JOINT ASSESSMENT MISSION REPORT

Assistance to the refugees from Bhutan in Nepal

June 24 – July 11 2014

A refugee greengrocer in Beldangi camp
ACKNOWLEDGEMENTS

The Joint Assessment Mission is grateful to the Government of Nepal for the opportunity it gave to the mission to review the assistance provided to the refugees. The collaboration with UNHCR and WFP teams was greatly appreciated, especially for the logistic and administrative support and their dedicated work on the field.

The mission acknowledges the support given by all the partners who accompanied this exercise and without which this exercise would not have been possible.

The mission is also very thankful to all the refugees and residents from the host community for their confidence during fruitful discussions.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>AMDA</td>
<td>Association of Medical Doctors of Asia</td>
</tr>
<tr>
<td>APF</td>
<td>Armed Police Force</td>
</tr>
<tr>
<td>BPRM</td>
<td>Bureau of Population, Refugees, and Migration</td>
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<tr>
<td>BRWF</td>
<td>Bhutanese Refugee Women Forum</td>
</tr>
<tr>
<td>CDO</td>
<td>Chief District Officer</td>
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<tr>
<td>CFUG</td>
<td>Community Forest Users’ Group</td>
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<tr>
<td>CMAM</td>
<td>Community Management of Acute Malnutrition</td>
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<tr>
<td>CMC</td>
<td>Camp Management Committee</td>
</tr>
<tr>
<td>CQS</td>
<td>Central Quality Surveillance</td>
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<tr>
<td>CWT</td>
<td>Community Watch Team</td>
</tr>
<tr>
<td>DPHO</td>
<td>District Public Health Officer</td>
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<tr>
<td>ECHO</td>
<td>European Community Humanitarian Office</td>
</tr>
<tr>
<td>EOI</td>
<td>Expression of Interest</td>
</tr>
<tr>
<td>EVI</td>
<td>Extremely Vulnerable Individual</td>
</tr>
<tr>
<td>FBM</td>
<td>Food Basket Monitoring</td>
</tr>
<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
</tr>
<tr>
<td>GoN</td>
<td>Government of Nepal</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Information System</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
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<tr>
<td>IEC</td>
<td>Information Education Communication</td>
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<tr>
<td>IGA</td>
<td>Income Generating Activities</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
</tr>
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<td>JAM</td>
<td>Joint Assessment Mission</td>
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<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
</tr>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>MSU</td>
<td>Mobile Storage Unit</td>
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<tr>
<td>NBA</td>
<td>Nepal Bar Association</td>
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<tr>
<td>NFI</td>
<td>Non-Food Item</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<td>--------------</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NRS</td>
<td>Non-Refugee Spouse</td>
</tr>
<tr>
<td>NUCRA</td>
<td>National Unit for the Coordination of Refugee Affairs</td>
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<tr>
<td>OPD</td>
<td>Out-Patient Department</td>
</tr>
<tr>
<td>Q&amp;Q</td>
<td>Quantity and Quality</td>
</tr>
<tr>
<td>PDM</td>
<td>Post Distribution Monitoring</td>
</tr>
<tr>
<td>PHCC</td>
<td>Primary Health Care Centre</td>
</tr>
<tr>
<td>PSN</td>
<td>Person with Special Needs</td>
</tr>
<tr>
<td>RCU</td>
<td>Refugee Coordination Unit</td>
</tr>
<tr>
<td>RGP</td>
<td>Reclamation Garden Project</td>
</tr>
<tr>
<td>RSRC</td>
<td>Ration Suspension and Reinstatement Committee</td>
</tr>
<tr>
<td>SADG</td>
<td>Social Awareness Development Group</td>
</tr>
<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
</tr>
<tr>
<td>SFP</td>
<td>Supplementary Feeding Programme</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>TPO</td>
<td>Transcultural Psychosocial Organization</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>VT</td>
<td>Vocational Training</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WSB</td>
<td>Wheat Soya Blend (fortified)</td>
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<tr>
<td>PVE</td>
<td>Physical Verification Exercise</td>
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</table>
EXECUTIVE SUMMARY

Over 100,000 refugees from Bhutan fled to Nepal in the early 90’s after the enforcement of restrictive and discriminatory laws in Bhutan. For over two decades the Government of Nepal has generously hosted refugees and played a key role with the UN and international community in pursuing solutions.

As of the end of June 2014, 91,224 refugees had been resettled to eight countries who participated in the group resettlement programme which begun in 2007. Out of the 26,117 refugees still present, it is estimated that 10-15,000 will remain after the group resettlement programme winds down either because they did not express their interest for resettlement, or because they will not be eligible for it.

Joint Assessment Missions (JAM) are regularly conducted by UNHCR and WFP, with the support from the Government of Nepal, and the partner agencies, in order to assess the situation and the assistance provided to the refugees, with a focus on food security and nutrition. The last one was done in June 2012. This JAM was held in June 2014 with UNHCR and WFP team members, accompanied by two donor observers from ECHO and the US-Embassy.

The major change between the current and previous JAM exercises is the significant decrease in camp population (minus 47%). The population is living in a kind of stand-by situation while waiting to be resettled which can in some cases lead to some anxiety and stress. Partner agencies and some of the key-informants interviewed reported that resettlement is sometimes the indirect cause of domestic violence, social tension, substance abuse, and even mental disorders. Though UNHCR and its partners implemented awareness and outreach activities, this remains an issue.

In the area of protection, the issue of Non-Refugee Spouses (NRS) has been acknowledged as vulnerability because they are not entitled to a food ration and because, in the case of a Nepalese wife of Bhutanese refugee husband, the latter cannot access Nepalese nationality through his wife. On the other hand, however, although a refugee woman can attain Nepalese nationality through her Nepalese husband; many administrative obstacles make it very difficult. UNHCR and the Nepal Bar Association (NBA) are following up on these cases.

UNHCR and partners have stepped up efforts to promote awareness on Sexual Gender Based Violence (SGBV) prevention and response with a particular focus on vulnerable groups, including persons with disabilities. Nevertheless, the number of SGBV cases reported has increased between 2012 and 2013 and this is assumed to be the result of enhanced efforts for awareness-raising on SGBV and a multi-sectorial response, which in turn contribute to better reporting.

In terms of food security, the overall situation in the refugee camps is stable. The levels of household food consumption are consistently classified as acceptable for nearly all households and there are no particular risks to the beneficiaries’ well-being. Even though there are job opportunities in the informal labour sector and some refugees manage small shops inside the camps, most refugees are challenged to become self-reliant because they face certain legal restrictions. Overall, greater self-reliance could be improved through further vocational trainings such as hair cutting or mechanics, which are reported to be marketable skills in the camp. In addition to the basic food ration distributed, refugees have access to extra food commodities through the Reclamation Gardening Programme (RGP) or through the local markets. The mission acknowledges the importance of gardens for food diversity and cash income – though limited – especially for vulnerable people. The markets are well-developed, but prices fluctuate which can hamper refugees’ food access and dietary diversity which reinforces the need to follow up on variations in local market prices.

The mission found that the food distribution and food basket were appropriate and properly organized even though there is scope for some improvement. Refugees interviewed during the JAM reported to be generally satisfied with the quantity and quality of food. There were some issues raised by part of the refugees referring to the solidification of the palmolein oil, variations in the quality of rice and a preference for another type of pulses. While the latter two are more linked to the refugees’ perception, the solidification of palmolein oil remains an issue when temperatures drop during winter.
With regard to health and nutrition, the overall situation is deemed satisfactory and has even improved in certain areas. Nevertheless, reports of an increase in the burden of chronic diseases were mentioned to the mission. Resettlement has had a detrimental impact on the staffing of the health centres. This is an on-going issue since the start of group resettlement in late 2007 and it has been noticed that even though efforts to hire and train new staff is reinforced, it is increasingly necessary to improve the access of refugees to host community health centres.

The nutrition situation is globally very good, and even better than in the host community. At the same time the last nutrition survey conducted in 2013 showed, although improving since 2012, a high prevalence of anaemia, especially among children 6-23 months old. According to informants during focus group discussions and interviews, ineffective Infant and Young Child Feeding Practices (IYCF) are prevalent among the refugee population.

The coordination and the relation between stakeholders and partners are good and allow for appropriate and timely action. The mission considers that the overall assistance is of good quality.

Looking at trends, the coming years will lead to further reductions in the camp population and will require further assessments in order to fine-tune the assistance strategy. It has been envisaged to shift the modality of assistance from in-kind to cash, but a recent cash feasibility study conducted by WFP indicates that this not yet a cost-effective move based on current market prices and numbers of beneficiaries. This situation will evolve and will require another study in the future.

There is, however, a clear need to start exploring as soon as possible new strategies in order to adapt the assistance programme and its modalities of implementation to the coming changes. UNHCR is exploring the potential of using cash transfers for non-food items.

The mission acknowledges the lack of information regarding the level of socioeconomic vulnerability at household level which would allow fine-tuning the appropriate type of assistance, especially for the most vulnerable households.
FINAL RECOMMENDATIONS

1. Protection

1.1. UNHCR with partners to develop a longer-term strategy on substance/alcohol abuse issues and to come up with appropriate programmes for control mechanisms and social intervention, which will be presented and further discussed with the local government, Armed Police Force (APF), and the Camp Management Committee. See page 13.

1.2. UNHCR and WFP to renew negotiation with the local government to assist vulnerable Non-Refugee Spouse (NRS) on a case-by-case basis by developing jointly agreed criteria for vulnerability. See page 14.

2. Security

2.1. The Shelter Management Panel to continue looking into the possibility of shifting huts located in the areas which are prone to elephant hazard to safer locations. See page 14.

2.2. UNHCR to resupply the fire fighting equipment. See page 14.

3. Food Security situation

3.1. WFP to implement a routine monitoring system for food prices and labour wages in the markets nearby the camps. See page 18.

4. Self-reliance

4.1. UNHCR and partner agencies to consider introducing advanced courses in follow-up to some of the existing training such as tailoring and beauty parlour in order to make their skills more marketable pending their resettlement departure. See page 18.

4.2. UNHCR and Caritas to expand mechanical training (repair of radio and mobile phone) and introduce new courses (i.e. hair cutting for boys/men) pending durable solution. See page 18.

5. Current food assistance

5.1. In order to ensure that vulnerable individuals are not left out, WFP to continue the support of the Reclamation Gardening Project and increase the capacity and the household participation of the vulnerable communities. See page 19.

5.2. WFP to suggest measures to increase the plot size of reclamation gardens (based on availability of new vacant plots) and outreach and support to beneficiaries. See page 19.

5.3. WFP to reassess the composition of the food basket, including the diversity of pulses, and amount of salt. See page 20.

5.4. WFP to review if it is feasible to complement the physical verification and ration card distribution exercise with increased hut visits. See page 21.
6. Health

6.1. UNHCR and AMDA, through the community health workers, to include into health promotion campaigns at community level to raise awareness on healthy food habits, increase physical exercise, reduce/withdraw from smoking and substance abuse, proper utilization of health facilities for screening and early detection of chronic diseases, and review and assess the patterns of the latter. See page 23.

7. Nutrition

7.1. UNHCR, WFP and AMDA to review and update the supplementary feeding programme's nutritional objectives, protocols, and specialized nutritious foods to be used. See page 23.

7.2. UNHCR, WFP, and AMDA to re-assess the workload during the GMP and consider the possibility of using more appropriate screening criteria for acute malnutrition (Weight for Height and/or MUAC) in comparison with the national protocol. See page 24.

7.3. UNHCR, WFP and AMDA to reinforce their strategy to improve IYCF practices in the camps and organize refresher trainings related to nutrition and IYCF for health workers and volunteers involved in nutrition programmes. See page 24.

8. Sanitation

8.1. LWF to continue efforts to enhance effective solid waste management in light of newly emerging contextual challenges, explore possibility of waste segregation, and sensitize refugees and host community on the need of having a clean environment and drainage system through community networks and sectorial meetings See page 24.

9. Food Storage and Record Keeping

9.1. Upon receipt of the list from UNHCR, WFP to expedite its on-going assistance of providing food storage utensils to the UNHCR-identified Extremely Vulnerable Individual (EVIs) to store their food in a proper manner at the household level. See page 25.

10. Food quality and quantity

10.1. WFP to distribute palmolein oil for three months (winter period) in advance in November before it solidifies. This was also discussed and accepted by refugees during the focus group discussions, distribution, and hut visits. See page 25.

10.2. WFP to further strengthen its Q&Q inspection system by providing orientation to the CMC on Q&Q procedures so that the CMC can communicate the procedures to the refugee population. See page 26.

10.3. WFP to review if it can procure rice in bulk after the main rice harvest and keep a buffer stock for the distribution during the rainy season in order to ensure a stable supply chain. See page 26.

10.4. WFP to review and assess the most effective and consistent ways to weigh food commodities at distribution sites. See page 26.

10.5. WFP to review hygiene conditions for food handling during distribution. See page 26.
11. Distribution of Non-food items

11.1. UNHCR and partners to look into ways to improve dissemination of information and communication about process and delays in supply. See page 26.

12. Volunteerism and incentives

12.1. Considering that hiring national staff is expensive due to the reduction of resources, UNHCR and AMDA to continue advocacy to the district and regional public health offices to improve the immediate host community health centres and continue providing support to build their capacity in order to enable the access of refugees to those host community health centres. See page 27.

12.2. WFP, UNHCR and partners to further strengthen the mitigation strategies of maintaining adequate staff for all the services (incentive and salaried) through early identification of resettlement departures, improved identification of refugee incentive workers, enhanced motivation of volunteers, and hiring of national staff when needed for basic services (health). See page 28

13. Transition, changes and appropriateness of assistance

13.1. WFP and UNHCR to review the level of assistance required for the vulnerable groups with the ongoing assistance they are receiving and adjust the assistance accordingly. See page 28.

13.2. WFP to continue the in-kind food assistance meeting minimum requirements as per international standards based on the findings of the recent cash feasibility assessment and in the absence of reliable data concerning the level of self-reliance of the refugees from Bhutan. See page 29.

13.3. WFP and UNHCR to look into organizing a socioeconomic survey within the coming two years in order to fine-tune the assistance according to the level of vulnerability (this could be done through the Physical Verification Exercise (PVE) which is a ‘census’ type exercise). See page 29.

13.4. WFP, in collaboration with UNHCR, to assess beneficiaries’ preference for alternative transfer modalities during the socioeconomic survey (see above recommendation). See page 30.

13.5. UNHCR, in collaboration with WFP, to further explore the feasibility of cash or vouchers transfer for replacing Non-Food Items (NFIs) distribution (especially regarding cooking fuel) in consultation with key stakeholders such as the Camp Management Committee, Government of Nepal, refugee community leaders, etc. See page 30.

13.6. WFP to conduct another cash feasibility study before the next JAM, tentatively the first half of 2016. See page 30.
Asylum-seekers from Bhutan started arriving in Nepal in the early 1990s following enforcement of a series of restrictive immigration and citizenship laws in the second half of the 1980s. Those who arrived before June 1993 were accepted *prima facie* as refugees. Seven camps were established in Jhapa and Morang districts in the far eastern corner of Nepal to accommodate the refugees, provide security, and facilitate delivery of humanitarian assistance. At the request of the Government of Nepal (GoN), UNHCR and WFP began providing humanitarian assistance to the refugees in 1992.

The group resettlement programme started in late 2007 and since then of the original population of some 108,000 over 91,000 refugees from Bhutan have resettled in eight different countries. Refugees have been mainly resettled in the USA (77,121), Canada (5,940), and Australia (5,190) and lesser numbers in Denmark, Netherlands, New Zealand, Norway, and the UK. With over half the original population resettled, the seven refugee camps in eastern Nepal were merged to two, and currently there are only two camps hosting some 26,000 refugees – Beldangi in Jhapa district and Sanischare in Morang district.

The two south-eastern Terai districts which have hosted the refugees from Bhutan for over 20 years have a total population of 1,775,300, of which 810,600 reside in Jhapa district and 964,700 reside in Morang district. The two districts are known as the 'breadbasket' of Nepal, reflecting their agriculture-based economy, and are host to migrant workers from the hill and mountain regions of Nepal, as well as the refugees.

Nepal is not a signatory to the 1951 Convention relating to the Status of Refugees which is the key legal document in defining who is a refugee, their rights and the legal obligation of states, nor is Nepal a signatory to the 1967 Protocol, which removed geographical and temporal restrictions from the 1951 Convention. Despite not being a signatory to the 1951 Convention and the 1967 Protocol, Nepal has generously hosted thousands of refugees from Bhutan for over two decades.

The Ministry of Home Affairs (MoHA) has the overall responsibility for the refugee programme in Nepal. At the central level, the Ministry established a National Unit for the Coordination of Refugee Affairs (NUCRA) responsible for implementing the government’s refugee policy and at the local level; a Refugee Coordination Unit (RCU) was established under the authority of the Chief District Officer (CDO) of Jhapa. Camp supervisors and assistants have been recruited as part of the Refugee Coordination Unit (RCU) and are posted in each camp.

UNHCR continues to advocate for the adoption of a national legal framework to address asylum issues and accession to international refugee instruments. UNHCR continues to advocate for policies favourable to refugees and work towards the implementation of comprehensive solutions for all refugees in Nepal.

To assess the situation in the camps and the assistance provided to the refugees, Joint Assessment Missions (JAMs) are conducted periodically by UNHCR and WFP with assistance from the Government of Nepal, partners, and other NGOs providing services in the camps. In Nepal, a JAM has been conducted in 2001, 2004, 2006, 2008, and 2012. UNHCR and WFP agreed to cancel the 2010 JAM due to the challenges of implementing a scaled-up resettlement process and planning for camp consolidation.

**METHODOLOGY**

The JAM was conducted from June 25 to June 27 2014. It has used the same methodology as the 2012 JAM and consisted in primary data collection and secondary data review. UNHCR and WFP prepared a

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comprehensive information package including key reference documents; secondary data; and other relevant background material.

Questionnaires were prepared and reviewed prior to the departure to the field and were addressed to Refugee Coordination Unit (RCU) officials, Camp Management Committee (CMC), and partners, as well as to refugees and residents from the host community.

Data collection during field visits was done through Focus Group Discussion (FGD), key-informant interviews, and direct observations.

The mission was divided in four teams with special area of focus (see Team Composition in Annex I, page 32):

- Team A-1: Food security
- Team A-2: Logistic/Warehouse management
- Team B-1: Health, nutrition & sanitation
- Team B-2: Protection, refugee numbers, durable solutions & refugee welfare and self-reliance

Two representatives of the donors (ECHO and US Embassy) accompanied the mission from Kathmandu to Damak, and, same as the consultant in charge of the JAM, followed different teams on the field.

The field visits were concluded by a team meeting in order to gather and review about key findings and to fine-tune of the methodology.

PART 1 – REFUGEE NUMBERS, PROTECTION AND DURABLE SOLUTIONS

Refugee numbers and demography

As of the 30 June 2014, the total refugee population was 26,117 refugees in both Beldangi and Sanischare camps with a small caseload out of camp (see Table 1 below).

During the previous JAM, which took place in June 2012, the refugee population was 48,590. This means a decrease by 47%.

<table>
<thead>
<tr>
<th>Camp Name</th>
<th>0-4</th>
<th>5-11</th>
<th>12-17</th>
<th>18-59</th>
<th>60 and over</th>
<th>Total</th>
<th>Family heads</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beldangi</td>
<td>1,988</td>
<td>2,703</td>
<td>2,397</td>
<td>11,970</td>
<td>1,647</td>
<td>20,705</td>
<td>3,333</td>
</tr>
<tr>
<td>Sanischare</td>
<td>577</td>
<td>686</td>
<td>610</td>
<td>3,078</td>
<td>426</td>
<td>5,377</td>
<td>798</td>
</tr>
<tr>
<td>Out of camp</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>27</td>
<td>5</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td><strong>2,565</strong></td>
<td><strong>3,392</strong></td>
<td><strong>3,007</strong></td>
<td><strong>15,075</strong></td>
<td><strong>2,078</strong></td>
<td><strong>26,117</strong></td>
<td><strong>4,146</strong></td>
</tr>
<tr>
<td>Percentage</td>
<td>9.8%</td>
<td>13.0%</td>
<td>11.5%</td>
<td>57.7%</td>
<td>8.0%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

*Source: UNHCR Nepal*

The refugee numbers have changed considerably over the last years in line with the group resettlement process. Indeed, together with the Government of Nepal and IOM, UNHCR has implemented the resettlement of 91,224 refugees as of end of June 2014. To date, group resettlement remains the only viable durable solution for the refugees.

At the time of the mission, an Expression of Interest (EOI) exercise was on-going which aimed at registering any refugee willing to be part of the group resettlement process. A total of 5,382 refugees were newly added...
as part of the Declaration of Interest (DOI) cases during this three-month period (April-June). Although the number of non.DOI has come down to 2,018 at the end of EOI, a much higher number of DOI refugees are also likely to remain in Nepal, either because of their ineligibility for resettlement due to their complex profiles, or because some will change their mind and withdraw their submission of EOIs. Therefore, it is believed based on the current assumptions that the refugee population remaining after group resettlement is completed will be in the range of 10-15,000 persons. The precise figure will continue to be the subject of on-going analysis by UNHCR, IOM and the resettlement countries.

These changes brought about by the resettlement have had significant impacts on the refugee community and the operations. Some informants mentioned the positive impact on the economy through remittances sent by the resettled relatives and improved access to services due to a lower attendance. On the other hand, the departure of skilled workers or volunteers keeps on challenging the delivery of services (especially for health centres, distribution sites, schools, etc.).

Family separation, family conflict, increased domestic violence, divorce, and losing social support mechanisms were quoted as examples of negative impact of resettlement. According to some informants, family separation has led to mental distress.

Protection

The overall protection situation of the refugees appears not to have significantly changed since the last JAM.

Impact of resettlement

The resettlement remains a major concern for the refugees. During the field visits, both refugee and host community representatives questioned whether the reduction in assistance is to pressure refugees to go on resettlement. Despite the message given that these two are completely separate issues, doubts remains among the refugees.

While interviewees expressed their preference for durable solutions such as repatriation or integration, the only solution currently available is resettlement, despite the continuous advocacy from UNHCR and the international community. The family separation due to resettlement is a source of conflict within families and was mentioned as a serious concern.

Substance abuse has been cited as a contributing factor to protection cases, particularly domestic violence and threats to camp security. It is presumed that the increase in substance abuse cases has a close relationship with the cash flow due to remittances.

In order to reduce the stress linked to resettlement, UNHCR has developed a system to give feedback to the case status of applicants. At the same time, UNHCR and partners are working on more awareness raising, reach-out programmes, and a programme to prevent relapse after weaning off substance abuse.

Recommendation:

UNHCR with partners to develop a longer-term strategy on substance/alcohol abuse issues and to come up with appropriate programmes for control mechanisms and social intervention, which will be presented and further discussed with the local government, Armed Police Force (APF), and the Camp Management Committee.

2 Figures from UNHCR show that the number of reported cases for substance abuse is increasing : 304 in 2011; 193 in 2012; 217 in 2013

3 In general, refugees expressed that they faced loneliness, depression and anxiety awaiting resettlement. Some refugees thought that NFI assistance was decreasing due to an increase in the resettlement of refugee population and the on-going inquiry from outsiders on the transfer modality could be an indicator for a possible decrease or discontinuation of assistance in future.
Under the current resettlement policy, refugee females who are married to Nepali or Indian husbands are not eligible for resettlement since they are entitled for citizenship through the husband by law. Together with the Nepal Bar Association (NBA), UNHCR is trying to help overcome the practical difficulties and barriers in acquiring citizenship through marriage.

Non-refugee spouses (NRS) are, though living in the camps, not entitled to food rations and some of the assistance in the camp. UNHCR and WFP proposed to address the issue of vulnerable NRS on an exceptional basis, but the local government advised to consider all NRS based on agreed criteria of vulnerability.

**Recommendation:**

- UNHCR and WFP to renew negotiation with the local government to assist vulnerable Non-Refugee Spouse (NRS) on a case-by-case basis by developing jointly agreed criteria for vulnerability.

**Security**

WFP, UNHCR and IOM staff follow UN security protocols and all agency vehicles are MOSS (Minimum Operating Security Standard) compliant. The Morang and Jhapa districts, where the UN sub-offices and the camps are located, remain under UNDSS’s Security Phase II.

The security situation of the camps is generally calm and under control, owing to the presence of the Armed Police Force (APF) and Community Watch Team (CWT) that is a part of the Camp Management Committee.

The two risks currently threatening refugees are elephant hazard and fire. UNHCR has provisioned fire engines to the fire station and trained refugees in fire fighting and provided equipment. However, some refugees mentioned that many trained persons have resettled and some of the equipment has been misplaced.

**Recommendations:**

- The Shelter Management Panel to continue looking into the possibility of shifting huts located in the areas which are prone to elephant hazard to safer locations.
- UNHCR to resupply the fire fighting equipment (for new volunteer identification, refer to chapter Volunteerism and incentives, page 27).

**Sexual and Gender-based Violence (SGBV)**

Although it is assumed that the number of SGBV cases informally mediated has been decreasing, it still remains a concern as such mediation is often biased and influenced by internal power structures. In order to address this issue and to stop this internal resolution of such cases, UNHCR and partners have stepped up efforts to promote awareness on SGBV prevention and response. Being the highest at-risk group, a particular focus has been put on vulnerable groups including persons with disabilities. Camp leadership, who is traditionally involved in such informal mediation, has also been targeted by the awareness promotion activities, so that they understand the proper response mechanisms in the camp and are refrained from being involved in informal mediation.

Camp-based SGBV working groups were established earlier this year with the aim of enhancing coordination among relevant stakeholders in the efforts of SGBV prevention and response.

The decreasing number of reported cases is largely due to the resettlement, but in terms of proportion, they are overall stable (see Graph 1) with 0.47% reported cases per total population in 2013 compared to an average of 0.42% over the last five years (2009-2013). However, between 2012 and 2013, whereas the population had decreased, the number of reported cases has increased (54 and 71 respectively). Although there is no straightforward answer to this trend, it can likely be partly attributed to enhanced efforts for awareness raising on SGBV and a multi-sectorial response, which contributed to better reporting.
Relation with the host community

Although refugee and host communities generally maintain a good relationship, there are potential sources of conflict over firewood collection, cattle raising, and waste management (for waste management, see Sanitation, page 24).

Delays in briquettes supply may force vulnerable refugees to cut wood and lead to further disputes with the host community and the Community Forest User Group (CFUG). For further information about briquette issue, refer to Distribution of Non-food items, page 26).

PART 2 – FOOD SECURITY AND SELF-RELIANCE

Background

Since January 2007, WFP provides general food rations to the registered refugees. WFP is also supporting the refugees through a supplementary feeding programme (see Nutrition interventions, page 23) and awareness raising activities. The general food distribution, which is carried out every fortnight, consists of rice, pulses, oil, salt, sugar, and super cereal (wheat soya blend) to meet the daily requirement of 2,079 kilocalories per person per day.

WFP and UNHCR regularly monitor\(^5\) and assess food assistance provided to the refugees from Bhutan, mainly focusing on food security, nutritional status, self-reliance, and the overall well-being of the refugees and the host community.

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\(^4\) Data from UNHCR, “Trend Analysis of reported SGBV incidents 2009-2013”.

\(^5\) WFP and partners conduct post-distribution monitoring (PDM) twice a year: March-June and August-November. PDM is based on a stratified random sample of all refugee households. Stratification is done by camps applying probability proportionate to size (the number of households in that particular monitoring period in the respective camps). According to the most recent PDM cycle report, August to November 2013, 370 refugee households out of 6,743 were included in the PDM (at the time of the mission the March-June 2014 report was not yet completed).
Food security situation

The overall situation related to food security in the refugee camps is positive. The levels of food consumption are acceptable and there are no particular risks to the beneficiaries’ wellbeing. Out of the four dimensions of food security (see below), stability remains a challenge because of the high level of dependence on assistance and the lack of clarity with regard to donor support for the future needs.

Food availability

Refugees are not entitled to own land or cultivate it, however, refugees are allowed to keep a home garden in their compound and use vacant plots within the camps to produce fresh vegetables, which have helped to increase food diversity. Refugees in both Beldangi and Sanischare camps have easy access to food and non-food items for their daily consumptions at markets located both in Jhapa and Morang districts. The markets in Jhapa and Morang are sufficiently developed in terms of competitiveness and price stability compared to other remote regions in the country.

Food access

Although food assistance provided by WFP covers the major source of food for the refugees, many refugees complement their food rations by purchasing food items in nearby markets.

The vegetable production through Lutheran World Federation’s Reclamation Gardening Programme is largely consumed by the refugee households – only 8% of them sell part of their production – while 39% in the host community do so.

Food consumption is at an acceptable level for nearly all refugees. Graph 2 and Graph 3 show stable and even slightly improving trends in the Food Consumption Score (FCS) and food consumption groups from post-distribution monitoring in the refugee camps in 2011, 2012, and 2013. During the most recent cycle (August-November 2013) the average FCS was 71, and 98 percent of refugees had acceptable food consumption.

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6 WFP supports LWF to implement a reclamation gardening project. According to the latest PDM report (August-November 2013) the production of vegetables and fruits has increased by 85 percent in the camps since December 2009.

7 LWF’s report “An overview of Reclamation Gardening Programme (RGP)”

8 The Food Consumption Score (FCS) is a proxy indicator of household food security based on the weighted frequency (no. of days in a week) of intake of different food groups. FCS captures both quality (different food groups/dietary diversity) and quantity (food frequency) elements of food security. Cut-off points are used to categorise households into three groups: acceptable levels of consumption (>42 points), borderline levels (>28 - 42), and poor levels (0 - 28).
Food utilization

The detailed finding related to health, nutrition, and sanitation is covered in the next chapter (*PART 3 – HEALTH, NUTRITION AND SANITATION*, page 21).

Food stability

The refugee population in the camps is reliant on the basic assistance package provided by relief agencies. This is mostly due to the legislation of Nepal which forbids the refugees to own land or work legally. Refugees are thus highly vulnerable to a disruption in the supply of food and non-food items (e.g., briquettes), and this point was highlighted during the JAM interview with the Camp Management Committees (CMCs).
Moreover, the increase in the market prices is also a risk for refugees who complement their diet especially with vegetables. However, no systematic monitoring is done on the market prices in the camps surroundings.

**Recommendations:**

- WFP to implement a routine monitoring system for food prices and labour wages in the markets nearby the camps.

**Self-reliance**

Because refugees can rely on a stable WFP food assistance, they do not develop any negative coping mechanisms. However, in order to cover complementary food and other needs (e.g. meat, clothes, firewood), the refugees are looking for job opportunities, despite not being allowed by the Government of Nepal to engage in earning activities.

These opportunities are mainly petty trade inside the camp and manual labour (construction work or carpentry) outside the camp. Some others with higher level of education work as teachers. Though refugee workers are appreciated for their skills, some discrimination has been reported; some refugees workers are less paid than Nepalese when they work for Nepalese employers.

With the resettlement, the petty traders and stalls inside the camps are facing a drastic reduction of their clientele. Hence there is a higher competition and a lower profit (some people reported that their profit was decreased by half). Inside the camp, some beauty parlours have been opened with the support of Bhutanese Refugee Women Forum (BRWF), Lutheran World Federation (LWF), and UNHCR. Beneficiaries from this project include Persons with Specific Needs (PSN). Some three months training sessions are organized. According to some refugees hair cutting for men/boys and mechanical trainings are marketable skills in the camp pending their resettlement departure.

**Recommendations:**

- UNHCR and partner agencies to consider introducing advanced courses in follow-up to some of the existing training such as tailoring and beauty parlour in order to make their skills more marketable pending their resettlement departure.
- UNHCR and Caritas to expand mechanical training (repair of radio and mobile phone) and introduce new courses (i.e. hair cutting for boys/men) pending durable solution.

In addition to these potential sources of income, remittances from third countries have been increasing with the resettlement. Though no information is available about the amount possibly channelled into the camp, interviewees reported that remittances are not a regular source of income in terms of frequency or amounts.

The latest Post Distribution Monitoring (PDM) report covering the period of August-November 2013 indicates that refugee households earn on average NPR 5,791 per month of which NPR 3,115 was earned outside of the camps (54 percent of total earnings) and NPR 2,676 was earned inside the camps.

The main source of income inside the camp is small retail business (NPR 3,417), followed by incentive employment (NPR 2,806), micro-product business (NPR 2,983), and inside camp daily wage labour (NPR 1,497).

According to the same report, 81 percent of the weekly household budget is spent of food items. This proportion has been increasing over the last years (see Graph 4). Many refugees reported this was due to the discontinuation of the fresh vegetable distribution and an increase in the price of food commodities compared to past years.
The Reclamation Gardening Programme can be a way to compensate the discontinuation of fresh vegetable distribution and to reinforce the level of self-reliance as a complementary source of food. Until April 2014 this project reached 2,063 refugee households and 600 in the host community. The last JAM recommended continuing the support to this programme and increasing the capacity and the number of vulnerable household participating.

**Recommendations:**

- In order to ensure that vulnerable individuals are not left out, WFP to continue the support of the Reclamation Gardening Project and increase the capacity and the household participation of the vulnerable communities.
- WFP to suggest measures to increase the plot size of reclamation gardens (based on availability of new vacant plots) and outreach and support to beneficiaries.

### Current food assistance

**Food basket**

WFP provides a food basket of rice, super cereal (fortified wheat soya blend), pulses, vegetable/palmolein oil, sugar, and iodized salt. Presently, beneficiaries receive the following quantity of each commodity per day:

<table>
<thead>
<tr>
<th>WFP Food Commodities</th>
<th>General Distribution (grams/person/day)</th>
<th>Supplementary Feeding (grams/person/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Group I</td>
</tr>
<tr>
<td>1. Rice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pulses</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>3. Veg. / Palmolein Oil</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>4. Sugar</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>5. Salt</td>
<td></td>
<td>7.5</td>
</tr>
<tr>
<td>6. Super Cereal</td>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>

Note: Group I - pregnant and lactating mothers, elderly and chronically ill patients; Group II - malnourished children
The general food basket provides energy (2,079 kcal/person/day) and has 49 grams of protein, 30 grams of fat and part of the essential micronutrients. The food ration also reflects cultural and dietary preferences of the refugees from Bhutan, although the distributed quantity of salt (7.5 grams/person/day) is over WHO recommendations (5 grams/person/day).

During the assessment, interviewed beneficiaries were aware about the quantity and types of food commodities received and generally satisfied. However, several beneficiaries in Sanischare camp requested a different variety of lentils/pulses, while some preferred chickpeas as an additional commodity in the food basket. Also, during interviews and group discussions in Beldangi camp, participants discussed the increased prevalence in chronic diseases such as diabetes, pointing to the importance of an appropriate diet.

**Recommendations:**

- WFP to reassess the composition of the food basket, including the diversity of pulses, and amount of salt.

The most recent PDM report found that refugees consumed a very high proportion (99%) of the food rations they received, while the remaining refugees (1%) reported that food commodities were sold, bartered or shared. Pulses and rice are the commodities usually sold whereas a minimal portion of sugar was bartered for other foods.

During the assessment, two main issues were raised: the quality of rice especially that provided during the last two months, and the problem of palmolein oil solidification during the winter season. On the quantity of food, there were mixed opinions: some stakeholders thought the ration was adequate for refugees with a small family size (five to six) composed of children and elderly people, but inadequate for families with seven to nine members and with more adults.

**Refugee beneficiary numbers**

The beneficiary planning figure for 2014 was established at 30,000 based on the estimated monthly resettlement figure, camp statistics, and estimated population fluctuations (See Table 2). Following the estimates, a total of 5,028 MT of food commodity has been planned for 2014.

Births, deaths, resettlement, and transfers in the camps are updated on a daily basis and ration cards are collected and/or amended accordingly by WFP and its partners.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beldangi</td>
<td>23,750</td>
<td>21,366</td>
<td>20,699</td>
<td>531</td>
<td>1,842</td>
</tr>
<tr>
<td>Sanischare</td>
<td>6,250</td>
<td>5,588</td>
<td>5,301</td>
<td>152</td>
<td>549</td>
</tr>
<tr>
<td>Total</td>
<td>30,000</td>
<td>26,954</td>
<td>26,000</td>
<td>683</td>
<td>2,391</td>
</tr>
</tbody>
</table>

*Source: WFP Nepal – Country Office*

9 After fewer departure for resettlement than planned, the revised food requirement increased up to 5’360 MT in 2014.
Role of partner agencies

The Association of Medical Doctors of Asia (AMDA) is responsible for conducting food basket monitoring (quantity and quality). AMDA randomly monitors the food basket of a sample representing 10 percent of households selected from different distribution. They have set up two separate recording systems in the camps: randomly sampled households and monitoring at free will. During the monitoring period, each food commodity received by the selected families is re-measured by Food Basket Monitor. If any discrepancy is found beyond +/- 2 percent of entitled food commodities, the insufficient quantities are reimbursed and/or the surplus quantities are removed.

Lutheran World Federation (LWF) has been carrying out storing, handling, distributing, and monitoring of food commodities provided by WFP to the refugees since 2006 through fourteen distribution counters on a fortnightly basis. LWF also manages nine food warehouses (five permanent warehouses and four Mobile Storage Units or MSU) which have a total storage capacity of 3,400 MT.

Likewise, LWF also implements the WFP-funded Reclamation Gardening Programme for refugees and surrounded host communities.

Physical verification exercise (PVE) and ration cards

WFP Sub-Office Damak conducts the physical verification and ration card distribution exercise in both camps. The last exercise commenced on 24 January 2014 and ended on 7 February 2014. During the verification, ration cards and food distribution registers were used to record the accurate number of the ration-receiving population from 17 February 2014. The verification exercise was conducted on the basis of the Government of Nepal’s camp rules, the use of the refugee name list generated from UNHCR’s Master Refugee list (30 November 2013), old ration cards as well as the ration receiving population register maintained by LWF. As this yearly physical verification exercise allows to accurately update the list of refugees entitled to a food ration, some Refugee Coordination Unit (RCU) members suggested having the physical verification exercise twice a year. Though it is too heavy to implement twice a year such exercise, some other ways could be explored.

Recommendations:

- WFP to review if it is feasible to complement the physical verification and ration card distribution exercise with increased hut visits.

PART 3 – HEALTH, NUTRITION AND SANITATION

Health and Nutrition status in the camps

The health status of the population in the camps has been stable and the health indicators of the refugee community remain better than in the host community. A low Crude Mortality Rate (CMR) of 0.3/1000 refugees/month in the general population, low Under-Five Mortality Rate and Infant Mortality Rate (IMR) of 13.5/1000 live births, Global Acute Malnutrition (GAM), and Stunting prevalence are some of the key health indicators of the refugee community which are significantly better than international standards (see Table

The prevalence of anaemia among children aged 6-59 months has significantly improved between 2012 and 2013. However, anaemia still remains high for the children aged 6-23 months, despite the reduction from 68.3% in 2012 to 50.8% in 2013.

Vitamin A supplementation and deworming coverage decreased in 2013 (to 80.6% and 80.3% respectively) compared to 2012 (92.2% and 89% respectively), thus falling below the UNHCR standard of >90%.
Table 3 - Trend analysis and comparison of key health indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>Standard</th>
<th>National (NDHS 2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 Mortality Rate</td>
<td>0.4</td>
<td>0.2</td>
<td>&lt; 3 deaths / 1000 / month</td>
<td>54</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>19.8</td>
<td>13.5</td>
<td>&lt; 60 deaths / 1000 live births</td>
<td>46</td>
</tr>
<tr>
<td>Neonatal Mortality Rate</td>
<td>9.9</td>
<td>9</td>
<td>&lt; 40 deaths /1000 live births</td>
<td>33</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>1</td>
<td>0</td>
<td>(maternal death)</td>
<td>170</td>
</tr>
<tr>
<td>Still Birth Rate</td>
<td>13</td>
<td>6</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Contraceptive Prevalence Rate</td>
<td>51</td>
<td>60</td>
<td></td>
<td>43.2</td>
</tr>
<tr>
<td>Prevalence of anaemia</td>
<td>49.9</td>
<td>29.9</td>
<td></td>
<td>46.2</td>
</tr>
<tr>
<td>GAM (Global acute malnutrition)</td>
<td>5</td>
<td>4.7</td>
<td>Less than 5 acceptable</td>
<td>10.9</td>
</tr>
<tr>
<td>Stunting</td>
<td>19.8</td>
<td>18</td>
<td>Less than 20</td>
<td>40.5</td>
</tr>
</tbody>
</table>

Health care services

Health care services for the refugee population include preventive and primary curative care delivered through Primary Health Care Centres (PHCC) and a systematic referral care service which provides access to secondary and tertiary levels of care. PHCCs provide specific services such as reproductive health and HIV services, Integrated Management of Childhood Illness (IMCI), nutrition services, community health services, mental health services, outpatient management, emergency management, and laboratory services.

The HIV and AIDS subproject includes sexually transmitted infections (STI) prevention and management, voluntary HIV testing and counselling, support to people living with HIV & AIDS (PLHIV) for treatment and care, condom promotion, promotion of adolescent health services, and improved community outreach activities. Both UNHCR and WFP support activities, through Association of Medical Doctors of Asia (AMDA) and the Social Awareness Development Group (SADG), targeting both refugees and host communities. Peer and outreach educators from the refugee camps are mobilized to create awareness among young people and at risk groups on HIV and AIDS inside the camps and refer them to the Voluntary Counselling and Testing (VCT) Centres.

Maternal and Child Health (MCH) units of the PHCCs are providing Comprehensive Reproductive Health services for women including antenatal and postnatal care, and Prevention of Mother to Child Transmission (PMTCT).

In addition, the PHCC also provides clinical management of SGBV survivors and their medical and psychological care, as well as general awareness programmes.

The mission found that the health and nutrition services provided to the camp population are of high quality and well-managed. However, several issues were raised during the assessment:

AMDA is challenged by the regular departures of volunteer and incentive workforce and the increasing lack of adequately skilled staff in the refugee community (for the issue of incentive and skilled staff, see chapter Volunteerism and incentives, page 27).
During the assessment, different informants mentioned an increase in the number and level of chronic disease burden (including mental health issues). This is attributed to an increasing number of elderly among the population, altered food habits, and different stressors in the camp set-up. AMDA has launched screening programmes to a certain extent for early detection of cases. A systematic secondary and tertiary referral system is in place to provide additional care needed for chronic diseases.

Key informants have also raised concern over substance abuse among the general population and in particular, among some pregnant and lactating mothers.

**Recommendation:**

ؤول UNHCR and AMDA, through the community health workers, to include into health promotion campaigns at community level to raise awareness on healthy food habits, increase physical exercise, reduce/withdraw from smoking and substance abuse, proper utilization of health facilities for screening and early detection of chronic diseases, and review and assess the patterns of the latter.

**Nutrition interventions**

A comprehensive nutrition intervention programme, involving both curative and preventive approaches, has been established in both camps. Acutely malnourished children, pregnant and lactating women (PLW) and vulnerable groups (medical cases, TB patients, and elderly) are assisted through either therapeutic or supplementary feeding programmes. Severely and moderately malnourished children with medical complications are referred to government hospitals for inpatient care. In addition to these programmes, all children aged 6 to 59 months receive micronutrient powders (see ANNEX V – Nutrition Program Overview for Refugee Operation, Damak, eastern Nepal, page 42). UNHCR has set up a surveillance system and carries out regular technical monitoring.

Under the therapeutic feeding programme, children with Severe Acute Malnutrition (SAM)\(^\text{10}\) are treated in the Outpatient Treatment Programme (OTP) and are supplemented with Plumpy’Nut. Super cereal \(^\text{11}\) mixed with oil has been used in Supplementary Feeding Programme (SFP) to meet the nutritional needs of the different groups of beneficiaries: children with moderate acute malnutrition (MAM)\(^\text{12}\), pregnant and lactating women, elderly, and chronically ill people. Children with MAM, who do not reach the discharge criteria of the SFP after twelve weeks, are referred to a Long Stay Child Programme (LSCP) and are provided one daily packet of Plumpy’Nut in addition to the super cereal.

During the JAM, discussions about the quantitative and qualitative appropriateness of supplementary feeding products arose. Since the beginning of the supplementary feeding programme in the camps, the global guidelines for the treatment and prevention of malnutrition have evolved, as well as the available range of specialized nutritious foods. New and different specialized nutritious food has been developed to more effectively meet the specific objectives of the nutrition programmes (treatment of MAM, prevention of acute malnutrition, stunting, and micronutrient deficiencies).

**Recommendation:**

ؤول UNHCR, WFP and AMDA to review and update the supplementary feeding programme’s nutritional objectives, protocols, and specialized nutritious foods to be used.

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\(^{10}\) With Weight for Height <-3 standard deviations from the mean or with oedema and with appetite and having no medical complications.

\(^{11}\) Fortified Wheat Soya Blend.

\(^{12}\) With Weight for Height. <- 2 to >= – 3 standard deviations from the mean.
Following the 2012 JAM recommendations, four Meena comic books were developed and distributed in the camps in order to increase knowledge and promote behavioural changes on nutrition, food safety, water, and sanitation. In addition, with WFP’s support, the Social Awareness Development Group (SADG) carries out awareness about health and nutrition through a street theatre programme.

The primary indicator used for the Growth Monitoring and Promotion sessions (GMP) for children under five is weight for age (W/A). Because of the intense workload during the GMP sessions, it was decided to monitor growth only using W/A and to assess weight for height (W/H) only if the W/A of the child is below two standard deviations from the mean.

**Recommendation:**

UNHCR, WFP, and AMDA to re-assess the workload during the GMP and consider the possibility of using more appropriate screening criteria for acute malnutrition (Weight for Height and/or MUAC) in comparison with the national protocol.

During the JAM, some interviewees reported that the Infant and Young Children Feeding (IYCF) practices were sometimes inadequate with regard to exclusive breastfeeding, to the introduction of complementary feeding at six months, and to the diversity of the diet, especially for animal protein in the complementary feeding. This was confirmed by the nutrition survey conducted in September 2013.

**Recommendation:**

UNHCR, WFP and AMDA to reinforce their strategy to improve IYCF practices in the camps and organize refresher trainings related to nutrition and IYCF for health workers and volunteers involved in nutrition programmes.

**Sanitation**

The water and sanitation condition of the camps remains optimum. The supply of safe water is ensured in both camps and every refugee is receiving 29-30 litres of quality water per day. Both camps have adequate water storage capacity. Water chlorination is carried out daily and testing carried out regularly by Lutheran World Federation (LWF). Samples from boreholes, reservoir tanks, taps, and households are tested and quarterly cross-checked at the ENPHO reference laboratory in Kathmandu.

Concerning latrines, the average of 6.4 persons per latrines (including public latrines such as in schools) is acceptable.

During the field visit, direct observations showed that the sanitation situation had significantly improved since the last JAM. However, it was noticed that the solid waste management is not fully functioning and no waste segregation is done. Key informant interviews and discussions with partners revealed a dramatic reduction of refugee enthusiasm in voluntary participation in solid waste management and camps cleaning activities.

Some of the participants of focus group discussions and key informant interviews claimed that animal husbandry within close proximity to residences cause sanitation issues. Animal faeces were observed in common areas and the drainage system seemed to function below the standards.

**Recommendation:**

LWF to continue efforts to enhance effective solid waste management in light of newly emerging contextual challenges, explore possibility of waste segregation, and sensitize refugees and host

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community on the need of having a clean environment and drainage system through community networks and sectorial meetings.

PART 4 - LOGISTICS

Food storage and Record keeping

The total capacity of the warehouse for both Beldangi and Sanischare camps is 2,850 MT. LWF storekeepers manage nine warehouses including Mobile Storage Unit (MSU). In addition, WFP manages one non-food item (NFI) warehouse with a capacity of 550 MT in Sanischare camp.

All warehouses, MSUs and distribution centres are well managed in terms of cleanliness (both inside and outside), stacking, condition of floors and roofs, infestation or rodent control as well as quality control mechanisms.

The mission also observed the existence of an effective system of commodity tracking, record keeping, and physical verification (monthly). The relevant stakeholders are actively involved in the food management.

During the hut visits it was noticed that most of the refugees have sufficient storage utensils to store and protect their food items from rats. However, vulnerable groups and the neediest beneficiaries, who cannot bear the cost, lack some storage containers.

Recommendation:

- Upon receipt of the list from UNHCR, WFP to expedite its on-going assistance of providing food storage utensils to the UNHCR-identified Extremely Vulnerable Individual (EVI}s) to store their food in a proper manner at the household level.

Food quality and quantity

The beneficiaries in general expressed their satisfaction with the quality and quantity of food distributed. However, they also expressed concerns about the solidification of palmolein oil (internationally purchased) during winter and the quality of some of the locally procured rice.

During the last JAM 2012 the same issue was identified and it was recommended either to distribute different types of oil, or to warm the oil cans in the sun before distribution. However, refugees informed that exposure to sun is not adequate to melt the oil. Nevertheless, the refugee households and Lutheran World Federation (LWF) managed to bring firewood for melting the oil, though is environmentally not recommendable.

The current stock of palmolein oil covers till April 2015 and will represent a challenge for distribution during winter.

Recommendation:

- WFP to distribute palmolein oil for three months (winter period) in advance in November before it solidifies. This was also discussed and accepted by refugees during the focus group discussions, distribution, and hut visits.

During the hut visits, some beneficiaries complained that the quantity of oil they receive as per their entitlement is not sufficient. They also reported that they sell rice or lentils to bridge the gap. However, according to international nutrition standards, the needs for oil are fully covered.

Many interviewed refugees thought that they were receiving low quality rice despite the implementation of several quality checks by the Quality & Quantity (Q&Q) inspection system which involves the Camp
Management Committee (CMC). This system prevents receipt of sub-standard quality rice and rejects and returns to the supplier any rice not meeting the standards.

**Recommendations:**

- WFP to further strengthen its Q&Q inspection system by providing orientation to the CMC on Q&Q procedures so that the CMC can communicate the procedures to the refugee population.
- WFP to review if it can procure rice in bulk after the main rice harvest and keep a buffer stock for the distribution during the rainy season in order to ensure a stable supply chain.

WFP contracted the Centre for Quality Surveillance (CQS) as a third party to improve the quality control (Q&Q) at camp level. Together with the CMC and distribution sub-committee, they reinforce the quality checks and ensure that the food supply is up to the WFP standard and that the quantity distributed is correct.

The Focus Groups in Sanischare informed that the calibration of the weights and scales are done on timely manner and that the quantity of food distributed is adequate as per the entitlement of the beneficiaries.

The mission noted that the salt is distributed through scoops without using weighing scales which do not assure the correct amount is distributed. Moreover, handling salt and super cereal distribution with bare-hands is also an issue.

During the meeting the suppliers claimed that they weigh food using digital weighing scale at dispatch, but the quantity varies while weighing the using manual scales at the camps.

**Recommendations:**

- WFP to review and assess the most effective and consistent ways to weigh food commodities at distribution sites.
- WFP to review hygiene conditions for food handling during distribution.

**Distribution of Non-food items**

The Refugee Coordination Unit (RCU), the Camp Management Committee (CMC), and beneficiaries complained about significant delays in supply of briquettes and the lack of information about these disruptions. They also reflected on the gas- and kerosene-stoves as an alternative to briquettes. During the discussion, the CMC at Beldangi mentioned that they would further discuss this issue with the beneficiaries and come-up with the best possible proposal during the next round table meeting. The CMC in Beldangi was also encouraged to liaise on the cash or voucher option with refugees and come up with a recommendation during the next round table discussion to be conducted at UNHCR in August (for the issue of cash transfer, please refer to chapter *Transfer modality*, page 29).

Most of the visited households were having sufficient cooking fuel (gas, firewood, briquette, local charcoal, etc.). However, this remains a major problem for the vulnerable groups who are more reliant on the assistance and can hardly cope with supply disruption.

The beneficiaries also raised their concern of delays in other non-food items such as soap.

**Recommendation:**

- UNHCR and partners to look into ways to improve dissemination of information and communication about process and delays in supply.
PART 5 – CROSSCUTTING ISSUES

Partnership and coordination

All the interviewed partners reported to have a good communication flow with each other. UNHCR and WFP maintain good contacts through their respective head offices in Kathmandu and sub-offices in Damak.

Regarding the partners, both Associate of Medical Doctors of Asia (AMDA) and Lutheran World Federation (LWF) reported regular and positive discussions and support from WFP and UNHCR, even on an ad hoc basis when needed.

Interagency health and nutrition coordination meetings are carried out every two months and have aided in building synergies among interventions of partners and in sharing information.

The relations between the partners and the Ministry of Home Affairs (MoHA) and the local authorities are also said to be good.

It needs to be pointed out that according to LWF, the situation in the camps is changing and become more complex. Therefore, more discussions and communication with the refugees – who are not always properly informed about these changes – are required.

Volunteerism and incentives

Due to resettlement, qualified staff and volunteers are steadily getting scarcer. This impacts many sectors: health and education suffer from the departure of qualified personnel, while some other services such as firefighting, and waste management or the distribution system lack volunteers.

Concerning health and nutrition services, following the previous JAM recommendations, proactive identification and recruitment was initiated and is still going on. Whenever incentive workforce was not available, hiring of national staff partially solved the problem. However, according to AMDA, ensuring a smooth turnover of staff is challenging since they have to hire and train about nine persons monthly and the mission observed the occurrence of occasional understaffing situations following the rapid phase of resettlement.

Recommendation:

Considering that hiring national staff is expensive due to the reduction of resources, UNHCR and AMDA to continue advocacy to the district and regional public health offices to improve the immediate host community health centres and continue providing support to build their capacity in order to enable the access of refugees to those host community health centres.

With regard to the distribution of food, Camp Management Committee (CMC) members are responsible for food handling and distribution in coordination with the RCU (Refugee Coordination Unit), UNHCR, WFP, and Lutheran World Federation (LWF). Refugee volunteers participate in the food handling and distribution management through the CMC’s sub-committees and sub-sectors. Due to the resettlement, fewer volunteers are mobilized for off-loading food trucks, stacking at the warehouses, and handling food during distributions. Therefore, since June 2014 WFP pays the suppliers to ensure off-loading of the trucks. Though it has alleviated the tasks, less and less volunteers are available for the food distribution activities.

The RCU, WFP, CMC and UNHCR implemented the administrative merger of sectors and sub-sectors in Sanischare camp and this merger is underway to be replicated in Beldangi camp. This has contributed to increase the number of volunteers involved in the food distribution.

Vulnerable people are the most affected by this problem because they rely on volunteers to get their food ration or other services. In some cases, neighbours can be an alternative option as far as vulnerable persons have created ties with them. This points out the importance of incorporating the social dimension in plot allocation.
All services are facing the problem of departing incentives staff and volunteers. This is an on-going trend jeopardizing the sustainability of services. In order to maintain them, additional incentives and/or salaried staff may be required.

**Recommendation:**

- WFP, UNHCR and partners to further strengthen the mitigation strategies of maintaining adequate staff for all the services (incentive and salaried) through early identification of resettlement departures, improved identification of refugee incentive workers, enhanced motivation of volunteers, and hiring of national staff when needed for basic services (health).

**Transition, changes and appropriateness of assistance**

The socioeconomic context is changing due to the on-going resettlement of thousands of refugees, the remittances sent from abroad, and job opportunities. This is likely impacting the scope and the nature of the needs, at least for part of the refugee population.

The fact that refugees are not legally allowed to engage in earning activities and that food is their main expense – 81 percent of the household budget according to last Post Distribution Monitoring (PDM) report from August-November 2013 – indicates that they are still dependent on food aid. If the biggest source of income comes from small retail businesses in the camp, the decreasing number of refugees increases the competition among the shops. According to discussions with the Camp Management Committee (CMC) members and petty traders, some shops are disappearing while the average benefit is decreasing.

Refugees are therefore still relying on food aid and have at the moment still little chance to improve significantly their self-reliance.

**Fine tuning of assistance**

The on-going resettlement will impact in a way or another the cash and food sources for the remaining people in the camps. Some of the possible effects are: fewer volunteers, less customers but also less competition, more remittances, more job opportunities, higher concentration of vulnerable people, etc. These developments will change the needs. Thus, the latter will have to be re-assessed in order to fine-tune the appropriateness of assistance.

For instance, the mission acknowledged that vulnerable groups and individuals’ needs are not always properly covered as people are moving and needs changing (e.g. protection issues or storage utensils). Targeting assistance would allow adapting the programme appropriately. Yet, this is a sensitive issue since during discussions; the refugees overwhelmingly disagreed on the principle of targeting vulnerable households and leaving other households without assistance. However, they also acknowledged that especially vulnerable households (e.g., those with disabled members, a high number of children or the elderly, etc.) would need additional support on top of what they are already receiving.

**Recommendation:**

- WFP and UNHCR to review the level of assistance required for the vulnerable groups with the on-going assistance they are receiving and adjust the assistance accordingly.

However, there is no detailed information pertaining to the actual household level of vulnerability and needs for several reasons: the type of assessment enabling to know the actual needs for every household is a difficult and time and resource consuming exercise; households are reluctant to disclose information concerning their livelihoods.

Any assessment which would aim at digging into households’ livelihoods would come up against the above obstacles. Another major hindrance would be the current anxiety that refugees and their representatives feel concerning the resettlement and the rumours of reduction of assistance and the shift of modality (from in-kind to cash or vouchers). A study could overcome methodological difficulties (through use of a participatory approach or taking the opportunity of a census); however refugees’ fears would probably lead
to little cooperation during the survey. Therefore, before initiating such assessment, all these factors would need to be carefully reviewed.

Nevertheless, once the numbers will have drastically decreased with the resettlement, it will be necessary to re-assess the remaining population’s needs and the possibility to do it precisely. Especially, since the socioeconomic profile of the estimated ten to fifteen thousands of refugees who will remain is still unknown.

Such profiling would enable UNHCR and WFP to fine-tune both quantitatively and qualitatively the assistance.

Meanwhile, in the absence of proper evidence of changes of needs, the latter have to be considered constant and food aid to continue for all refugees.

**Recommendations:**

- **WFP** to continue the in-kind food assistance meeting minimum requirements as per international standards based on the findings of the recent cash feasibility assessment and in the absence of reliable data concerning the level of self-reliance of the refugees from Bhutan.

- **WFP** and **UNHCR** to look into organizing a socioeconomic survey within the coming two years in order to fine-tune the assistance according to the level of vulnerability (this could be done through the Physical Verification Exercise (PVE) which is a ‘census’ type exercise).

**Transfer modality**

Because at some point the in-kind assistance may be less cost effective, UNHCR and WFP need to consider cash and vouchers programming, because fewer the population, the lesser is the economy of scale. In this respect, a transfer modality assessment was conducted in March 2014\(^{14}\). It shows that markets in Jhapa and Morang districts are well developed and are major trade centres for the eastern Terai and hills and even abroad. Jhapa and Morang are among the most food secure districts in Nepal. Local and regional production and supply are sufficient for most food and non-food items (except, notably, fortified vegetable oil and fortified blended foods). Market conditions and local supply chain are stable and would be able to respond to an increase in demand. Markets are well integrated and prices competitive, but concerns exist regarding food price volatility. The physical access to markets is convenient for the refugees.

Despite those favourable conditions, the assessment found that refugees are reluctant to switch to another transfer modality and prefer to keep the current in-kind modality of food and non-food distributions. Furthermore, based on the Alpha value calculations\(^{15}\), WFP food assistance, at the time of the field assessment, was still more cost effective for nearly all of the food commodities for which there is a comparable one in local markets. Explanatory factors include WFP’s ability to purchase food commodities in a large volume on a tax- and duty-free basis, which results in significant savings that are not otherwise possible for retail purchases in smaller amounts at local markets.

The JAM mission found that refugees were not aware that they could open a bank account nor were they aware of the process to do so. There were mixed opinions on the preference of transfer modality. At the camp level, some stakeholders mentioned the possibility of cash transfers as an alternative to food; however, concerns were also raised over security, misuse, market inflation, and manipulation.

Nevertheless, if the transfer modality needs to be changed, beneficiaries suggested the following: opening a store (shop) within the camp so that agencies could monitor the supply and quality of the food; close

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\(^{14}\) “Review of current food and non-food assistance for Refugees from Bhutan in Nepal – April 2014”, WFP Nepal.

\(^{15}\) Alpha Value is the ratio of the local market value of a transfer (measured in retail prices) to the operational cost to WFP of delivering the same transfer (quantity and quality) in kind at the same market location.
monitoring of cash use, market rates and inflation of the price of food commodities; and having effective mechanisms in place to control criminal activities, misuse of cash, substance abuse, and other security risks.

Although partners noted that the refugees were spending money on more expensive commodities (e.g. meat and fish, luxurious goods, fashionable clothes and gold), most of refugees reported having little money available for savings and that they had only enough to meet daily needs.

According to the Camp Management Committee (CMC), the existing food transfer modality is satisfactory and well-accepted. However, they admitted that cash would be an acceptable option in the future, such that it would allow refugees to overcome the issue of decreasing manpower due to a decline in volunteerism, as well as the problem of the low quality rice delivered to the camps. This would require orientation and consultations with the refugee community.

Therefore, although the cash/voucher transfer modality is not currently cost-effective for food commodities, it is important to explore small-scale pilot projects that will prepare the groundwork for possible more extensive projects and to sensitize and familiarize the refugee population with this new system. Cash for non-food item (NFI) may be an opportunity for such pilots as it may alleviate supply chain (see Distribution of Non-food items, page 26).

Recommendations:

- WFP, in collaboration with UNHCR, to assess beneficiaries’ preference for alternative transfer modalities during the socioeconomic survey (see above recommendation).

- UNHCR, in collaboration with WFP, to further explore the feasibility of cash or vouchers transfer for replacing Non-Food Items (NFIs) distribution (especially regarding cooking fuel) in consultation with key stakeholders such as the Camp Management Committee, Government of Nepal, refugee community leaders, etc.

- WFP to conduct another cash feasibility study before the next JAM, tentatively the first half of 2016

PART 6 – CONCLUSIONS

Overall, the mission observed that, despite some improvements to make, the situation in terms of food security, health, and nutrition is satisfactory and has even improved since the last JAM in 2012. Most of the recommendations of the latter have been implemented except for some changes regarding food distribution because of cost issues (see ANNEX III - Summary matrix on 2012 JAM recommendations with action taken and results, page 37).

The major fact is that the resettlement process has already drastically changed the camps’ composition. Almost half of the refugee population has already left for third countries since 2012.

The impact of such demographic movement is multiple:

- Anxiety regarding the on-going process, people are worried about leaving for a foreign country but also about a possible decrease of assistance (rumours are running),
- Increase of substance abuse has been reported by several actors,
- Risk of disruption of services due to the departure of trained volunteers and skilled staff,
- Remittances from third countries are being sent to the camp, increasing cash income for some refugees, and
- The businesses have fewer customers, hence less profit.

The fact that most of the refugee population is on the way to be resettled creates uncertainty and stress. This is translated among others into substance abuse or intra-household conflicts over the separation of family members, but also into a lower involvement of volunteers. Partner agencies mentioned that this
waiting period and the cash from abroad to be the causes of a decrease of solidarity and increase of social tensions.

The departure of volunteers and trained and skilled staff is challenging the provision of basic services and puts a strain on resources. Partners together with UN agencies have managed to avoid disruptions but the solutions to motivate, hire, and train new volunteers or workers entail additional costs (e.g. national staff for the health centres).

The economy of the camp remains running at a small-scale because the refugees are not entitled to engage in any earning activities. Their status is not stable and although they are benefiting from some trainings or Income Generating Activities (IGAs) and remittances, the household economy is still focused on food (though above-basic goods are seen in the camps). The local market prices are volatile and put a pressure on the refugee household budget. Moreover, remittances are an erratic source of income, not reliable, and therefore cannot be considered as a safety net (unlike food assistance).

If the strategy in such protracted situations is to increase self-reliance and shift from in-kind assistance to cash transfers in order to reduce operating costs, the refugees from Bhutan are still very dependent on food assistance and there is little room to improve their self-reliance. However, vocational training (for beauty parlour for instance) and reclamation gardens allowed some of them to increase their cash and food incomes and should be further developed and extended as much as possible.

Market prices are currently too high to permit shifting from in-kind to cash transfers (which are not yet cost effective). But the situation may change as market prices fluctuate, as well as with the decreasing number of refugees (resulting in lower economy of scale). Therefore, to start a small scale pilot project with cash and/or voucher for non-food items (NFIs) such as cooking fuel, would allow the refugees to choose the most appropriate fuel according to their cooking utensils, and facilitate UNHCR’s tasks with regard to the distribution (many disruptions of the supply chain for briquettes occurred) and to test cash and vouchers activities for possible extension to other commodities.

The cost-efficiency of cash transfers for the food assistance will evolve as prices fluctuate and the refugee population decreases. Thus, a cash feasibility study should be implemented for food commodities once the refugee number will drop under 20,000 and before the next JAM, tentatively during the first half of 2016.

With regard to the changes in terms of demography and economy in the camps and their surroundings, the situation needs to be regularly reassessed. However, there is little knowledge of the socioeconomic characteristics of the refugees and their level of vulnerability, especially for those who are expected to remain.

A socioeconomic survey would be the opportunity to fine-tune assistance and to better target the needs of the most vulnerable households (in socioeconomic terms).
### ANNEXES

#### ANNEX I – Team Composition

<table>
<thead>
<tr>
<th>Team</th>
<th>Area of Focus</th>
<th>Name of member</th>
<th>Other participants</th>
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</thead>
<tbody>
<tr>
<td>Mission Team Leader</td>
<td></td>
<td>Arnaud Ghizzi, International Consultant, UNHCR</td>
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<td></td>
<td></td>
<td>Headquarters Geneva</td>
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<tr>
<td>Team A</td>
<td>Food Security &amp; Logistics/Warehouse</td>
<td>Piyush Kayastha, Programme Officer, ECHO, Nepal</td>
<td>Bhawana Thapaliya, WFP CO</td>
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<tr>
<td></td>
<td></td>
<td>Dr. Marco Cavalcante, Head of Programme, WFP CO</td>
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<tr>
<td>Sub-Team A-I</td>
<td>Food Security</td>
<td>Kurt Burja, Head of Food Security Monitoring and</td>
<td>Prabin Shrestha, Dik Narayan Chaudhary</td>
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<td></td>
<td></td>
<td>Analysis (FSMA), WFP CO</td>
<td>and Elizabeth Hoyler, WFP SO Damak</td>
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<td></td>
<td></td>
<td>Kishor Aryan, Programme Coordinator, WFP CO</td>
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<td></td>
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<td>Soo-Jin Rhee, Senior Programme Officer, UNHCR</td>
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<tr>
<td>Sub-Team A-II</td>
<td>Logistics/Warehouse management</td>
<td>Subodh Sharma, Senior Logistics Assistant, WFP CO</td>
<td>Hari Uprety &amp; Kamal Dhungana, WFP SO Damak</td>
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<td>Wali Sadat, Admin/Programme Officer UNHCR SO Damak</td>
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<tr>
<td>Sub-Team B-I</td>
<td>Heath, Nutrition &amp; Sanitation</td>
<td>Pema Tenzin, Refugee Assistant, US BPRM</td>
<td>Yagyan Raj Panta, Salina, Prabesh, Govinda</td>
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<td>Sushil Karki, Associate Protection Officer, UNHCR</td>
<td>Sunar, Mahesh Dawadi, UNHCR Damak</td>
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<td>SO Damak</td>
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<td>Lakruwan Dassanayake, Health Coordinator, UNHCR</td>
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<td>SO Damak</td>
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<td>Ilaria Schibba, Nutrition Focal Person, WFP CO</td>
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<tr>
<td>Sub-Team B-II</td>
<td>Protection, Refugee numbers, durable</td>
<td>Atsuko Furukawa, Field Officer (Protection),</td>
<td>Ganga Sen, Nirmal Bastola and Madan Bam,</td>
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<td>solutions &amp; Refugee welfare and self-reliance</td>
<td>UNHCR SO Damak</td>
<td>UNHCR Damak</td>
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<td></td>
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<td>Urbashi Bhattarai, Resettlement Associate, UNHCR</td>
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<td>SO Damak</td>
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<td>Jagdish Prasad Pant, Head of Sub-Office, WFP SO</td>
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<td>Damak</td>
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ANNEX II – Terms of Reference of the JAM

WFP/UNHCR Joint Assessment Mission
“Assistance to the Refugees from Bhutan in Nepal”
(16th June to 04th July 2014)

Refugees from Bhutan began entering eastern Nepal in late 1990. In 1991, the Government of Nepal (GoN) requested UNHCR to coordinate all emergency assistance activities for the refugees. Upon request from the GoN, WFP began providing essential food aid to the Refugees from Bhutan in January 1992. By 1993, over 80,000 refugees were granted prima facie refugee status. In December 2007, the number of registered refugees totalled 107,810 in the seven refugee camps.

The operation is considered generally well-managed, and the 2012 Joint Assessment Mission (JAM) observed that the overall health and nutrition status of the refugees was satisfactory and meets or exceeds international standards for refugee camps. The JAM exercise has been conducted biannually since 2004, and the last JAM was held in 2012. Furthermore in early 2011, a comprehensive Joint Needs Assessment was conducted by a multi stakeholders’ team (comprised of UNHCR and WFP besides the GoN and other UN/International and national agencies) looking into five sectors in refugee and hosting areas which served as a basis for programming that year.

Refugee population has, gradually but significantly, reduced in the camps in Jahpa and Morang districts since the start of the third country group resettlement in 2007. Consequently five camps have been officially either closed or merged with the other camps by the Government of Nepal in collaboration with other actors thereafter. There have been some recent developments with regard to resettlement for the refugee crisis that should be taken into account while conducting the JAM. With the support from the core resettlement countries (Australia, New Zealand, Canada, Denmark, the Netherlands, Norway, United Kingdom the United States of America), and collaboration with the GoN, an Expression of Interest (EoI) exercise for group resettlement will be completed soon in end of June to provide a comprehensive picture of refugees’ intention with regards to their future plan. With the completion of the exercise by end of June, the core group countries have decided to redirect the group resettlement approach to individual cases based approach thereafter. The EoI exercise has been coordinated with the GoN and other stakeholders in the first quarter of 2014, and implementation was carried out during the second quarter of 2014.

UNHCR estimates that some 8,000 refugees will depart for resettlement in 2014, majority (7,500) of whom will go to the United States. As of 20 May 2014, a landmark figure of 90,000 refugees was resettled since 2007. Along with the anticipated number of resettlement departures, various discussions and strategy are being initiated to address, in the short run, the continuity of assistance activities and services in the camps and, in the long run refugees’ access to shared resources in the host communities particularly in health and education sectors.

WFP has been ensuring that amendment and cancellation of refugees’ ration card has been taking place for those refugee families who are resettling either partially or fully. The normal rations suspension and reinstatement for absentee refugees have been streamlined through a committee comprised of the GoN, WFP, UNHCR, LWF and CMC Secretaries after JAM 2008 recommendation. In the context of significantly decreased refugees’ population in the camps due to on-going third country resettlement programme, WFP and UNHCR have been reviewing current transfer modality of its assistance, viability of other transfer modalities (food/non-food items or cash or both) in the changing context and preference of the beneficiaries through an assessment in the refugee camps. The key findings of the assessment are included in a separate report on Cash and Voucher (Annex 1).

In early 2010, camp consolidation was considered as the only way to address needs of the decreasing population in a comprehensive and cost effective manner by UNHCR and the GoN. UNHCR with support from UNDP has already fenced, rehabilitated, and reforested three camps (Goldhap, Timai and Khudunabari) in 2011 and 2012. UNHCR already handed over the closed camps and some assets to the Government in early
2014. Likewise, WFP has donated its permanent warehouses, distribution counters and food basket monitoring centres of the closed three camps to the GoN in early 2014.

As Community Based Development Programme (CBDP) has not been endorsed by the GoN, UNHCR has been continuing some small host community support programmes for refugee and host communities in order to enhance peaceful co-existence between refugee and host communities.

UNHCR and the GoN jointly granted refugee status to 1,800 individuals during re-registration exercise in 2012 after years of regular advocacy with the GoN.

**Rationale for the UNHCR-WFP JAM**

UNHCR and WFP Country Offices in Nepal will designate officials with relevant expertise and functional responsibilities to work on the 2014 JAM, including staff members of both UN agencies in Kathmandu and Damak. Representatives from bilateral and/or multilateral donors (EU, ECHO & US PRM) and the Government with relevant technical expertise and committed to the full itinerary of the mission will be invited to participate as observers in the mission. Additionally, partner agencies who are involved directly with the implementation of the operation may be requested to contribute their expertise and observations to the 2014 JAM.

The key areas to be reviewed during the JAM regarding the refugee operation are:

- The overall food and nutrition security of refugees in light of on-going resettlement.
- Review of assistance modalities (cash, cash/food/NFI, voucher and food/NFI only), ration size and composition of current food basket. As a first step in reviewing the viability and feasibility of a cash based assistance approach, WFP and UNHCR conducted a feasibility study in March 2014. Further review and analysis will be part of the terms of reference of the JAM.
- Logistical arrangement for food receipt, storage, handling and distribution management.
- Protection challenges for residual refugee population in the context of reduced numbers and durable solutions that are currently available.
- Existing partnerships and collaboration among the GoN, UN sister agencies, I/NGOs, Community Based Organisations (CBOs), refugee and host communities for refugees and host communities
- Targeted NFI assistance for the extremely vulnerable individuals (2,560) identified in 2013/2014.

Mentioned below are the main objectives of the JAM (based on the “UNHCR/WFP Joint Assessment Guidelines”).

**Objectives in relation to the food assistance programme**

a. Determine whether and how the performance of the on-going operation can be improved in relation to the defined objectives for the food security, nutritional status, self-sustenance and the general well-being of refugees and host communities.\(^\text{16}\)

b. Determine whether the present objectives remain appropriate in light of the current situation (security considerations included) and prospects for a durable solution, and propose modification if needed.

c. Assess the feasibility of cash and voucher modality assistance, and review assistance options based on the market assessment and other discussions to inform future programmes.

d. Assess feasibility of providing targeted assistance to the extremely vulnerable individuals (EVI), identified in the course of 2013/2014 for effective management of limited resources.

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\(^{16}\)The goal of WFP’s assistance (PRRO 200136) is (a) to save lives and maintain the nutritional status of the refugee beneficiaries by providing secure access to food; (b) to improve nutritional status of the refugee population, particularly among vulnerable groups including acute malnourished children under 5, pregnant and lactating women and chronically ill persons; (c) to restore and rebuild livelihoods of the refugee and host populations.

UNHCR’s overall operational goals are to: a) Implementation of a comprehensive strategy that encompasses the transition from humanitarian to development assistance for the residual refugees and refugee hosting and impacted communities in coordination with the GoN and UN Country team, while pursuing voluntary repatriation to Nepal;
e. Assess ration card, physical verification exercise of eligible ration receiving refugees, efficiency and effectiveness of Ration Suspension and Reinstatement Committee (RSRC) and registration systems in light of their effectiveness and concurrence with standards.

f. Assess the immediate implication of the EOI exercise and the dynamic of the refugee perception of the exercise.

g. Assess self-sustenance activities and their current status and impact on food security with a view towards achieving a maximum possible level of sustainable self-sustenance pending a durable solution.

h. Review the impact and adequacy of food and related non-food items, more specifically in regard to (i) quality and quantity of food provided (including WFP food basket); (ii) food-related NFI supplies (i.e. cooking fuel/utensils).

i. Review of present status of women’s secured access to the food and NFIs with a goal to achieving and maintaining a minimum 80% participation in the management of food inputs and ensuring that the participation of refugee women is encouraged and strengthened at the decision making level within the refugee community.

j. Validate the overall nutritional level in the camps based on nutrition survey that determined causes of malnutrition and remedial measures.

k. Assess the implementation of on-going supplementary feeding programmes (based on the WFP/UNHCR Selective Feeding Guidelines).

l. Review logistics set-up for food and non-food items, focusing on (i) the effectiveness of Lutheran World Federation (LWF) in handling and distribution, (ii) the loss recording system and the efficiency of bi-monthly physical verification of food commodities and (iii) the level of operational reserve stocks in light of the current political environment.

m. Assess the on-going security situation and its implications on food security and delivery; devise contingency plan for food-related logistical activities and

n. Assess the extent to which the 2012 JAM recommendations have been implemented and make updated recommendations for the next phase.

Methodology

In close consultation with the GoN, WFP, UNHCR, donor representatives, partners, refugees, local population in camp-surrounding areas, the joint mission will carry out the regular management review and needs assessment in both refugee camps.

Both secondary and primary data will be collected and analysed during the process. Information/data will be gathered through field visits and inspection of general conditions at the site, direct observations, and key informant interviews with partners and stakeholders, focus group discussions, semi-structured interviews and analysis of available studies and reports.

The key documents will be compiled by UNHCR/WFP focal points into a comprehensive information package, to be distributed to all mission participants. The package will include guiding questions and background materials for conducting qualitative and quantitative assessment. Focal person in UNHCR and WFP will coordinate the overall technical aspects of the mission and backstop the two teams comprised of 7-8 members each. Mission members will also meet with the partner agencies at the UNHCR Damak Office prior to heading to the camps. The donor representatives will serve as observers and will be given the liberty to move between the teams. Each team will be given specific areas of focus as outlined below:

<table>
<thead>
<tr>
<th>Team</th>
<th>Area of Focus</th>
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<tbody>
<tr>
<td>A (Team leader: WFP)</td>
<td>Food Security (including ration size and composition) and assistance modalities</td>
</tr>
<tr>
<td></td>
<td>Logistics/Warehouse Management</td>
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</tbody>
</table>
The two teams will conduct interviews, focus group discussions, and meetings with various stakeholders in the two camps in their focus area mentioned above.

Field visits to Damak will be conducted for three days, from 26 June to 27 June 2014. On the last day the teams will meet separately to consolidate their findings and draft recommendations and will receive feedback from the main project partners in the focus area. These findings and recommendations will form the basis of this Mission Report.

Consequently major findings and recommendations will be presented to the UNHCR and WFP Country Representatives and the Government of Nepal along with an outline of the report. Once comments have been incorporated and the JAM report has been approved by both agencies, the major findings will again be shared with the partners at the field level.

**Key activities**

Specific activities include:

1. Desk review of the key documents: project documents, 2014 JAM information package, 2012 JAM report, all nutrition surveys conducted on September 2013, key health and nutrition indicators in AMDA Annual reports 2013, WFP 2013 Standard Project Report, other IP/CP reports, JNA report, CBDP/TSI proposal as required;
2. Review of operational contingency plans in terms of food and related non-food inputs; potential contingency plans and related needs will be made;
3. A field visit to refugee camps and local areas will be conducted by the team of JAM as per the detailed itinerary;
4. Group/individual interviews with refugees will be carried out as per the itinerary;
5. Women’s participation in the management of food and non-food items will be observed directly or assessed through interviews;
6. Meetings with the partners and the GoN counterparts will be conducted;
7. District and Central-level debriefing on key recommendations will be carried out for the GoN, partners and donors;

Compilation of key findings and recommendations will be carried out by team leaders; and finalization of the JAM report by mission leader (UNHCR & WFP).

**Outputs**

The mission will make specific recommendations and prepare:

- provisional conclusions and recommendations to be presented to and discussed with the GoN, donor representatives, concerned UN agencies and partner NGOs in wrap-up meetings; and
- a mission report covering the points and issues listed above, which will form the basis of the next WFP and UNHCR operations in support of the refugees from Bhutan in Nepal.

The draft final report should be prepared following the format specified in the JAM guidelines and be submitted to the WFP and UNHCR Representatives by 30 July 2014 (tentative).
### ANNEX III - Summary matrix on 2012 JAM recommendations with action taken and results

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Responsibility</th>
<th>Actions taken and level of implementation</th>
</tr>
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<tbody>
<tr>
<td>WFP reviews the prices and availability of a variety of pulses, which are customarily prepared as “dal”, including: yellow split lentils; chickpeas; black gram; pigeon peas; and mung beans</td>
<td>WFP</td>
<td>• WFP assessed the availability and cost of varieties of pulses, it was found that the cost of other varieties of pulses was expensive compared to yellow split lentils (the current types of pulses being distributed to the beneficiaries).</td>
</tr>
<tr>
<td>UNHCR and WFP should increase their efforts to learn more about the scope and scale of remittances and how refugee households are utilizing these cash resources to meet their food and non-food needs</td>
<td>WFP / UNHCR</td>
<td>• Preparation for the remittance survey is underway and modality will be finalized in consultation with the government. Further review and planning are required due to the sensitivity.</td>
</tr>
<tr>
<td>Increase the focus on the needs of vulnerable households, such as persons with disabilities, older persons, and single women</td>
<td>UNHCR/WFP</td>
<td>• Vulnerable people are given priority while collecting ration from the distribution counters and are exempted the loading and off-loading for food commodities at the warehouses. Likewise, vulnerable refugees and locals have been targeted in the on-going supplementary activities (gardening, loan, vocational training programmes) under WFP assisted projects. • UNHCR completed identification of the persons with specific needs/vulnerabilities among refugees through participatory identification process. Altogether 2,560 individual are identified as persons with specific needs in five broad categories.</td>
</tr>
<tr>
<td>UNHCR and WFP should continue their support for vegetable gardens and make efforts to expand the number of vulnerable households that participate in this activity. There is a need to ensure access to sufficient land for vegetable cultivation for the remaining refugees and particularly those who have been relocated from other camps.</td>
<td>UNHCR/WFP</td>
<td>• Vulnerable refugees have been provided with additional support of tools, irrigation support and arrangement in the collection of agricultural inputs from central resource nurseries through community support networks.</td>
</tr>
<tr>
<td>UNHCR and WFP should conduct a review of skills training and loan schemes to determine their impact on the participants pending their departure on resettlement.</td>
<td>UNHCR/WFP</td>
<td>• WFP through CARITAS Nepal conducted a quick impact assessment of VT. Since 2013, Loan Scheme Programme is being operated by BRWF from its own resources i.e. the interest raised from disbursement of loan to the beneficiaries from the start of the project. WFP is aiming to hand-over the programme to BRWF and anticipating a plan from BRWF in this regards.</td>
</tr>
<tr>
<td>AMDA and UNHCR should develop a plan to rationalize health care service delivery across the two remaining camps so as to make optimal use of the financial and human resources available.</td>
<td>UNHCR/ADMA</td>
<td>• UNHCR and AMDA worked in right sizing the health care services while retaining all the essential services and without compromising the quality of the care and the health indicators • Existing issues and foreseeable issues in health sector due to reduction of population were identified and solutions were provided in participatory manner (round table discussions, participatory assessments) E.g. Hiring national staff to continue MCH care, boosting community awareness in effective utilization of health facilities.</td>
</tr>
<tr>
<td><strong>AMDA should proactively identify incentive workers who are currently in the resettlement pipeline and establish a roster of potential replacements from the host communities as well as the refugee population while developing a rolling training plan for new health workers.</strong></td>
<td><strong>UNHCR/AMDA</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>• Proactive identification process is going on with replacement. In some areas where the incentive human resource is not available, hiring national staff has been introduced.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Continue provision of supplementary food and micronutrient powder.</strong></th>
<th><strong>WFP/AMDA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• WFP through AMDA has been distributing supplementary food ration and micronutrient powder to the targeted groups.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Nutrition interventions should emphasize preventive approaches rather than curative approaches with emphasis on child feeding and caring practices.</strong></th>
<th><strong>AMDA</strong></th>
</tr>
</thead>
</table>
| • In line with this recommendation, WFP and UNHCR have initiated Meena comic books on use of Micro Nutrient Powder and Super Cereal, food safety, anaemia and healthy diet to create healthier nutrition habits among the refugee population. An action plan has been prepared and finalized to proceed further in this regards. Currently, a baseline survey has been taking place in the refugee camps, which will be completed by May 2014.  
• Establishment mother to mother support groups, IYCF programmes and establishment of breast feeding corners of all the camps were supported by UNHCR.  
• Specific health promotion programmes to prevent malnutrition were continued (e.g. Safe food demonstration, hygiene promotion).  
• Nutrition centres and the GMP sessions are used to disseminate malnutrition prevention messages to the target community. |

<table>
<thead>
<tr>
<th><strong>UNHCR, WFP, and AMDA should review the indicators of malnutrition and select one to use as criteria for decisions about when a child has recovered.</strong></th>
<th><strong>UNHCR/ WFP/ AMDA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Single discharge criteria is being adopted</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WFP should investigate the possibility of distributing another vegetable oil during winter months, while continuing to distribute palmolein oil during warmer months</strong></th>
<th><strong>WFP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Due to funding shortfalls and higher cost implication, currently it is not possible to go for other options. Likewise, the palmolein oil fortified with vitamins and minerals has been distributed globally in many WFP operations. The stocked US in-kind vegetable oil was distributed in winter of 2013. However, there is no scheduled support of US in-kind for 2014. Therefore, alternate measures are being planned and discussed within WFP and stakeholders.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WFP should investigate the cost implications of distributing salt in one kilogram packages rather than in bulk as is the current practice.</strong></th>
<th><strong>WFP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• The cost comparison of salt packaging in one kilogram plastic cover is quite expensive (nearly twice) than the current price of salt packaging in 50 kg sack. WFP preferred going with the existing salt packaging.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Raise awareness among refugees of the need to contribute with voluntary labour to sustain the general ration food distribution system</strong></th>
<th><strong>WFP</strong></th>
</tr>
</thead>
</table>
| • WFP through its partners conducted two orientations for CMC in the camps in 2013 and one as of April 2014.  
• WFP also conducted logistics and programme sharing workshop at Damak with CMC and partners in April 2013.  
• A programme planning and Ration Suspension and Reinstatement Committee review |
workshop was conducted in Bhedetar including CMC officials, the Government of Nepal officials, CPs staff members and WFP SO staffs in July 2013.

- Camp level integrated coordination meetings are on-going in camps for all WFP funded projects.
- WFP through LWF Nepal designed and posted banner, poster with slogans promoting volunteerism particularly in food storage, handling and distribution management.
- WFP provided visibility items and other materials (t-shirts, bags, wall clock, carpet, white boards, and bi-cycle) as per need of respective Camp Management Committees in 2013. Also, playing materials like carom board and chess was provided to CMC for volunteers involved in off-loading of food commodities so that they can utilize their spare time for waiting arrival of food consignment. It will motivate and encourage them for the acknowledgement of their volunteer contribution in food storage, handling and distribution management.
- The performance recording system of food distribution carried out by the CMC officials (Sub-Sector Head and Assistant) has been taking place through Food Basket Monitoring programme. WFP through its partners have been initiated the provision of formal appreciation and rewarding to the excellent performing sub-sectors in the distribution of food ration.

| WFP should improve the system for rodent control in and around the warehouses; repairs to the floors in some of the warehouses; and make sure that all weight scales are properly balanced. | WFP |
| Mouse glues and trappers have been used to control rodent in the warehouses.  
- The essential repairs and maintenance of warehouses, distribution counters and food basket monitoring centres have been completed. Joint team from WFP and LWF has assessed further needs of repair and maintenance in refugee camps as per the approved FLA and the implementation is on-going. | |

| UNHCR should conduct a comprehensive information campaign explaining the rationale for its decision to discontinue fresh vegetable distribution, prior to implementation. | UNHCR |
| UNHCR conducted comprehensive information campaign on the discontinuation of the fresh vegetables in all camp locations and Damak targeting general refugees, CMC senior members, Government officials (CDO, Camp Supervisors etc.), partners, etc. in November 2013. Altogether 10 information sessions were organized at community level in the camp and Damak. In addition, a refugee bulletin on the discontinuation of fresh vegetable was published and widely disseminated in the refugee camps. | |

| UNHCR and its implementing partner LWF should communicate information about the delivery schedules of non-food items, including timely notification of any possible disruptions in supply to refugees. | UNHCR |
| Delivery schedule of the non-food items including possible disruption in supply have been regularly shared with refugees through various meetings in the camps and Damak by UNHCR and LWF. | |

<p>| WFP through LWF should ensure weights scales are properly balanced and functional. | WFP/LWF |
| WFP has conducted annual verification of weights and scales through Bureau of Standard and Meteorology (Government of Nepal) in 2013 and 2014. The rejected weights and scales were separated and replaced with the functioning one from current stock. Likewise, all the scales have been fixed inside each distribution counters along with additional arrangement to maintain its balance. | |</p>
<table>
<thead>
<tr>
<th>Activity</th>
<th>Implementing Party</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen dissemination of messages on health, nutrition, personal</td>
<td>UNHCR/ WFP with support of</td>
<td>• WFP has been disseminating messages on nutrition, personal hygiene and proper consumption of diversified foods through Theatre for</td>
</tr>
<tr>
<td>hygiene and proper consumption of diversified foods with the goal of</td>
<td>AMDA and SADG</td>
<td>Development shows. Comic books on MNP, food safety, anaemia and healthy diet are prepared to be distributed in the camps after completion of</td>
</tr>
<tr>
<td>achieving behavioural changes.</td>
<td></td>
<td>baseline survey in May 2014. UNHCR implemented a comprehensive package of public health, nutrition and hygiene awareness/promotion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>programmes in camps during 2013 and are going on in 2014. Most of the programmes are updated considering the contextual changes and new</td>
</tr>
<tr>
<td></td>
<td></td>
<td>programmes are designed as per the need. Coverage of the community awareness programmes have been wide and considered the age, gender</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and diversity sensitivity.</td>
</tr>
<tr>
<td>Communicate information about the delivery schedules of non-food items,</td>
<td>WFP with support of LWF</td>
<td>• WFP through its partner LWF and Camp Management Committees has been ensuring that information dissemination and participation of refugee</td>
</tr>
<tr>
<td>including timely notification of any possible disruptions in supply to</td>
<td></td>
<td>representatives is taking place in case of pipeline breaks and commodity related issues. In this regards, pipeline sharing meetings</td>
</tr>
<tr>
<td>refugees.</td>
<td></td>
<td>and information campaigns are conducted as and when required. Moreover, UNHCR and the Government of Nepal are also well informed about</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the food pipeline situation in the camps.</td>
</tr>
<tr>
<td>Set criteria for the assessment and conduct survey of vulnerability</td>
<td>WFP with support of LWF</td>
<td>• All the refugee households have been provided empty sacks twice a year and empty container once a year to collect food ration through.</td>
</tr>
<tr>
<td>in the camps for distribution of empty containers.</td>
<td></td>
<td>• Likewise, WFP through AMDA Nepal has been providing empty containers to collect supplementary food ration.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Furthermore, WFP has been assessing needs and types of storage containers to improve household food storage condition of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>refugees as the food safety and hygiene are essential to maintain the nutrition contents and value of food. It is expected to complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>by June 2014.</td>
</tr>
</tbody>
</table>
## ANNEX IV – Infant and Young Child Feeding practices in the camps

(UNHCR nutrition survey, refugee camps, eastern Nepal, 2013 – Table 34)

<table>
<thead>
<tr>
<th>IYCF Indicator</th>
<th>Age (months)</th>
<th>2012</th>
<th>2013</th>
<th>2012 vs. 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (total)</td>
<td>% (95%CI)</td>
<td>N (total)</td>
<td>% (95%CI)</td>
</tr>
<tr>
<td>Children ever breast fed</td>
<td>0-23</td>
<td>222 (227)</td>
<td>97.8% (94.9-99.3)</td>
<td>207 (209)</td>
</tr>
<tr>
<td>Timely initiation of breastfeeding</td>
<td>0-23</td>
<td>90 (201)</td>
<td>44.8% (37.8-51.9)</td>
<td>108 (198)</td>
</tr>
<tr>
<td>Exclusive breastfeeding under 6 months</td>
<td>0-5</td>
<td>16 (38)</td>
<td>42.1% (26.3-59.2)</td>
<td>9 (17)</td>
</tr>
<tr>
<td>Continued breastfeeding at 1 year</td>
<td>12-15</td>
<td>44 (44)</td>
<td>100.0% (100.0-100.0)</td>
<td>42 (43)</td>
</tr>
<tr>
<td>Continued breastfeeding at 2 years</td>
<td>20-23</td>
<td>45 (49)</td>
<td>91.8% (80.4-97.7)</td>
<td>39 (41)</td>
</tr>
<tr>
<td>Introduction of solid, semi-solid or soft foods</td>
<td>6-8</td>
<td>30 (31)</td>
<td>96.6% (83.3-99.9)</td>
<td>25 (28)</td>
</tr>
<tr>
<td>Consumption of iron rich or iron-fortified foods besides MNP</td>
<td>6-23</td>
<td>125 (186)</td>
<td>67.2% (60.0-73.9)</td>
<td>84 (188)</td>
</tr>
<tr>
<td>Bottle feeding</td>
<td>0-23</td>
<td>31 (227)</td>
<td>13.7% (9.5-18.8)</td>
<td>47 (208)</td>
</tr>
</tbody>
</table>
ANNEX V – Nutrition Program Overview for Refugee Operation, Damak, eastern Nepal

Nutrition Interventions

Curative Programme

Community Based Management of Acute Malnutrition (CMAM)
- Supplementary Feeding Programme (SFP) in camps
  - Super cereal plus pulse is provided on weekly basis according to below categories:
    - 6-59 months moderately malnourished (MAM) children
    - Pregnant women
    - Lactating women
    - Medically vulnerable individuals including HIV/AIDS and TB patients
- Out Patient Treatment Programme (OTP) in camps
- Rehabilitation Center in Hospitals
  - U5 severely malnourished (SAM) children (without medical complications)
  - Medical screening
  - Ready to Use Therapeutic Food (RUTF)
  - Medical intervention and Therapeutic food in hospital

Long Stay Children Programme (LSCP) in camps
- Non-cured U5 malnourished children from SFP
  - Ready to Use Therapeutic Food (RUTF)
  - Super cereal plus pulse

Preventive Programme

MNP for 6-59 months children
- One sachet every alternative day
- MNP for TB patients and PLHIV

Outreach Activities
- Home visit
- Individual counseling
- Family counseling
- Group counseling
- Health Education

Other Programmes:
- Growth Monitoring and Promotion (GMP)
- Breast Milk Substitute for vulnerable infants
- Sanitation and hygiene promotion
- Infant and Young Child Feeding (IYCF)
  - Mother to Mother Support Group Program for Breastfeeding
  - Breastfeeding Corner

Comparison of Anemia, GAM (Global Acute Malnutrition) and SAM (Severe Acute Malnutrition) prevalence among children of 6-59 months from previous Nutrition Surveys in Bhutanese refugee camps

<table>
<thead>
<tr>
<th>Year</th>
<th>Anemia %</th>
<th>GAM %</th>
<th>SAM %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>43.3</td>
<td>4</td>
<td>0.4</td>
</tr>
<tr>
<td>2008</td>
<td>43.6</td>
<td>9.2</td>
<td>1</td>
</tr>
<tr>
<td>2009</td>
<td>35.9</td>
<td>7.2</td>
<td>1.4</td>
</tr>
<tr>
<td>2010</td>
<td>40.2</td>
<td>8.1</td>
<td>0.4</td>
</tr>
<tr>
<td>2011</td>
<td>26.1</td>
<td>6.8</td>
<td>0.4</td>
</tr>
<tr>
<td>2012</td>
<td>49.9</td>
<td>5</td>
<td>0.4</td>
</tr>
<tr>
<td>2013</td>
<td>29.9</td>
<td>4.7</td>
<td>0.0</td>
</tr>
</tbody>
</table>
ANNEX VI – Admission and Discharge Flow Chart for Acutely Malnourished Children

GMP Screening
Acutely Malnourished Children
WHZ < -2 SD or oedema (Age 6-59 months)

Severely Acute Malnourished Children
- WHZ < -3 SD or
- Bilateral Pitting Oedema

WITHOUT Complications
Bilateral pitting oedema absent or + or ++
AND:
- APPETITE +,
- Alert, Clinically Well

Outpatient Therapeutic Programme (OTP)
Systematic Drug Treatment
RUTF and Counselling

Discharge from OTP to SFP
- WHZ ≥ -2 SD (with at least 2 consecutive weeks of increasing growth) and
- No bilateral pitting oedema
  (two weeks)
- Clinically well

Moderately Acute Malnourished Children
- WHZ < -2 SD to ≥ -3 SD
- And NO bilateral pitting oedema

WITHOUT Complications
No bilateral pitting oedema
AND:
- appetite, alert, and clinically stable

Supplementary Feeding Programme (SFP)
Super Cereal (WSB+) mixed with oil
Minimum stay 8 weeks (with MNP)

Infants <6 months
- Visibly wasted (<3kg weight)
- WLZ < -3 SD
- Too weak or feeble to suckle with failure to weight gain
- Nutritional oedema
- To be treated in SC/NRC after

Discharged from NRC

DISCHARGE
WHZ ≥ -2 SD with at least 2 consecutive weeks of increasing growth trend

UNHCR December, 2012
ANNEX VII – Details of current storage capacity

<table>
<thead>
<tr>
<th>SN</th>
<th>DISTRICT</th>
<th>EDP NAME</th>
<th>TYPE OF STORE</th>
<th>No. of Rooms</th>
<th>CAPACITY (MT)</th>
<th>m3</th>
<th>m2</th>
<th>OWNER</th>
<th>Status</th>
<th>Managed By</th>
<th>GPS coordinates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jhapa</td>
<td>Beldangi 1-A</td>
<td>Warehouse</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 42.056’ &amp; E 087° 41.854’</td>
</tr>
<tr>
<td>2</td>
<td>Jhapa</td>
<td>Beldangi 1-B</td>
<td>MSU</td>
<td>1</td>
<td>550</td>
<td>1,280</td>
<td>320</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 39.718’ &amp; E 087° 42.056’</td>
</tr>
<tr>
<td>3</td>
<td>Jhapa</td>
<td>Beldangi 2-A</td>
<td>Warehouse</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 42.832’ &amp; E 087° 41.854’</td>
</tr>
<tr>
<td>4</td>
<td>Jhapa</td>
<td>Beldangi 2-B</td>
<td>Warehouse</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 43.041’ &amp; E 087° 41.126’</td>
</tr>
<tr>
<td>5</td>
<td>Jhapa</td>
<td>Beldangi 2-C</td>
<td>MSU</td>
<td>1</td>
<td>550</td>
<td>1,280</td>
<td>320</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 43.041’ &amp; E 087° 41.120’</td>
</tr>
<tr>
<td>6</td>
<td>Jhapa</td>
<td>Beldangi 2-ext. A</td>
<td>Warehouse</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 43.029’ &amp; E 087° 41.104’</td>
</tr>
<tr>
<td>7</td>
<td>Jhapa</td>
<td>Beldangi 2-ext. B</td>
<td>MSU</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 41.043’ &amp; E 087° 41.112’</td>
</tr>
<tr>
<td>8</td>
<td>Morang</td>
<td>Sanischare-A</td>
<td>Warehouse</td>
<td>1</td>
<td>200</td>
<td>80.5</td>
<td>40.25</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 39.4425’ &amp; E 087° 33.166’</td>
</tr>
<tr>
<td>9</td>
<td>Morang</td>
<td>Sanischare-B</td>
<td>MSU</td>
<td>1</td>
<td>550</td>
<td>1,280</td>
<td>320</td>
<td>WFP</td>
<td>Operational</td>
<td>LWF</td>
<td>N 26° 39.521’ &amp; E 087° 33.041’</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sub-total (food storage)</td>
<td>9</td>
<td>2,850</td>
<td>4,323</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Morang</td>
<td>Sanischare</td>
<td>MSU</td>
<td>1</td>
<td>550</td>
<td>1,280</td>
<td>320</td>
<td>WFP</td>
<td>Operational</td>
<td>WFP</td>
<td>N 26° 39.521’ &amp; E 087° 33.041’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sub-total (Non-food items storage)</td>
<td>1</td>
<td></td>
<td>1,280</td>
<td>320</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>10</td>
<td>3,400</td>
<td>5,603</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>