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Distinguishing Means and Ends: The Counterintuitive Effects of UNHCR's Community Development Approach in Nepal

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UNHCR's community development approach (CDA) consists of a disparate set of guidelines designed to strengthen the self-reliance of refugees during protracted displacement. It envisions refugees as agents of their own development, and aims to prepare them for a durable solution. But in the absence of basic standards and benchmarks, the CDA is being used—by implementing partners as well as specialized units with the agency—as an opportunity to advance rights-based development. This raises a number of concerns related to the desired aims of the CDA, the accountability of UNHCR and its implementing partners and its capacity to administer development while preserving its core mandate. This article casts a critical eye over CDA as experienced in Bhutanese refugee camps in Nepal. It contends that UNHCR must develop appropriate standards for CDA. At the very least, the agency must move beyond basic emergency benchmarks and toward minimum standards that strengthen self-reliance and empower refugees, but do not simultaneously undermine prospects of achieving a durable solution.

Introduction

UNHCR's mandate is to ensure protection in the short term and promote durable solutions for refugees in the long term. Durable solutions range from safe and dignified repatriation or permanent settlement in the host country to third-country resettlement if other options are not viable. Where durable solutions are not immediately present, UNHCR has an obligation to ensure the 'protection' and 'care and maintenance' of refugees. In order to provide equitable and cost-effective distribution of basic services, particularly in protracted refugee situations, the agency has recently articulated a community development approach (CDA). Instrumentalist by design, the CDA serves as a set of cost-saving guidelines for UNHCR and its implementing partners. In as much as the policy endeavours to promote 'self-reliance' and 'ownership' among refugees, it also reflects the dominant liberal and rights-laden discourse shared by Western institutions, including UNHCR. Where uncritically interpreted and applied,

however, the CDA may have unintended, and in some cases negative, long-term consequences for the achievement of durable solutions.

Drawing on the case of the protracted refugee situation in Nepal, this article contends that in the absence of clear standards and benchmarks, the promotion of the CDA can have counterintuitive effects.¹ In Nepal, the application of the CDA by development-oriented implementing partners has led the Bhutanese refugee population to enjoy disproportionately higher indicators of well-being than the 'host' community. In addition to the tension generated by this situation, the unrestrained promotion of the CDA has led to heightened political activism, the escalation of demands for improved services and widespread disillusionment among Bhutanese refugees. Perversely, the refugee population's sustained access to development assistance and prolific campaigning for democracy has also strengthened the intransigence of Bhutan and Nepal in negotiations to arrive at a durable solution. Moreover, because the quality and quantity of donor support for the camps is stagnating, social pathologies among the refugees are quietly emerging. In addition to holding governments accountable and adopting more principled (and difficult) judgments about when to end operations, there is an urgent need for UNHCR and its implementing partners to develop appropriate standards for the CDA.

UNHCR's Mandate: Protection and Durable Solutions

From Africa to Asia, protracted refugee situations are fast becoming the rule rather than the exception. Due in part to the reluctance of many countries to accept significant refugee inflows, many are forced to remain in camps or settlements (Black 1998; Crisp 2002). Indeed, the profile of refugees and their needs has changed. In Africa, for example, hundreds of thousands of Sudanese, Somalis and Ethiopian refugees have been languishing in Kenya and Uganda for more than a decade. In South Asia, the story is similar. For more than two decades there have been Rohingyas from Myanmar in Bangladesh; Sri Lankan Tamils, Bangladeshi Chakmas, and Tibetans in India; Afghans in Pakistan and Iran; and Bhutanese in Nepal (UNHCR 2002). Refugee camps created during refugee emergencies are in many cases still operating with the same procedures and standards as they did when first opened (Jamal 2000; Crisp 2001). The question of what standards are universally appropriate and how to measure them is currently rising to the top of UNHCR's agenda.

The concern with protracted refugee situations within UNHCR is taking shape against a backdrop of broad budgetary constraints across the UN, growing donor intolerance of long-term refugee situations and a debate over the merits of linking relief and developmental approaches to assistance. Though UNHCR is mandated to address the protection needs of refugees—including when no durable solution is in sight—the agency is still experimenting with developmental approaches to care and maintenance operations, as it has since the 1970s. While many NGOs have applauded the development-oriented approach espoused by UNHCR, it is not warmly received in all quarters. Indeed, there is a vocal group

within the agency that continues to call for a narrow focus on legal protection and an exclusively political engagement with governments that abrogate their obligations under the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol. Many of these critics believe that the CDA would potentially shift the burden of responsibility away from expelling countries to donor governments, UNHCR, implementing partners and hosting states themselves.

It is a moot point that the CDA emerged in response to advocacy, donor and budgetary pressures. UNHCR is continuously called upon by human rights groups and NGOs to expand its mandate. But notwithstanding internal divisions over the breadth of the organization's mandate, over the past few years UNHCR has faced dramatic budget cuts. On the eve of its fiftieth anniversary, for example, the agency was forced to borrow US\$40 million from its working capital to finance its programmes. But the case of the decade-old camps in Nepal shows that in the absence of clear standards for the CDA, UNHCR and its implementing partners face an uncomfortable paradox. In addition to internal institutional debates over the objectives (and appropriate indicators, benchmarks and standards) of the CDA, its application can generate a host of new and avoidable challenges to UNHCR's mandate.

Tensions over the 'developmentalization' of camps persists among donor governments, which are wary of investing too heavily in what are inherently temporary situations, and host governments that have been legitimately concerned with ensuring adequate burden sharing and compensation for refugee settlements (UNHCR 1994). According to Barnett (2001: 32), in the mid-1990s 'states are willing to license these [development] activities not because of an outpouring of generosity but because of its very deficit'. In other words, states were backing away from their responsibilities for refugees at the same time as the post-Cold War refugee caseloads were growing.

The Emergence of a Community Development Policy

Established in 1994, the CDA reflects progressive thinking in the development community. It builds on recent normative innovations promoted by UNHCR such as the adoption of community approaches (rather than case management) to care and maintenance, a shift from top-down to more participatory approaches to achieving durable solutions and a transition from a service-delivery culture to one that engages the capacities of refugees in their own development and treats them as agents rather than subjects.²

The CDA assumes that refugees should have ownership of programming in order to improve their situation and that their 'skills' and 'capacities' should be strengthened in order to inculcate self-reliance and reduce dependency. Its stated objectives are fourfold: (i) to strengthen refugee initiative and participation in order to ensure ownership of all phases of programme implementation; (ii) to reinforce the dignity and self-esteem of refugees; (iii) to achieve a higher degree of self-reliance and (iv) to increase the cost effectiveness and sustainability of UNHCR programmes (UNHCR 2001).

Though the CDA endorses a wide cluster of approaches to care and maintenance, a few are especially salient. The introduction of 'democratic management structures' is desirable in order to improve accountability and transparency in camp decision-making and the distribution of food among refugee households. 'Participatory approaches' to decision-making are also introduced at the camp management level to encourage ownership and self-reliance among refugees. The promotion of 'women and children's rights', in addition to advocating their more equitable access to basic services, is intended to reduce their overall vulnerability and improve the well-being of households. Though intuitively desirable, these objectives are *means* and not necessarily *ends* in and of themselves.

UNHCR's CDA is distinct from mainstream development approaches in one important respect. The CDA does not explicitly promote development as a cluster of indivisible human rights, but rather as a means to an end. Unlike the majority of UNHCR's implementing partners, who aim to promote the development of vulnerable groups irrespective of their situation, UNHCR's ends are largely focused on ensuring protection and a durable solution and reducing costs for refugee care and maintenance. Protection, UNHCR argues, is best realized when refugees are safely resettled, returned or locally integrated. As noted by UNHCR, community development is to continue

only to the point where refugees achieve economic self-support and a level of well-being compatible to that of the local population ... where additional work is needed to upgrade the standard of living of both refugees and nationals, UNHCR approaches the government or other organizations to support and carry this out (1996: 3).

In introducing the CDA, UNHCR aims to strengthen the quality and distribution of goods and services, contribute to the overall health and well-being of the community and reduce costs by reducing dependency and stimulating ownership. While refugees in protracted situations no doubt demand development, it should be recalled that the UNHCR is not a 'development' organization *per se*.

Therein lies an obvious tension. Where do 'means' end and rights begin? In addition to being the primary guarantor of refugee law, UNHCR is also a human rights organization. The 1951 Convention draws explicitly on the 1948 International Declaration of Human Rights. Development is also a human right.³ Is UNHCR not then obliged to promote rights-based development? More problematic, and not unique to UNHCR, where does the promotion of rights end? Perhaps of equal importance, will the promotion of these rights serve UNHCR's overall objective, namely a durable and lasting solution for refugees?

Because these questions are not front and centre within UNHCR, there is considerable internal institutional confusion over the precise aims of the CDA.

Indeed, specialized units focusing on gender and children and health at headquarters are churning out guidelines and reports on the importance of rights-based approaches for field offices. Implementing partners, who themselves aim to promote the development of vulnerable groups irrespective of their political situation, have often articulated a wide bandwidth of benchmarks. In other words, the CDA is increasingly being adopted as an opportunity to advance rights-based development with divergent standards and in the absence of clear exit strategies. But though rights-based action is a new orthodoxy in humanitarian and development action, confusion remains when it comes to translating it into practice. As Harris-Curtis notes, 'NGOs are in the process of adopting the [rights-based] approach wholesale in all aspects of their work, without knowing what the consequences will be' (2002: 2). More worryingly, the uncritical application of the CDA can potentially threaten the durable solutions to which refugees are also entitled. Any application of community development ultimately requires uncomfortable choices.

Background on Bhutanese Refugees

The seven Bhutanese refugee camps, located within an hour's drive of each other, have an official population of 101,300 and have existed in the area for eleven years. The first refugees arrived in Nepal in 1991, with a further influx in 1992 and a small trickle in the months and years since. The camps are ethnically homogeneous, and are made up of Bhutanese of Nepali origin, or Lhotsampas. Though census data in Bhutan is generally untrustworthy, it is estimated that Bhutanese-Nepalese make up 40–50 per cent of the population of Bhutan, most having settled there in the late nineteenth and early twentieth century on subsistence farms or producing cash crops such as oranges and cardamom. As most of the rest of the country is mountainous, they were the main agriculturists in Bhutan and contributed a significant proportion of the gross domestic product. Lhotsampas were granted citizenship in 1958, as well as rights to participate in the armed forces, civil service and National Assembly.

In 1985, following growing wariness of their political and economic influence in the country, the Bhutanese government passed a new citizenship act that required all Lhotsampas to produce documentary evidence of their qualification for citizenship. The government similarly nullified earlier legislative acts that granted citizenship to non-Bhutanese spouses and their children. Almost overnight, the government enacted the 'Bhutanese Programme', an initiative that enforced on the minority Lhotsampas (who are primarily Hindu), the dress code, language and social etiquette of the majority Drukpa Buddhists. These measures sparked protests that led to arbitrary arrests and imprisonment, torture, and other measures manifestly enacted to frighten the Lhotsampas into leaving. Some local officials organized evictions and land confiscation, under the pretext of voluntary migration. In some cases whole villages were evicted or evacuated en masse.

By 1991, some 90,000 Bhutanese had arrived in Nepal on the flatbeds of Indian-owned trucks, crossing India to seek asylum in Nepal. International attention was muted because of the first US–Iraq Gulf war. Regional sympathy was similarly limited, as neither Bhutan nor Nepal had signed the 1951 Convention. Despite the many violations of international law that accompanied the entire process, the forced expulsion went largely unnoticed by the international community. For one, India abrogated its obligations under the 1951 Convention by not providing the Lhotsampas with protection and assistance or the option for resettlement. Today, the Bhutanese refugees enjoy the unenviable distinction of being one of the world's 'forgotten' emergencies.

Though severely criticized by human rights organizations in the 1990s, the Bhutanese government has remained intransigent. Under pressure from Nepal and UNHCR, Bhutan agreed in May 1993 that the 'Royal Government of Bhutan will accept full responsibility for [any] bona fide Bhutanese national who has been forcibly evicted from Bhutan' and to 'arrive at a mutually acceptable agreement on each category to provide a basis for the resolution of the problem'. Bhutan stalled until the end of 2000, and a Joint Verification Committee (JVC) was subsequently established to identify 'genuine' refugees. Nepal agreed to the Bhutanese proposal and established four categories of refugees: those forcibly evicted from Bhutan, those who migrated 'voluntarily', non-Bhutanese refugees, and 'criminals' who fled Bhutan. Between 1993 and 2003, the two governments held 14 rounds of meetings.⁴

In June 2003, the JVC released the results of the verification process in one of the seven refugee camps. Only 2.5 per cent of those verified were included in the first category, or otherwise eligible for repatriation to Bhutan. More than 70 per cent were billed as having 'voluntarily emigrated' and would therefore have to reapply for Bhutanese citizenship. The final 27 per cent were either described as either non-Bhutanese, or 'criminals' who would be liable to be tried in Bhutanese courts. Verification of the remaining 90,000 refugees living in the other six camps had not been completed or released at the time of this article.

The Bhutanese Refugee Camps

Despite the fact that they have been languishing in Nepal for more than 12 years, the Bhutanese refugees' camps have been widely praised as a model of 'best practice' for 'care and maintenance'. While these camps cannot be directly compared to other protracted refugee situations, there are nevertheless many lessons that can be learnt from the developmental approach adopted by UNHCR and its implementing partners.

Since the transition from emergency to care and maintenance in the mid-1990s, the Bhutanese refugees have exhibited a high degree of self-reliance and participation in the delivery of goods and services. The refugee population also exhibits comparatively high levels of primary, secondary and tertiary education (75 per cent literacy and almost 100 per cent school enrolment) and low levels of mortality and morbidity in comparison to the Nepalese population (see Table 1).

Table 1

Literacy and Mortality Rates in Comparison			
Country/Group	Adult Literacy (%)	Under-Five Mortality (per 1,000)	HDI Ranking ¹
India	72.6	96	124
Pakistan	57	110	138
Bhutan	–	100	140
Nepal	60.5	100	142
Nepal Refugee Camps (1997)	75	39	–

¹The Human Development Index (HDI), which ranks countries according to a number of development indicators, shows Nepal is behind its neighbours. Source: Muggah (2002: 34).

The primary and preventive health programmes introduced by UNHCR are believed to have contributed to a marked reduction in the birth rate, as well as under-five mortality and malnutrition rates (UNHCR 2001). Demographic data on the refugee population—including census, educational, literacy and public health records—are regularly updated. Nutritional surveys are conducted on an annual basis by UNHCR and WFP, and data is submitted to the sub office and maintained in elaborate databases and filing systems.

Though the Lhotsampas have enjoyed the 'protection' of the Nepalese government since 1991, as *prima facie* refugees they are not legally permitted to work, own land, leave the camps or engage in political activities. Refugees are therefore confined to camps, even though the municipal government quietly tolerates the large numbers that regularly leave the camps as informal labourers, teachers and doctors in neighbouring communities. Though falling ostensibly under the direct supervision of Nepalese government officials and subject to Nepalese law, refugee conduct and behaviour is regulated in accordance with 'camp rules'. These rules were established by the government coordinating body (the Refugee Community Unit or RCU) in cooperation with UNHCR in 1992, and are designed to enforce Nepalese law in the camps and regulate issues as varied as the suspension of rations for missing refugees to family planning.

The supervision of refugees in each camp, regardless of camp size, is performed by a single government-appointed (and UNHCR-funded) Camp Supervisor and Deputy Camp Supervisor as well as six unarmed police. The daily administration of each camp is coordinated by camp management committees (CMC) that are composed of volunteer refugees. Elections for CMCs have been held in each camp since 1993 and their chief purpose is to facilitate distribution of relief assistance and to assist the government coordinating body (the Refugee Community Unit), UNHCR and its implementing partners, to manage the camp. In 2001, for example, approximately 636 members were elected to CMC positions from a total pool of 736 candidates. Each CMC is made up of a board with

subcommittees responsible for social services, project services, health services, counselling and administration. The distribution of relief assistance (food and non-food items) and services are administered through sector heads, sub-sector heads and assistant sub-sector heads of each camp.

It should be noted that the Bhutanese refugees are drawn from a relatively hierarchical culture with elaborate systems of social organization. The community organization of the refugee camps, while nurtured and to some extent re-engineered by Bhutanese human rights organizations, UNHCR and implementing partners such as the Lutheran World Federation (LWF) in 1991–1992, mirrors analogous structures of social control and organization. These agencies capitalized on pre-existing refugee structures during the early period of the emergency and helped reshape its management to reflect democratic and (gender) representative norms and liberal standards. For example, CMC guidelines require that approximately 50 per cent of elected representatives are women.

The management of camps by the refugees is exemplary. The number of services carried out by refugees has increased steadily since their arrival. The cleanliness and order of the camps is, according to the relatively broad experience of this writer, unmatched. Since the mid-1990s, the Refugee Women's Forum (RWF) and other Bhutanese refugee groups have developed an increasingly sophisticated network of activities with the support of UNHCR and its implementing partners. Their efforts have developed to the extent that they have successfully appropriated donor language and discourse in their proposals for financial support. Submissions regularly include log-frame analysis, extensive and thorough discussion of proposed outputs and appropriate donor nomenclature.

Since 1992, though not officially involved in bilateral negotiations between Nepal and Bhutan, UNHCR has been responsible for the co-ordination of all protection and assistance activities for Bhutanese refugees. It is currently the primary funding agency for the provision of health care services, education, water supply and sanitation, shelter and non-food items. Basic food rations and supplementary food items are provided by WFP. Since the beginning of 2000, four non-governmental organizations (NGOs) have also shared responsibility for the activities in the camps: CARITAS-Nepal; Association for Medical Doctors for Asia (AMDA); Nepal Red Cross Society (NRCS) and the Lutheran World Federation (LWF).

Hard Choices

There are many challenges with advancing the community development approach advocated by UNHCR-Nepal. For one, there is a tension between the desired standards for basic services by UNHCR, which is a humanitarian agency, and those of its implementing partners, who are ostensibly in support of more progressive development objectives. This is important because UNHCR's implementing partners are responsible for providing critical sector-specific functions such as sanitation, food delivery and the provision of health. The NRCS, for

example, is primarily responsible for procuring kerosene for the refugee population, administering home-garden programmes (for nutritional supplement) and maintaining high standards of sanitation in the camps. The LWF, on the other hand, manages infrastructure maintenance and water-delivery as well as support for small-scale tailoring activities (Bhutanese Refugees Aiding the Victims of Violence, BRAVVE), micro-enterprise development (RWF) and programmes for children. The educational provider (primary, secondary and tertiary) is CARITAS and the preventive, primary and curative health provider is AMDA and its partner, the Bhutanese Health Association (BHA).

It is incumbent on UNHCR to ensure basic standards of refugee well-being as well as dispensing cost-effective care and maintenance—with the expectation of ultimately repatriating, resettling or settling refugees. But UNHCR-Nepal has not actually set desired benchmarks or objectives for its care and maintenance activities. In the absence of clear standards or objectives, implementing partners have continued to provide development assistance with the objective of raising indices of well-being to the highest standard. UNHCR-Nepal's operation has become, in effect, a development operation without a mandate for development.

Since the refugee population has been assisted for more than ten years, the restructuring of UNHCR's programme has been an on-going process. The refugees have become increasingly involved in the administration of the camps (via the CMCs) and in the running of basic services—as teachers, health workers and construction workers. The fact that UNHCR has acted as a development agency by default is reflected in the gradually declining funding patterns, and the dramatic increase in well-being of the Bhutanese refugee population. Because of the shift from emergency to care and maintenance, UNHCR's programmes in Nepal have suffered budget cuts, falling from just over US\$5 million in 1993 to a projected budget of US\$2.8 million in 2002. As a result, UNHCR has tried to scale back its CDA activities, particularly in healthcare. This has been met with fierce resistance from a comparatively educated and rights-aware population. Predictably, dissatisfaction with the assistance provided by UNHCR and its implementing partners is growing. Many leaders of the refugee community, including university-educated refugees, are leaving the camps.

Haemorrhaging Camps

In spite of apparently high levels of social (health and educational) well-being, cracks are emerging in UNHCR's care and maintenance of refugees. Findings from participatory exercises and key informant interviews with refugees in five of the seven camps and with implementing partners, revealed a number of disturbing trends. Among the many issues reported were rising addiction to alcohol; growing incidence of child marriage; increasing levels of polygamy; issues of prostitution inside and outside of the refugee camps; trafficking of women to India; disappearance of physically and mentally handicapped children; unusually high levels of mental illness; the growing incidence of suicide; a rising school

*Table 2***Warning Signs: Comparing Indicators in the Refugee Camps**

Rates (per 100,000)	1999	2000	2001	2002 (predicted)	Actual (by mid 2002)
Suicide	2	5	11	10	4
Mental illness	–	7.8	6.2	2.6	–
Malaria	–	3.8	7.0	7.6	3.2
TB	–	2.3	5.9	6.2	2.4
STD	–	–	10.4	7.8	3.3

Source: Muggah (2002: 35).

drop-out rate; a higher than average degree of elopement; and rumours of forced sterilization by the local authorities.

Each of the issues mentioned above was raised repeatedly by respondents and implementing partners. Anecdotal, participatory and descriptive epidemiological evidence substantiated their claims. Triangulation of the accounts yielded some authenticity, as UNHCR discovered in November 2002 (see Table 2).⁵ These concerns should be placed in context, as the provision of basic needs and general welfare of refugees are high in comparison with other refugee populations. Moreover, many of the problems emerging in the camps are also present in the host communities. Nevertheless, their prevalence illustrates a gradual social deterioration that threatens the collective livelihoods of the Bhutanese refugee community. The absence of a durable solution coupled with growing levels of stress, are in large part to blame.

In the absence of a durable solution, the refugees voiced growing levels of frustration and hopelessness. Their concerns have led to a growth in prostitution, a spiralling incidence of mental illness and intake of anti-depressants and a growing vulnerability of unemployed and disgruntled children to forced recruitment. For example, young women are believed to regularly leave the refugee camps in search of economic opportunities in communities known for their high levels of prostitution (in border-areas of Nepal and the adjoining Indian states of West Bengal and Bihar). A number of refugees were also arrested for ‘trafficking in women’ and were incarcerated in local Nepalese jails.

These perceived injustices are a growing concern. An experienced doctor working with AMDA, the UNHCR’s primary health-care provider, noted that the incidence of mental illness was alarmingly high: ‘I worked in Afghanistan for two years [where psychological trauma was acute] and these levels of mental illness among the Bhutanese are the highest I have ever seen’. The incidence of stress and mental illness is equally linked to the issue of education. The director of the educational provider, CARITAS, also noted the growing frustration among youth who, in the absence of employment or further educational

possibilities, are becoming increasingly radicalized and susceptible to recruitment by Maoist insurgents.

These problems are not necessarily new but have been allowed to grow more serious as a result of a lack of holistic awareness on the part of UNHCR and its implementing partners. The reasons for this are twofold: implementing partners are not effectively analysing data and the 'right' questions are not necessarily being put forward or followed up. Though baseline data is continuously collected on a wide range of indices of health and social well-being, the extent to which this data is processed, analysed and understood is in question. Reports are drawn up and dispatched to headquarters, but it is unclear if the programme is even capable of understanding the dimensions of social deterioration, much less responding appropriately to the situation. Part of the problem relates to the fact that the 'right' questions are not being asked by UNHCR and implementing partner staff. Conventional indicators of suicide, mental illness, prostitution, child trafficking and the like are simply not registered. Even basic data documenting trends in refugee health were not available prior to 2000.

Setting Unrealistic Objectives?

Whether narrowly or broadly interpreted, the introduction of 'community development' to emergency or care and maintenance operations is accompanied by a set of values, norms and principles associated with human rights, gender equality and democratization. According to the CDA, however, community development is supposed to improve the 'delivery' of services rather than serve as an end or 'good' in and of itself. It is vital that UNHCR recognizes that this is the case. This is because straightforward decisions taken by programme staff, ranging from the promotion of democratization in decision-making to the promotion of women's issues through sensitization campaigns, can have practical implications for both the appropriate staffing of UNHCR and long-term or durable solutions for refugees.

In theory, UNHCR endorses a liberal framework for the promotion and expression of political rights that includes the participation of women and vulnerable groups in decision-making and the promotion of self-reliance through democratic decision-making structures. At the most practical level, there is some awareness among UNHCR staff and implementing partners that customary and local norms can influence the 'effectiveness' or 'desired aims' of UNHCR's activities, including the short-term strategy of self-reliance and empowerment. But it must also be recalled that local UNHCR staff who have not been trained in, or share, notions of progressive liberal rights may be unfamiliar with—and even latently opposed to—the imposition of a liberal approach espoused by UNHCR. In the case of Nepal, customary norms might include caste systems, local 'acceptance' of forced sterilization, acceptance of patriarchal decision-making and non-participatory decision-making. A number of local staff may not be adequately equipped with the liberal sensibilities to register, measure and

respond to stated community service priorities. As a result, guidelines and training courses organized in Geneva may not sufficiently inculcate these principles in local staff.

A more fundamental concern relates to the promulgation of liberal and progressive rights by UNHCR and its implementing partners as 'goods' or 'ends' in and of themselves. While it is impossible for UNHCR to refute the desirability of secondary and tertiary education, access to all facets of curative care, the empowerment and progress of women and the development of democratic decision-making, these 'ends' have long-term implications for the repatriation of refugees to their country of origin. In the case of Bhutanese refugees, the more democratically inclined, the less likely the Bhutanese government will allow them a safe and voluntary repatriation. The JVC, established in 2001 by the governments of Nepal and Bhutan, has demonstrated little progress toward the elaboration of a durable solution.

Even if repatriation was a possibility, refugees with a strong desire to promote gender equality would find integration into Bhutan's traditionally patriarchal society difficult. The wider Bhutanese population, let alone its government, shares few common values in this regard. The Nepalese government is also wary of settling refugees locally, given that they represent a relatively competitive (and comparatively cheap) labour pool. Moreover, they are understandably concerned with the precedent such an action might create.

Conclusion

UNHCR has a mandate to protect refugees and ensure a durable solution to their plight. In the absence of clear durable resolutions following a refugee emergency, the agency is committed to providing 'care and maintenance' in camps or urban contexts. These obligations place considerable strain on the organization's resources at a time when demands for their services are growing. In response, the agency has initiated a CDA, a set of progressive approaches to care and maintenance operations that are designed to encourage ownership, promote self-reliance and reduce the costs of services. However, the objectives have not been limited to these realizable ends but have rather been left ambiguous and ambitious.

The approaches endorsed by the CDA are often interpreted as ends rather than means. The CDA is perceived by some within UNHCR, and among implementing partners, as a set of fundamental rights. Even if the pursuit of these intermediate ends may be intuitively desirable, their uncritical application can have implications for the 'successful' achievement of durable solutions. The case of Bhutanese camps in Nepal, viewed by the former High Commissioner for Refugees, Sadako Ogata, as the most successful refugee settlements in the world, highlights the tensions underlying the application of community development without clear benchmarks and standards. UNHCR must begin thinking creatively about how it can move beyond emergency standards in protracted refugee situations to measures that strengthen

self-reliance and empower refugees but do not simultaneously undermine the prospects for achieving a durable solution.

1. This article was written in parallel with an independent evaluation of UNHCR's community services function. The findings of the evaluation are on-line at www.unhcr.ch. The author visited the Nepal refugee camps in 2002 as part of the team commissioned to undertake the community services evaluation. This article represents his own views, and not those of UNHCR or NGOs working in Jhapa, Nepal.
2. A working group on services and community development was set up in the early 1990s in order to review how UNHCR programmes might benefit from a community approach in care and maintenance activities. It noted that limitations in the conventional approach 'could be overcome by empowering refugees, treating them as resourceful and active partners in all assistance and protection activities' (UNHCR 2001: 4). The Group included NGOs such as the Dutch Relief and Rehabilitation Agency, Women's Commission for Refugee Women and Children, Save the Children Norway/Sweden, International Catholic Migration Committee and the Norwegian Refugee Council. See also UNHCR (1996, 1992).
3. In 1978 the Commission on Human Rights recognized the right to development as a specific human right for the first time and asked the Secretary-General for further study on the conditions needed for the effective enjoyment by all of the right to development. Rights-based development is now central to the mandates of many development agencies. See also Harris-Curtis (2002) and Sen (1999).
4. It has been argued that Nepal's acceptance of the Bhutanese proposal was a diplomatic blunder that led to protracted negotiations. According to regional experts, the Bhutanese refugee problem is a trilateral issue involving Bhutan, Nepal and India—as Bhutan's foreign policy is officially guided by India under a treaty signed between Thimphu and New Delhi in 1949. See, for example, Tiwar (2003). Nepal maintains that the refugees are Bhutanese citizens and should be allowed to return. Bhutan maintains that not all refugees are genuine. India contends that the refugee problem is a bilateral issue between Bhutan and Nepal and, therefore, declined to participate in the process.
5. UNHCR sent an investigation team in November 2002 to assess the situation. It found 18 cases of sexual abuse and exploitation. This was subsequently reported by Amnesty International in the same month. The findings of the investigation ultimately revealed that 'there had been no wrongdoing on the part of the staff members, that no instructions had been willfully disregarded, and that therefore the conduct of the staff members did not justify disciplinary action' (UNHCR 2004).

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