrition Survey and all the related health and nutrition indicators have illustrated that the above rations adequate. It was felt that any readjustments in the general or supplementary rations at this stage might jeopardise WFP’s position at this time.

147. The total requirements for the 12-month PRRO duration are outlined in the table below. For WFP, the total requirements are 19,226 MT of basic and supplementary food commodities. For UNHCR the total requirements are 3,639.9 MTN of food.

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142 DSM is provided only for malnourished children.
Logistics/ITSH:

148. As part of planning for the WFP's PRRO document, the Mission reviewed the present ITSH matrix and based on discussion, WFP/Logistics concurs that a further review is required to accommodate both local purchases and in-kind donations.

Projected Food Requirements per commodity:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Daily Requirement (MT)</th>
<th>Monthly Requirement (MT)</th>
<th>Annual Requirement (MT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>40.8</td>
<td>1,245</td>
<td>14,905</td>
</tr>
<tr>
<td>Pulses</td>
<td>6.0</td>
<td>182</td>
<td>2,181</td>
</tr>
<tr>
<td>V. Oil</td>
<td>2.5</td>
<td>77</td>
<td>921</td>
</tr>
<tr>
<td>Sugar</td>
<td>2.1</td>
<td>64</td>
<td>768</td>
</tr>
<tr>
<td>Salt</td>
<td>0.7</td>
<td>23</td>
<td>273</td>
</tr>
<tr>
<td>WSB</td>
<td>0.5</td>
<td>15</td>
<td>178</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52.7</strong></td>
<td><strong>1,607</strong></td>
<td><strong>19,226</strong></td>
</tr>
</tbody>
</table>

Projected Annual WFP Food Requirements per activity:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Basic Ration (MT)</th>
<th>Health center-based SF (MT)</th>
<th>School-based SF (MT)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td>14,905</td>
<td>-</td>
<td>-</td>
<td>14,905</td>
</tr>
<tr>
<td>Pulses</td>
<td>2,181</td>
<td>-</td>
<td>-</td>
<td>2,181</td>
</tr>
<tr>
<td>V. Oil</td>
<td>909</td>
<td>12</td>
<td>-</td>
<td>921</td>
</tr>
<tr>
<td>Sugar</td>
<td>727</td>
<td>18</td>
<td>23</td>
<td>768</td>
</tr>
<tr>
<td>Salt</td>
<td>273</td>
<td>-</td>
<td>-</td>
<td>273</td>
</tr>
<tr>
<td>WSB</td>
<td>-</td>
<td>96</td>
<td>82</td>
<td>178</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,995</strong></td>
<td><strong>126</strong></td>
<td><strong>105</strong></td>
<td><strong>19,226</strong></td>
</tr>
</tbody>
</table>

Projected Annual UNHCR Food Requirements per activity:

<table>
<thead>
<tr>
<th>Commodity</th>
<th>Basic Ration (MT)</th>
<th>Health center-based SF (MT)</th>
<th>School-based SF (MT)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh vegetables</td>
<td>3,635.4</td>
<td>-</td>
<td>-</td>
<td>3,635.4</td>
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<tr>
<td>DSM</td>
<td>-</td>
<td>4.5</td>
<td>-</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-</td>
<td><strong>4.5</strong></td>
<td>-</td>
<td><strong>3,639.9</strong></td>
</tr>
</tbody>
</table>

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