

Protracted Relief and Recovery Operation United Republic of Tanzania 200029

Title: Assistance to Refugees and Vulnerable Households among Host Populations in Northwestern Tanzania

Duration:	2 years (January 2010 – December 2011)
Number of beneficiaries:	98,000
WFP food tonnage:	27,600 mt
WFP food cost:	US\$12,751,953
Total cost to WFP:	US\$26,766,040

EXECUTIVE SUMMARY

Tanzania¹ has been hosting refugees from Burundi and the Democratic Republic of the Congo since the early 1990s. Over the past few years, a large number of refugees have returned to their home countries. With the official recognition of the *Forces Nationales de Libération* as a political party in Burundi on 21 April 2009, the situation is expected to continue to improve. Nevertheless, the Burundian refugees living in camps in Tanzania are hesitant to return and the repatriation process is expected to be slow.

Insecurity in the Democratic Republic of the Congo continues to be a concern. Most of the Congolese refugees living in Tanzania come from South Kivu, where hundreds of thousands of people are displaced and residents struggle with poverty, unemployment and poor infrastructure. Therefore, while Congolese refugees are expected to return to their home country, this protracted relief and recovery operation anticipates a slow and phased return process.

The design of the specific activities is based on the findings and recommendations of recent food security assessments, nutrition surveys, ongoing monitoring and review missions undertaken in collaboration with stakeholders. WFP has designed this operation in consultation with the Government – more specifically the Ministry of Home Affairs – as well as United Nations agencies and non-governmental organizations involved in the provision of assistance to refugees.

Effective coordination mechanisms for refugee assistance have been established both in northwestern Tanzania and in Dar es Salaam, involving government counterparts, the United Nations High Commissioner for Refugees, the United Nations Children's Fund, WFP, donors and non-governmental organizations.

The overall goal of this operation, targeting over 98,000 people, is to improve the food security and nutritional situation among refugees and protect the livelihoods of food-insecure households within the host population. The specific objectives of the PRRO are to:

- a) Stabilize the mortality rate and acute malnutrition among children under five in refugee communities;
- b) Increase access to assets, especially for women, and strengthen coping capacities through training and asset creation activities among the vulnerable host populations;
- c) Assist out-of-school children in the host communities to attend school; and
- d) Improve nutritional status among targeted pregnant and lactating women and other vulnerable groups.

The operation is fully aligned with WFP Strategic Plan (2008-2011) and will contribute to achieving the organization's goals, mainly Strategic Objective 1 ("saving lives and protecting

¹ While the official name of the country is United Republic of Tanzania, "Tanzania" is used in this document for the sake of brevity.

livelihoods in emergencies”), Strategic Objective 3 (“restore and rebuild lives and livelihoods”) and Strategic Objective 4 (“reduce chronic hunger and undernutrition”).

SITUATION ANALYSIS AND SCENARIO(S)

The overall context

1. As a consequence of civil strife and ethnic conflicts in Burundi, Rwanda and the Democratic Republic of the Congo (DRC), the United Republic of Tanzania has hosted refugees for decades. At the height of the crisis in 1994, close to 600,000 people sought refuge in northwestern Tanzania (Kigoma and Kagera regions).
2. There have been significant returns of refugees in recent years. All Rwandan refugees returned home by December 1996 and about 360,000 Burundian refugees and over 65,000 Congolese refugees returned home since 2002. These returns have taken place either spontaneously or with assistance from the United Nations High Commissioner for Refugees (UNHCR) and WFP. The Government and UNHCR were able to close 9 camps in northwestern Tanzania since January 2007. As of July 2009, more than 103,000 refugees² were still living mainly in 3 camps located in the Kigoma region.

TABLE 1: Refugees statistics in Tanzania			
Refugee camp	Burundian	Congolese	Total
Mtabila	35,700		35,700
Nyarugusu		38,400	38,400
Lugufu		24,500	24,500
Kanembwa resettlement processing centre	1,800	2,800	4,600
Total*	37,500	65,700	103,200

* In addition to the 103,200 Burundian and Congolese refugees, 200 refugees from Rwanda, Somalia and Sudan are currently registered in the Kanembwa resettlement processing centre.

3. Tanzania is a low-income least developed country with a population of 38.5 million; the country ranks 159th out of 179 countries on the United Nations Development Programme (UNDP) Human Development Index (HDI). When looking at the gender-related development index (GDI), which captures inequalities in achievement between women and men, 61 countries have a better ratio than Tanzania out of the 156 countries.³ About 80 percent of Tanzanians live in rural areas and engage in small-scale subsistence agriculture, producing most of the country’s food and cash crops as well as rearing livestock.
4. Economic reforms have led to high rates of economic growth. For instance, the 2007 gross domestic product (GDP) in real terms grew by 7.1 percent compared to 6.7 percent in 2006.⁴ Unfortunately, this growth has not translated into poverty reduction. The Tanzania Human Development Report of 2007 reveals that up to 36 percent of the population live below the poverty line of US\$ 0.65 per day. The Human Poverty Index (HPI) value of 32.9 for Tanzania ranks 98th among 135 developing countries for which the index has been calculated.⁵
5. Thirty eight percent of the population in Kigoma region live below the poverty line compared to a national average of 36 percent. Twenty one percent live below the food poverty line, which

² UNHCR reported on July 31, 2009.

³ Human Development Report 2007/2008, Statistical update.

⁴ Ministry of Finance and Economic Affairs, The Economic Survey 2007.

⁵ Human Development Report 2007/2008, Statistical update.

is slightly higher than the national average of 19 percent. However, Kasulu district within Kigoma region, which has the largest population and hosts 2 refugee camps, stands out with poverty levels between 40-50 percent.⁶

6. Health indicators for Kigoma and Kagera are also poor. Infant mortality rates are high, at 114 per 1000 live births in Kigoma rural, and up to 212 per 1000 live births in Kagera. In both regions, the ratio of the population per health facility is high with urban Kigoma registering up to 12,000 people per facility.⁷
7. The net school enrolment rate for northwestern Tanzania is 97 percent and gender parity is 0.97. However, transition rates from primary to secondary education are low at 42 percent, underlining a high drop out rate. Significant disparities in transition rates exist between boys (54 percent) and girls (25 percent).⁸ In Kagera region, food insecurity and poverty at the household level result in children working rather than attending school. The situation is particularly difficult for HIV/AIDS orphans.
8. The nationwide adult HIV prevalence is 6.2 percent;⁹ HIV prevalence for Kigoma is 1.8 percent. In Kigoma the prevalence rate for women between the ages of 15-49 years is 2.7 percent and 0.6 percent for men.¹⁰ The HIV prevalence in refugee camps is 1.4 percent.¹¹

The food security and nutrition situation

9. According to the recent government food situation forecast for 2009/10, Kigoma region has a food self sufficiency of 131 percent in aggregate; but much of the surplus is in perishable bananas and tubers that are difficult to transport. WFP's 2009 secondary data analysis indicates pockets of food insecurity in the region. Households with poor food access are characterized by low levels of income and limited coping mechanisms; they have poor food diversity and consume less than 3 meals a day. They also have a very low asset base and high dependency ratios.
10. The economy of northwestern Tanzania is typically agrarian, dominated largely by smallholder farmers relying on rain-fed agriculture for the production of staple food and cash crops. Fishing in Lake Tanganyika and Lake Victoria (in Kigoma and Kagera regions respectively) contribute significantly to the economy and livelihoods of the people. Post-harvest losses in agriculture and fisheries remain high at 35 percent due to inadequate warehousing facilities, weak farmers' associations, poor road infrastructure, and logistical obstacles. Until post-harvest losses are reduced, there is no incentive for small farmers to increase the agricultural production needed to achieve economies of scale for agro-processing development. Food access is the main cause of food insecurity for some households due to low purchasing power and poor market distribution and access.
11. The Congolese refugees are traders and fishermen whereas Burundians are peasant farmers. Livelihood strategies include petty trade with the host community, casual and agricultural labour outside of the camps and farming for personal consumption and trade. Over time, these activities have established close social and economic ties between the refugees and the host community. Barter exchange, notably between food and non-food items, was also a common practice. The April 2007 food security assessment findings¹² indicated that the food security

⁶ 2002 Household Budget Survey - note the 2007 HBS results do not include regional data. Nevertheless the 2007 HBS noted that the poverty reduction measures have not been successful; therefore, the 2002 data are still considered fairly accurate.

⁷ Council Comprehensive Health Plan (CCHP) 2008/2009.

⁸ Basic Education Statistics in Tanzania, Ministry of Education and Vocational Training, 2007.

⁹ Population Reference Bureau & UNAIDS 2007.

¹⁰ Tanzania HMIS 2007-08.

¹¹ UNHCR Health Information Systems – 2005 Sentinel surveillance.

¹² WFP, Qualitative Food Security Assessment, Tanzanian Refugee Camps, March-April 2007.

situation of the refugees was stable but heavily reliant on regular food assistance from WFP. Sixty-seven percent of the refugees' food was derived from food assistance, and 72 percent of refugees belonged to the borderline food consumption group.

12. In late 2007, the Government started imposing restrictions on refugee income generation and self-reliance activities, banned refugee markets and limited refugee movements outside the camps. The United Nations joint assessment mission (JAM) in November 2008¹³ found that, although food is available in Kigoma region, these restrictions have resulted in reduced trading opportunities and purchasing power for the refugees, leading to reduced access to fresh foods to diversify their diets.
13. The results of the 2008 beneficiary contact monitoring (BCM)¹⁴ and community and household surveillance (CHS)¹⁵ exercises indicated that 97 percent of the refugees depend almost entirely on food aid and an insignificant 3 percent receive external assistance in terms of cash, clothing, food and agricultural inputs.
14. The nutrition survey led by UNICEF in September 2008¹⁶ has shown improvements in the nutrition situation - with the prevalence of global acute malnutrition decreasing from 3.1 percent in 2006 to at 1.9 percent¹⁷ and no severe acute malnutrition. However, the prevalence of underweight remains at 19 percent and stunting at 36 percent. Low birth weight is 7 percent. The nutrition survey also indicated a prevalence of anaemia among children under 5 and women of reproductive age was 21 percent and 7 percent, respectively.
15. The main diseases contributing to malnutrition and anaemia are malaria, acute respiratory infections, worm infestations and diarrhoea. UNICEF supports a programme of exclusive breastfeeding in camps. It has proven to be effective under the prevention of mother-to-child transmission (PMTCT) programme, with 96-97 percent breastfeeding exclusively.
16. From November to December 2006,¹⁸ UNICEF conducted a survey in northwestern Tanzania among local communities in four of the refugee hosting districts, Kibondo, Kasulu, Kigoma Rural and Ngara. Global acute malnutrition (GAM) was 5 percent for children under 5, and severe acute malnutrition (SAM) was 0.6 percent. Fifty-one percent of children under 5 were stunted, of whom 18 percent were severely stunted. The 2004-2005 Demographic Household Survey,¹⁹ similarly indicated levels of stunting in Kagera and Kigoma at 37 percent and 50 percent respectively.
17. The camps are located at least four kilometres away from local population villages. Refugee coping strategies often place additional stresses on the local community. Firewood collection and the use of forest resources for housing deplete local forests, forcing locals to walk long distances to gather firewood. Some labour opportunities, although illegal, favour the refugees as their wage rates are low.
18. Health services in host areas are inadequate, including a low number of health facilities and a low education level of health personnel, inadequate medical equipment and drug supply and an absence of ambulances.

¹³ UNHCR/WFP, Joint Assessment Mission (JAM), 3-7 November 2008, Tanzania - Report on the findings and recommendations

¹⁴ WFP. Final Report North-Western Tanzania Refugee Operation, Beneficiary Contact Monitoring (BCM) survey, 26 May - 11 June 2008.

¹⁵ WFP. NW Tanzania Refugee Camps, Community and Household Surveillance (CHS), December 2008.

¹⁶ 2008 Nutrition Survey Report prepared by UNICEF, UNHCR, WFP and health-implementing agencies in North-Western Tanzania.

¹⁷ Confidence Interval 95: 1.4-2.4

¹⁸ UNICEF, Nutrition Survey Report, North-Western Tanzania Refugee host area, 2006.

¹⁹ National Bureau of Statistics, Demographic and Health Survey 2004-2005, Dar es Salaam, Tanzania.

Scenarios

19. As the Government restricts refugee income generation and self-reliance activities, repatriation to Burundi and DRC is the only durable solution.
20. While the majority of Burundian refugees were expected to return home by June 2009 following a deadline set by the Government of Tanzania, the repatriation process has been slow. The Government of Tanzania announced that the return must be voluntary and within international law in safety and dignity and gave additional time for continued voluntary repatriation. With the official recognition of the *Forces Nationales de Libération* (FNL) as a political party, 3,500 FNL members will integrate into the security forces and another 5,000 will benefit from demobilization and reintegration support.²⁰ The Burundian Council of Ministers has adopted a new framework for Burundi's land policy, following consultations with all stakeholders. One pillar of the policy is the development of durable solutions for landless persons including returning refugees.
21. Because the situation in eastern DRC continues to be volatile, few Congolese refugees are expected to return home during the last quarter of 2009. Continuing raids by the *Forces Démocratiques pour la Libération du Rwanda* in North Kivu have uprooted thousands of civilians. The Lord's Resistance Army continues to launch attacks into northern DRC. The Office for the Coordination of Humanitarian Affairs (OCHA) estimates that there are now over 1.3 million internally displaced persons in eastern DRC.²¹ Most of the Congolese refugees living in Tanzania come from South Kivu, where hundreds of thousands of people are displaced and residents continue to struggle with poverty, unemployment and poor infrastructure. The operation assumes that refugees returning to DRC will increase in 2010, allowing for the regrouping of the Congolese refugees into one camp at Nyarugusu. However, the security situation in eastern DRC may not permit this.
22. Elections will take place in Burundi in 2010, which may create instability. WFP will continue to work with UNHCR, the Government and other partners to monitor early warning information and support contingency planning.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT(S) AND OTHERS

Policies, capacities and actions of the Government

23. The Government of Tanzania ratified the Convention Governing the Specific Aspects of Refugee Problems in Africa (Organization of African Unity Convention) in January 1975. It is a party to the International Covenant on Civil and Political Rights, the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. The Government has also introduced the Tanzanian Refugees Act of 1998, committing itself to protecting asylum seekers. The Ministry of Home Affairs has the overall responsibility for refugees in Tanzania. Access to farm land, legal labour and employment were suspended in 2007, and only care and maintenance activities, including primary education and health care, are permitted.
24. Given the progress made in the peace and reconciliation process in Burundi, the Government of Tanzania actively promotes the voluntary repatriation of Burundian refugees. However, recognising that conditions for the return of the Congolese refugees may not be appropriate, the government policy focuses on the "facilitation" of spontaneous repatriations. Hence, refugees wishing to return to DRC are provided with basic support for a safe and dignified return.

²⁰ UNHCR/WFP/UNICEF Refugee Situation Update, April 2009.

²¹ OCHA, Displaced Populations Report, January-March 2009, Issue 5.

Policies, capacities and actions of other major actors

25. Tanzania is a pilot country for the United Nations Delivering as One (DaO). A joint programme under DaO has been established in northwestern Tanzania to support the Government in shifting from refugee humanitarian assistance to sustainable development. The programme will also improve food security and economic growth, particularly in refugee host areas. The Food and Agriculture Organization (FAO), the United Nations Capital Development Fund (UNCDF), the United Nations Industrial Development Organization (UNIDO), and WFP are working together to reduce food insecurity. UNDP and the International Labour Organization (ILO) focus on training, policy reform to reduce barriers to trade, and economic cooperation between border countries. UNICEF provides technical support to the district authorities, focusing on nutritional interventions.
26. UNHCR provides services to refugees, including protection, community services, nutrition, health, water and sanitation, non-food items (NFIs) and shelter. WFP works with UNHCR on food distribution as well as health, nutrition and advocacy. UNICEF provides micronutrient supplementation and health support and manages the PMTCT programme.

Coordination

27. Regular coordination meetings are held in Kigoma between the Government, UNHCR, WFP, and partners to facilitate repatriation, and to address issues facing the refugees. In Dar es Salaam, monthly meetings are held with development partners, chaired on a rotational basis by UNHCR, WFP and UNICEF.

OBJECTIVES OF WFP ASSISTANCE

28. The overall goal of this PRRO is to improve food security and nutrition among refugees and other vulnerable groups, as well as to protect the livelihoods of food-insecure households within the host population.
29. The specific objectives are to:
 - a) Stabilize mortality rate and acute malnutrition among children under five in the refugee population (SO1);
 - b) Increase access to assets, especially for women, and strengthen coping capacities through training and asset creation activities among the vulnerable host populations (SO3);
 - c) Assist out-of-school children in the host communities to attend school (SO3); and
 - d) Improve nutritional status of targeted pregnant and lactating women and other vulnerable groups among both the refugee and host populations (SO4).

WFP RESPONSE STRATEGY

Nature and effectiveness of food-security related assistance to date

30. WFP has been providing food assistance to refugees from Burundi, Rwanda and DRC in northwestern Tanzania since the early 1990s. The current PRRO was initially approved for two years from January 2007 to December 2008, and provided food assistance to 275,000 refugees

and 15,000 food-insecure people among the vulnerable host population. In 2007 and most of 2008, repatriation trends were unpredictable and below expectations. Therefore, a budget revision was approved to extend the PRRO until December 2009. WFP food assistance has played a crucial role in meeting the basic food needs of the refugees and preventing food insecurity and malnutrition among both the refugee and host populations.

Strategy outline

31. This operation will provide food assistance to refugees through general food distribution and supplementary feeding for moderately malnourished children under 5, pregnant and lactating women, TB patients and women in PMTCT interventions. Nutritional interventions will be carried out through supplementary feeding centres and will also benefit the host populations surrounding the refugee camps. WFP will also provide food to patients in hospitals in the camps.
32. Limited support will be provided to host communities. Activities include school feeding through Complementary Basic Education in Tanzania (COBET) centres, food for assets (FFA), food for training (FFT), assistance to food-insecure people living with HIV (PLHIV), and vulnerable group feeding (VGF) for destitute individuals.
33. WFP will support school feeding in host areas, targeting COBET schools, which provide education opportunities to children who are unable to attend regular schools, or are late to enrol. Children who complete the COBET programme and reach the grade level appropriate for their age transfer into the formal education system, while others continue their education in vocational training centres.²²
34. FFA and FFT in host areas will promote market access, support diversified food production and reduce post harvest losses. Specific activities will provide temporary economic support for host communities, improving agriculture, food storage and handling, rehabilitating tertiary roads for market access, and supporting reforestation programmes in areas where camps were closed. FFT will include income-generating activities such as food processing as well as vocational training in carpentry, tailoring and masonry. FFA and FFT programmes will be aligned with the United Nations Delivering as One (DaO) joint programme.
35. Among the host populations, support to food-insecure people living with HIV (PLHIV) registered in home-based care centres will prolong their lives and reduce the economic burden on their families. Food assistance will be provided as part of a comprehensive package offered by implementing partners, which includes medical support, counselling, and income-generating assistance. Other non-food inputs will be provided on an ad hoc basis by church organizations, community-based organizations and other non-governmental organizations (NGOs).
36. Through vulnerable group feeding (VGF), WFP will support vulnerable populations in host communities, including orphans, street children and destitute individuals (physically handicapped, unaccompanied elderly).

Handover strategy

37. The northwest regions of Tanzania are among the poorest areas in the country and may require longer-term support. As the refugees return home and food assistance decreases, WFP will assess the need to continue some activities under the next country programme to ensure continued support to the region.

²² The COBET schools follow a non-formal education curriculum and were originally supported by UNICEF through a pilot programme. Since the successful completion of the pilot phase in 2007, the districts have taken over the schools, which now have similar aims as all other schools in the country – increased enrolment, improved attendance and completion rates, and reduced drop outs.

38. WFP is planning to phase out of vulnerable group feeding through social institutions by the end of this PRRO. WFP is working with partners to identify long-term food security solutions and alternative financial support.

BENEFICIARIES AND TARGETING

Beneficiaries

39. Below is an overview of the beneficiary numbers by year, activity and gender. All beneficiary lists will be disaggregated by age and gender.

TABLE 2. BENEFICIARIES BY YEAR						
Activities	Year 1 (2010)			Year 2 (2011)		
	Men	Women	Total	Men	Women	Total
Refugee camp-based activities						
GFD (refugees)	44,100	45,900	90,000	29,400	30,600	60,000
SFP (refugees)	1,164	3,948	5,112	369	1,245	1,614
SFP (local)	130	440	570	40	140	180
IPD (refugees)	440	600	1,040	135	185	320
IPD (local)	100	160	260	31	49	80
Host area activities						
PLHIV in home-based programmes	1,000	1,500	2,500	1,230	2,470	3,700
VGF	315	385	700	315	385	700
FFA/FFT *	800	1,200	2,000	800	1,200	2,000
School feeding (COBET)	1,144	1,056	2,200	1,144	1,056	2,200
Total **	47,589	50,641	98,230	32,960	35,900	68,860

* FFT benefits 250 beneficiaries per year, while FFA covers an average of 350 participants for 6 months or a total of 1,750 participants per year.

** Refugee beneficiaries under SFP and IPD are also targeted under GFD. Hence, the total number of beneficiaries was adjusted to avoid double-counting.

Targeting

40. General food distribution: GFD will be provided to registered refugees who have been issued joint UNHCR/WFP ration cards. The Ministry of Home Affairs and UNHCR jointly determine refugee status. All refugee information is maintained by UNHCR through the 'ProGres' database. Refugee validation exercises take place once a year at which time old cards are replaced and population numbers verified. Since UNHCR introduced the bio-metric finger print system, the number of fraudulent cards has reduced significantly. As of 31 July 2009, 103,400 refugees still remained in three camps in northwestern Tanzania. Some Burundians are

likely to return to their country of origin by the end of 2009, resulting in 90,000 refugees at the beginning of 2010 and 60,000 refugees at the close of 2010. Further returns are expected in 2011, with a remaining caseload of about 20,000 refugees at the end of this PRRO.

41. Supplementary feeding programme: SFP will target malnourished children under 5, pregnant and lactating women (PLW), tuberculosis (TB) patients and people living with HIV in and near refugee camps. Moderately malnourished children will be admitted and discharged from the supplementary feeding centres on the basis of standard weight for height criteria. Pregnant and lactating women will benefit from supplementary feeding rations for six months before and six months after delivery. Severely malnourished children will be targeted through the UNICEF therapeutic feeding programme and community therapeutic care (CTC) and will be enrolled in the supplementary feeding programme upon completion of therapeutic feeding.
42. Pregnant HIV positive women will be treated through the PMTCT programme. They will enrol in the SFP during the second trimester of pregnancy, after counselling and testing, and will remain in the programme for 18 months. In addition, children born from HIV positive mothers enrolled in the PMTCT programme will be provided with food for 18 months. TB patients will be admitted to the camp hospital and integrated into the SFP according to the national directly observed treatment short course TB programme (DOTS).
43. In-patient Department (IPD): In-patients admitted to the camp hospital will receive a WFP food ration until they are discharged. Beneficiaries in the IPD programme have been calculated on the basis of past and current trends.
44. Support to PLHIV in home-based care programmes: WFP support will be targeted at PLHIV enrolled in home-based care programmes in host communities identified as food-insecure and unable to work due to health complications related to HIV/AIDS.
45. Food for asset/food for training: WFP plans to assist 2,000 vulnerable people among the host population under the FFA/FFT component. Cooperating partners will conduct needs assessments and priority will be given to activities that benefit women and adolescent girls. It is estimated that 60 percent of the participants will be women. FFA/FFT participants will be selected by host communities on the basis of criteria to be established by the upcoming comprehensive food security vulnerability analysis (CFSVA) and CHS. Based on information on food consumption, livelihoods, asset ownership and coping strategies, these surveys will define the main characteristics of the most food-insecure households. WFP will conduct training on community-based targeting for the participating communities.
46. School feeding: WFP's support to the COBET schools will benefit food-insecure out of school children, mostly children orphaned by AIDS in host communities. WFP will provide two meals per day (served in the schools) to enable children to enrol and remain in school.

NUTRITIONAL CONSIDERATIONS AND RATIONS

47. An overview of the rations for each activity is shown below:

TABLE 3. COMPOSITION OF RATIONS, BY ACTIVITY								
Activity	Feeding days	Total Kcal	Total Protein	Ration in grams				
				Cereals	Pulses	CSB	Oil	Salt
GFD (refugees)	365	2,107	65.4	380	120	40	20	5
SFP (children under 5)	90-120	1,020	36.2	50		175	20	
SFP (pregnant and lactating women and PMTCT)	365	1,020	36.2	50		175	20	
IPD		2,120		200	100	200	30	5
PLHIV in home-based programmes	365	2,045	59.2	400	80	40	20	5
VGF	365	2,045	59.2	400	80	40	20	5
FFA/FFT*	180/241	933	26.0	200	30		15	
School feeding (COBET)	195	609	10.8			120	20	

* Number of feeding days for FFA is 180, in line with the FFA activity under the country programme. Number of feeding days for FFT is 241.

48. The GFD ration includes cereals (preferably maize), pulses, corn-soya blend (CSB), vegetable oil and salt, providing the minimum dietary requirement of 2,100 Kcal per person per day as recommended by the joint assessment mission. This inclusion of CSB in the general food ration will address the high levels of anaemia and compensate for the limited access by the refugees to other sources of micronutrients. Maize purchased locally will be milled as a whole grain.
49. The supplementary feeding programme ration, which includes CSB, whole grain maize meal and oil, will be provided in addition to the general food ration. The ration for PLHIV enrolled in home-based programmes in the host areas includes a morning meal, lunch and dinner. The FFA/FFT ration is calculated to cover the needs of a family of 5. The rations for the COBET schools cover two porridge meals per day, each made of 60g of CSB and 10g of oil.

50. An overview of the total food requirements by activity is shown below:

TABLE 4. TOTAL FOOD REQUIREMENTS						
Activity	Commodities (mt)					
	Cereals	Pulses	CSB	Oil	Salt	Total
GFD (refugees)	17,101	5,129	1,710	855	214	25,009
SFP (children under 5)	17	-	59	7	-	83
SFP (pregnant and lactating women and PMTCT)	73	-	256	29	-	358
IPD	124	62	124	19	3	332
PLHIV in home-based programmes	905	181	91	45	11	1233
VGF	204	41	20	10	3	278
FFA/FFT	150	23	-	11	-	184
FFE (COBET)	-	-	103	17	-	120
Total	18,574	5,436	2,363	993	231	27,597

IMPLEMENTATION ARRANGEMENTS

51. Participation: In most cases, women represent half of the members of refugee committees, which have been established in all camps. The committees are responsible for addressing refugee issues with the Government, UNHCR, and WFP. In case of changes in the rations, the refugee committee is consulted and assists in conducting food preparation lessons. Both the refugee and host populations will be involved in project identification, design and targeting. Finally, all project memoranda of understanding with cooperating partners will stipulate that women be involved in the project management and benefit from WFP assistance or assets created.
52. Partners: In the refugee camps, WFP undertakes general food distribution in collaboration with UNHCR and through its NGO partner, World Vision. WFP delivers commodities to the extended delivery points (EDP) which are managed by World Vision. Refugee committees manage and monitor the general food distributions, under the supervision of WFP, World Vision and UNHCR. Health and nutrition interventions are managed by the Government and UNHCR with the support from UNICEF, the International Rescue Committee and the Tanzania Red Cross Society. UNICEF supports the refugee schools in the camps. In the host areas, WFP collaborates with district councils and local NGOs implementing relief and recovery activities. WFP provides guidance on food handling and management.
53. Non-food items: Lack of firewood is a critical concern for the most vulnerable households including the unaccompanied elderly, child/female-headed households, unaccompanied minors

and the physically and mentally handicapped. UNHCR provides firewood assistance to vulnerable refugees and will continue to support limited reforestation interventions in and around the camps in 2010. UNHCR provides other non-food items such as plastic sheeting for shelter, blankets, clothing, kitchen sets, mosquito nets, medical supplies and water and sanitation equipment. Empty bags and containers are distributed once a year to refugees to carry their food.

54. Logistics arrangements: Rail is the most cost-effective delivery mode between Dar es Salaam and the main warehouses in Kigoma. The railway line was privatized in October 2007 but has not yet improved due to insufficient wagons. To meet delivery schedules, WFP will continue to use a combination of rail and road transport to deliver food to the extended delivery points (EDPs). An estimated 50 percent of the food arriving through the Port of Dar es Salaam will move by rail to Kigoma /Isaka, and subsequently by road to the EDPs. The balance will move directly by road to the EDPs. Some of the WFP mobile storage facilities at the EDPs are in poor condition, and will be replaced by new mobile storage tents. The corporate commodity movement processing and analysis system (COMPAS) will be used to track the movement of the food up to the final distribution points (FDPs).
55. Procurement: Most of the cash contributions received under the current operation have been used to purchase food locally. In 2008, over 7,000 mt of maize, beans and salt were procured in Tanzania. WFP intends to purchase 30 percent of the commodity requirements locally, subject to the availability of cash resources and sufficient market supply. Local food purchase will take place under either the regular WFP procurement process or the Purchase for Progress initiative, mainly in Dodoma and northwestern Tanzania.

PERFORMANCE MONITORING

56. The CFSVA, planned for the last quarter of 2009, and CHS studies will be used to analyze changes in refugee and host population vulnerability and coping mechanisms since the last survey in 2006. This information will be complemented by informal surveys and reviews of secondary data.
57. For both camp-based activities and host areas programmes, WFP implementing partners will report on food distributions and activity results as per agreed standards. All reports will contain gender desegregated information. Food basket monitoring is conducted by health organizations in the refugee camps on a fortnightly basis to ascertain adequacy and efficiency of the distribution system. On-site and post-distribution monitoring (PDM) is undertaken by WFP and UNHCR field staff and refugee food committee members during each food distribution cycle.
58. Data collected through annual JAMs provide information on changes in livelihoods and the impact of food assistance. Beneficiary contact monitoring (BCM) is undertaken yearly and will be complemented by the community household surveillance system.
59. Additional nutritional data on malnourished children is collected at supplementary and therapeutic feeding centres and trends in the numbers of beneficiaries enrolling for supplementary feeding are monitored. Joint nutrition assessments are conducted annually in the refugee camps.

RISK ASSESSMENT AND CONTINGENCY PLANNING

60. With the continued insecurity in DRC and 2010 elections in Burundi, there is a risk that the refugees will not return as planned. Also, the government policy to limit access to sustainable livelihoods for refugees living in camps make them vulnerable to increased malnutrition in the event of a shortage of resources.
61. UNHCR and WFP country offices in Tanzania, Burundi, Uganda Rwanda and DRC have prepared regional contingency plans to be activated should the security situation in DRC escalate. WFP gives priority to maintaining three to six months of food stocks in either warehouses or under purchase at all times. A strategic stock of logistics items is also located in Isaka for rapid deployment to the FDPs or to respond to other emergencies in the region.

SECURITY CONSIDERATIONS

62. Northwestern Tanzania is under United Nations security phase I. Security clearance is required for United Nations staff to visit the regions and refugee camps.
63. WFP complies with minimum operating security standards. The United Nations field-security structure provides the framework for staff safety and travel procedures. WFP with United Nations agencies in northwestern Tanzania have a common security system with UNHCR as the security focal point.
64. Due to continued armed banditry, road escorts are required when travelling between Kasulu, Kibondo and to Ngara. WFP has increased security by equipping staff and vehicles with radios and mobile telephones. Security training is mandatory for WFP staff and consultants.

RECOMMENDATION

The Executive Director is requested to approve the proposed Protracted Relief and Recovery Operation United Republic of Tanzania 100029.

APPROVAL

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Josette Sheeran

Executive Director

Date:

ANNEX IA

WFP PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost (US\$) per mt	Value (US \$)
COSTS			
A. Direct operational costs			
Maize ²³	18,574	360	6,688,636
Pulses	5,436	722	3,924,327
CSB	2,363	469	1,107,804
Oil	993	984	977,236
Salt	231	234	53,950
Total commodities	27,597		12,751,953
External transport			2,931,123
Landside transport			
ITSH			4,530,673
Total LTSH			4,530,673
Other direct operational costs			379,447
Total direct operational costs			20,593,196
B. Direct support costs (see table below for details)			4,421,795
C. Indirect support costs (7 percent of total direct costs)			1,751,049
TOTAL WFP COSTS			26,766,040

²³ This is a notional food basket used for budgeting and approval purposes. The precise mix and actual quantities of commodities to be supplied to the project, as in all WFP-assisted projects, may vary over time depending on the availability of commodities to WFP and domestically within the recipient country.

ANNEX IB

DIRECT SUPPORT REQUIREMENTS (dollars)	
Staff	
International professional staff	2,187,090
National professional officers	452,000
National general service staff	607,100
Temporary assistance	46,750
Hazard pay & Hardship allowance	39,725
Overtime	21,000
Staff duty travel	198,000
Subtotal	3,551,665
Office expenses and other recurrent costs	
Rental of facility	158,330
Utilities general	88,000
Office supplies & other consumables	49,000
Communication and IT services	136,800
Equipment repair and maintenance	54,000
Vehicle maintenance and running cost	18,000
Office set-up and Repairs	87,000
Subtotal	591,130
Equipment and other fixed costs	
Vehicle Leasing	-
TC/IT equipment	105,000
Local Security Costs planning	174,000
Subtotal	279,000
TOTAL DIRECT SUPPORT COSTS	4,421,795

ANNEX II. Results Log Frame Summary of the Tanzania PRRO 200029 (2010-2011)

Results-Chain (Logic Model)	Performance Indicators	Risks and Assumptions
STRATEGIC OBJECTIVE (SO) 1: Save Lives and Protect Livelihoods in Emergencies		
<p>Outcome 1.1: Stabilized acute malnutrition among targeted children under 5 in refugee populations (SO1, Results Area/Goal 1 - save lives in emergencies and reduce acute malnutrition caused by shocks to below emergency levels)</p>	<p>1.1.1 Prevalence of acute malnutrition among children under 5s in refugee populations, by gender (weight-for-height as %) (target <5%);</p> <p>1.1.2 Supplementary feeding recovery rate (target: >70%)</p> <p>1.1.3 Supplementary feeding defaulter rate (target: <15%)</p> <p>1.1.4 Supplementary feeding mortality rate (target: <3)</p>	<p>Other underlying causes of malnutrition – aggravating factors like, parasitic infections - are addressed by relevant agencies, and health services, water, sanitation and social services are available.</p>
<p>Outcome 1.2: Stabilized mortality rates in children under 5 and in adults in targeted refugee population (SO 1, Results Area 1 – Prevent hunger-related deaths in targeted crisis-affected and disaster areas)</p>	<p>1.2.1 Age specific mortality rate of under 5s in refugee populations (target<0.23/10,000/day)</p> <p>1.2.2 Crude mortality rate in refugee populations (target <0.31/10,000/day)</p>	

Results-Chain (Logic Model)	Performance Indicators	Risks and Assumptions
<p><i>Output 1.1</i></p> <p>Food items distributed in sufficient quantity and quality for targeted beneficiaries of GFD (women, men, girls and boys) under secure conditions</p>	<p>1.1.1: Number of refugees (by age group and gender) receiving food assistance and as % of planned beneficiaries of GFD [target: 100% or 90,000 refugees in 2010; 60,000 refugees in 2011).</p> <p>1.1.2 Quantity of <u>fortified foods</u> (CSB) as percentage of planned distribution (targets: 6.8%).</p> <p>1.1.3 Amount of food distributed as % of planned GFDs, by commodity (target for 2010 : 100% or 17,523.3535 mt; target for 2011: 10,073.893</p> <p>1.1.4: Actual number of beneficiaries under supplementary feeding programme fed by project category, age and gender (targets: 5,682 in 2010; and 3,600 in 2011; 53.5% women, 35% children under 5, 11.5% children over 5 and adults).</p> <p>1.1.5 Actual amount of food distributed as % of planned SFP, by commodity type. (target: 334.94 mt in 2010; 105.767 mt in 2011</p>	<p>Food Pipeline remains healthy during the project life.</p> <p>Percent of distribution affected by pipeline breaks</p> <p>Number of security incidents related to food distributions</p> <p>Supplementary feeding centres have adequate medical personnel, equipment, supplements and services</p>

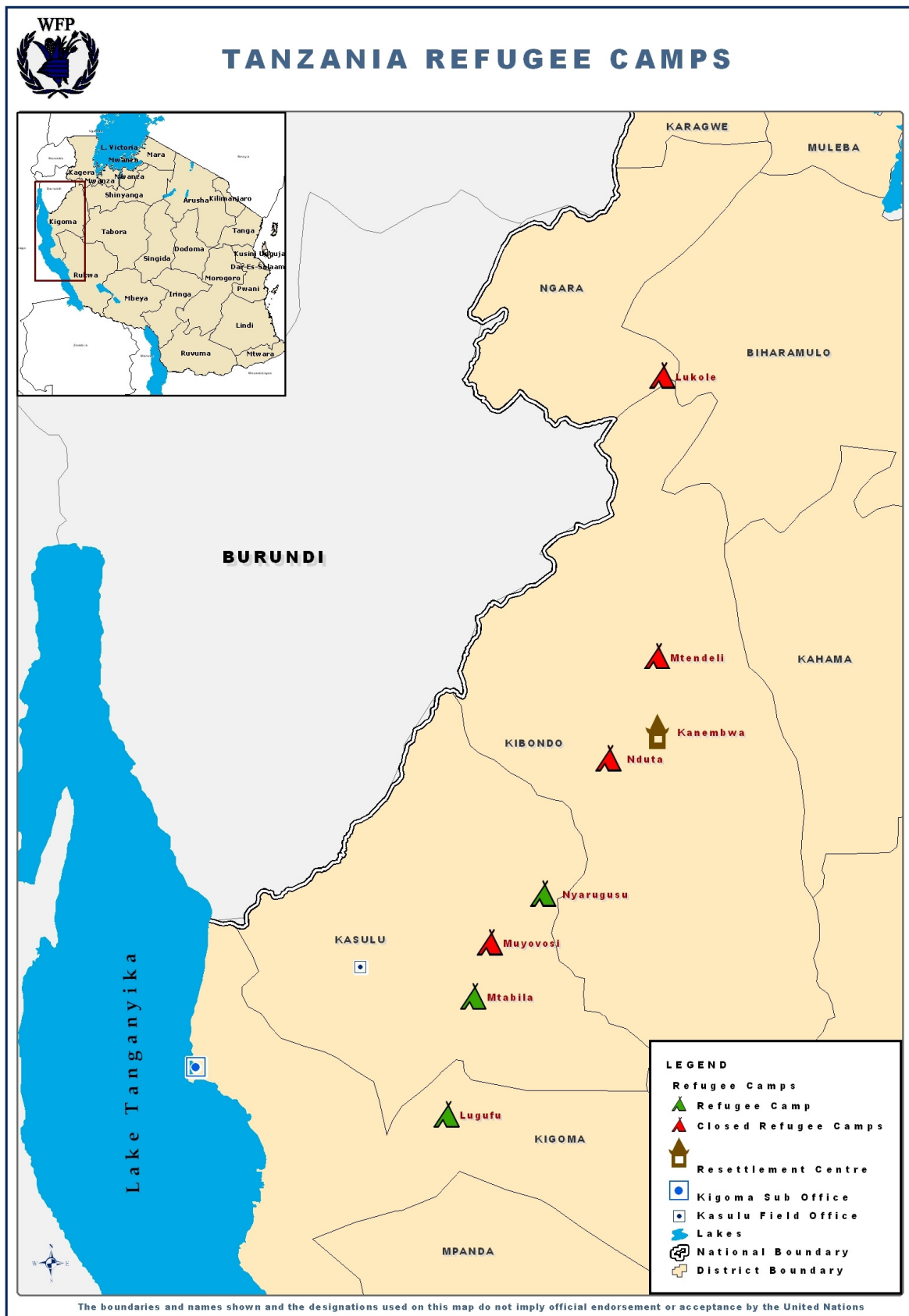
Results-Chain (Logic Model)	Performance Indicators	Risks and Assumptions
STRATEGIC OBJECTIVE (SO) 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situation		
Results- Chain (Logic Model)	Performance indicator (s)	Risks and Assumptions
<p>Outcome 3.1: Vulnerable/host population, especially women, have increased assets and strengthened coping capacities through training and asset creation activities (SO3, Results Area 2 - Support the re-establishment of livelihoods and food and nutrition security of communities and families affected by shocks)</p> <p>Outcome 3.2: Improve education opportunities for vulnerable and out-of-school children in host communities through stabilized enrolment (SO3, Results Area 2 -Support the re-establishment of livelihoods and food and nutrition security of communities and families affected by shocks)</p>	<p>3.1.1 Attendance rate of youths: Number of training days on which youths (boys and girls) attend skills training in WFP supported FFT as percentage of total number of training days (target equal or >90% attendance rate)</p> <p>3.1.2 Proportion of trained youths who are employed after graduating from the training (target equal or >80%)</p> <p>3.1.3 Proportion of participants of FFA activities benefiting from the assets created (target equal or >80%)</p> <p>3.1.4. Number of community assets created by targeted communities (target: a 40 km road constructed with support of local authority and implementing partner; 5 improved warehouses constructed with support of local authority and implementing partner)</p> <p>3.2.1 average annual rate of change in number of girls and boys enrolled in WFP assisted COBET centres (target: 5% increase in gross enrolment)</p> <p>3.2.2 Number of school days that girls and boys attend classes, as percent of total school days (target: 195 school days)</p> <p>3.2.3. Gender ratio: ratio of girls to boys enrolled in COBET centres (target 1:1)</p> <p>3.2.4 Pass rate for girls and boys (target: ≥50%)</p>	<p>Stable environment for communities to participate in training and in assets creation activities and benefit from skills training and assets creation activities.</p> <p>Willingness of other humanitarian actors to intervene by providing complementary support.</p>

Results-Chain (Logic Model)	Performance Indicators	Risks and Assumptions
<p>Output 3.1 Targeted host-communities' beneficiaries participate in food-supported skills training activities.</p> <p>Output 3.2 Targeted host-communities' beneficiaries participate in food-supported asset creation activities.</p> <p>Output 3.3: Food items distributed in sufficient quantity and quality to schoolchildren in WFP-assisted COBET schools.</p> <p>Output 3.4: School meals coverage aligned with programme of work</p>	<p>3.1.1: No of people participating in skills training as percent of planned participants (100% or 250 youth in 2010; 250 youth in 2011)</p> <p>3.1.2: Types of knowledge and skills training provided through FFT.</p> <p>3.1.3: Quantity of food distributed as percent of planned distribution (target: 100% or 14.761 mt in 2010 and 14.761 mt in 2011)</p> <p>3.2.1: No of people participating in assets creation activities as percent of planned participants (100% or 1,750 youth in 2010; 1,750 youth in 2011)</p> <p>3.2.2: Types of assets created through FFA.</p> <p>3.2.3: Quantity of food distributed as percent of planned distribution (target: 100% or 77.175 mt in 2010 and 77.175 in 2011)</p> <p>3.3.1: No. of COBET children receiving school meals as percent of planned distribution (target: 100% or <u>2,200</u> children in 2010 and 2011).</p> <p>3.3.2: Quantity of food prepared for in-school meals as percent of planned distribution (target: 100% or 60.06 mt in 2010 and 60.06 mt in 2011).</p> <p>3.4.1 Number of schools assisted by WFP (target: 30 schools)</p>	<p>Quality basic services provided by partners and the Government. Food is a sufficient incentive to children from poor families to enrol and attend school</p>

<i>STRATEGIC OBJECTIVE (SO) 4: Reduce Chronic Hunger and Undernutrition</i>		
<i>Results- Chain (Logic Model):</i>	Performance indicators	Risks and assumptions
<p>Outcome 4.1: Improved nutritional status of targeted pregnant and lactating women (SO4, Results Area/ Goal 2) (SO 4, Results Area/ Goal 2 - increase levels of education and basic nutrition and health through food and nutrition assistance and food and nutrition tools)</p> <p>Outcome 4.2: Improved success of TB treatment for targeted cases in refugee community (population (SO4, Results Area/ Goal 2) (SO 4, Results Area/ Goal 2 - increase levels of education and basic nutrition and health through food and nutrition assistance and food and nutrition tools)</p> <p>Outcome 4.3: Increased survival of food insecure adults and children infected by HIV and AIDS (SO 4; Results Area/ Goal 3 – to meet the food and nutrition needs of People living with HIV (PLHIVs)</p>	<p>4.1.1 Prevalence of low birth weight among newborns of targeted pregnant mothers (target: maintain below 7% of newborns with weight < 2.5kg).</p> <p>4.2.1 Percent of TB cases registered under DOTS programme and supported through a supplementary feeding programme in a given year, that have successfully completed treatment (target: >70%)</p> <p>4.3.1 % of assisted home-based care beneficiaries known to be on anti-retroviral treatment (ART) as a proportion of those supposed to be on ART, 6-12 months after initiation of ART.</p>	<p>Other aggravating causes of malnutrition - malaria, intestinal worms - are addressed by relevant agencies, and health services, water, sanitation and social services are available.</p>

<i>STRATEGIC OBJECTIVE (SO) 4: Reduce Chronic Hunger and Undernutrition</i>		
<i>Results- Chain (Logic Model):</i>	Performance indicators	Risks and assumptions
<p>Output 4.1: Targeted children, pregnant and lactating women, and TB cases receive fortified food supplements under food-supported MCH programmes</p> <p>Output 4.2: Hospital in-patients and their attendants provided with meals.</p> <p>Output 4.3: Targeted people living with HIV in targeted host-communities' households benefit from micronutrient fortified rations.</p>	<p>4.1.1: No. of malnourished women and children, and TB cases by gender and age, receiving SFP rations (targets: 5,682 in 2010; 1,794 in 2011).</p> <p>4.1.2: At least 90% of women able to complete pre- and post-natal visits.</p> <p>4.1.3: Actual quantity of <u>fortified food</u> (CSB) as percentage of planned distribution (targets for 2010: 71.4% of 334.94 Mt); target for 2011; 71.4% of 212.197 Mt).</p> <p>4.2.1: Number of admitted patients and attendants, by age group and gender, provided with meals (<u>targets</u>: 1,300 people in 2010; 400 in 2011).</p> <p>4.2.2: Quantity of food distributed by commodity as a percentage of planned distribution (target: 100% or 253.858Mt in 2010; 78.11Mt in 2011).</p> <p>4.3.1: No. of people living with HIV, by gender, receiving rations (targets: 2,500 people in 2010 and 3,700 in 2011).</p> <p>4.4.2: Actual quantity of micronutrient-fortified food distributed as a percentage of planned distributions (<u>target</u>: 7.3% of 497.313 Mt in 2010; 7.3% of 736.023 Mt in 2011].</p>	<p>Supplementary feeding centres have adequate medical personnel, equipment, supplements and services</p> <p>Hospitals and health facilities have adequate medical personnel, equipment, drugs and services for treatment of patients.</p> <p>Food pipeline remains healthy during the project life.</p> <p>Willingness of food insecure people living with HIV to participate in the programme. Partners are capable of providing anti-retroviral drugs and medical services to eligible people living with HIV.</p>

ANNEX III: MAP



ANNEX IV: LIST OF ACRONYMS

BCM	Beneficiary Contact Monitoring
CFSVA	Comprehensive Food Security Vulnerability Analysis
CHS	Community and Household Surveillance
CI	Confidence Interval
COBET	Complementary Basic Education in Tanzania
CSB	Corn Soya Blend
CTC	Community Therapeutic Care
DaO	Delivery as One
DRC	Democratic Republic of the Congo
EDP	extended delivery points
FAO	Food and Agriculture Organization
FDP	final distribution point
FFA	food for assets
FFT	food for training
FNL	Forces Nationales de Libération
GDP	Gross Domestic Product
GFD	general food distribution
GDI	Gender Development Index
HDI	Human Development Index
HIV/AIDS	Human immune-deficiency virus/acquired immuno-deficiency syndrome
HPI	Human Poverty Index
ILO	International Labour Organization
IPD	In-patient Department
JAM	Joint Assessment Mission
MUAC	Mid-Upper Arm Circumference
NFI	Non-food items
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
SFP	supplementary feeding programme
SO	Strategic Objective
UNCDF	United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
VGf	Vulnerable Group Feeding
WFP	United Nations World Food Programme