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**Executive Board
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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



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PROTRACTED RELIEF AND RECOVERY OPERATION— UNITED REPUBLIC OF TANZANIA 200325

Food Assistance for Refugees in the Northwest

Number of beneficiaries	107,000 (maximum)
Duration of project	30 months (1 January 2012–30 June 2014)
WFP food tonnage	53,086 mt
Cost (United States dollars)	
WFP food cost	27,044,964
Total cost to WFP	49,892,432

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

The United Republic of Tanzania has hosted refugees from Burundi and the Democratic Republic of the Congo since the early 1990s. Many Burundian refugees have returned; those who remain are apprehensive about conditions in Burundi such as land availability. Most Congolese refugees come from South Kivu, where insecurity remains a concern.

In May 2011, the governments of the United Republic of Tanzania and Burundi agreed with the Office of the United Nations High Commissioner for Refugees to increase repatriation of Burundi refugees from September 2011, closing Mtabila camp by June 2012 and housing the remaining refugees in Nyarugusu camp. Congolese refugees are expected to return eventually, but progress is slow.

Protracted relief and recovery operation 200235 will provide essential food support for refugees in the camps. WFP will adjust food requirements to refugee returns.

The operation is based on the November 2010 joint assessment mission, the 2010 nutrition survey and monitoring missions. The first two recommended continuation of full rations because refugees lack livelihoods; the nutrition survey recommended increased interventions to prevent stunting among children under 2.

The operation was designed in consultation with the Ministry of Home Affairs, United Nations agencies and non-governmental organizations; it is harmonized with the government budget cycle and incorporated in the United Nations Development Assistance Framework (July 2011–June 2015).

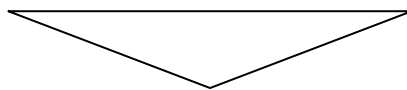
Protracted relief and recovery operation 200235 contributes to Millennium Development Goals 1, 4 and 5¹ and is aligned with the Strategic Plan. Its objectives are to:

- stabilize mortality and acute malnutrition rates among children under 5 in refugee camps (Strategic Objective 1²);
- improve food consumption among refugees and targeted host communities (Strategic Objective 3); and
- reduce stunting among refugee children (Strategic Objective 3).

¹ Millennium Development Goals 1– Eradicate extreme poverty and hunger; 4 – Reduce child mortality; and 5 - Improve maternal health.

² Strategic Objectives 1 – Save lives and protect livelihoods in emergencies; and 3 – Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation United Republic of Tanzania 200325 “Food Assistance for Refugees in the Northwest” (WFP/EB.2/2011/9-C/3).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document issued at the end of the session.

SITUATION ANALYSIS AND SCENARIOS

Context

1. The United Republic of Tanzania has for decades hosted refugees from conflict in Burundi, Rwanda and the Democratic Republic of the Congo (DRC). In 1994 600,000 people sought refuge in the northwestern regions of Kigoma and Kagera.
2. Over 500,000 Burundian refugees and 66,000 Congolese refugees have returned home since 2002, spontaneously or assisted by the Office of the United Nations High Commissioner for Refugees (UNHCR) and WFP. Ten camps in the northwestern regions have been closed since January 2007.
3. Since the 2010 presidential elections, Burundi has been calm. Members of the *Forces Nationales de Libération* remain outside the country and are politically inactive. The situation in DRC remains volatile, especially in Kivu region where many of the refugees originate.
4. In August 2011, Mtabila and Nyarugusu camps in Kigoma region housed 100,110 refugees (see Table 1).³

Camp	Burundians	Congolese	Total
Mtabila	37 670		37 670
Nyarugusu		62 440	62 440
TOTAL*	37 670	62 440	100 110

5. A low-income least-developed country with a population of 45 million, the United Republic of Tanzania ranks 148th of 169 countries in the 2010 human development index.⁴ The gender-related development index of 156 countries shows 61 with a ratio better than Tanzania.
6. About 80 percent of Tanzanians live in rural areas and engage in small-scale agriculture; they produce most of the country's food and cash crops.
7. A 2007/08 survey showed that 6 percent of adults aged 15–49 were HIV-infected;⁵ prevalence of HIV in Kigoma region, however, is 2 percent – 3 percent among women and 1 percent among men.⁶ Prevalence in Nyarugusu and Mtabila refugee camps is 1 percent.⁷
8. Rapid economic growth⁸ has not reduced poverty. The 2010 United Nations Development Programme *Human Development Report* indicates that 36 percent of the

³ UNHCR. Reported on 31 May 2011.

⁴ United Nations Development Programme. Available at <http://hdr.undp.org/en/statistics/>

⁵ Tanzania HIV/AIDS and Malaria Indicator Survey, 2007/08.

⁶ National Bureau of Statistics. 2010. Demographic Health Survey 2009/10. Dar es Salaam.

⁷ UNHCR Health Information Systems: 2010 sentinel surveillance (database)

⁸ Real gross domestic product has been growing at 7 percent per year.

population live below the poverty line of US\$0.65 per day. Tanzania ranks 83rd of 103 developing countries in the Multi-dimensional Poverty Index.⁹

9. In Kigoma region, 38 percent of the population live below the poverty line compared with the national average of 36 percent; 21 percent live below the food poverty line. In Kasulu district in Kigoma, which has the largest population and hosts two refugee camps, poverty levels are 40 percent to 50 percent.¹⁰
10. Health indicators for Kigoma region are poor: infant mortality is 114/1,000 live births in rural areas and the ratio of people to health facilities is high.¹¹
11. Although UNHCR continues its protection policy, rights-based assistance and durable solutions for camp-based refugees, government restrictions allow only basic rights to food and healthcare. Education, agriculture and income generation have been suspended in Mtabila camp and are restricted in Nyarugusu camp.
12. Durable solutions are a UNHCR priority: the most significant development is the Government's unprecedented decision to naturalize most of the 164,000 Burundian refugees who arrived in 1972, but the option does not apply to more recent arrivals or camp-based refugees.
13. Refugees are reluctant to return to their countries because of limited land access, insecurity and political uncertainty. Meetings between UNHCR and the governments of the United Republic of Tanzania and Burundi in May 2010 and between UNHCR and the governments of DRC and the United Republic of Tanzania in June 2010 reviewed the prospects for repatriation.
14. The decision on Burundian refugees includes a plan to close Mtabila camp in 2012 and to restart promoted returns in September 2011; the remaining refugees will be housed in Nyarugusu camp. In protracted relief and recovery operation (PRRO) 200029 returns did not occur as expected, so the food requirement for PRRO 200325 is based on UNHCR refugee numbers for 2012, with a 20 percent reduction in early 2013. These figures will be adjusted in line with repatriation rates.
15. To accelerate repatriations, UNHCR has increased its information campaigns such as "come and tell" visits to Tanzanian camps by DRC and Burundian authorities and "go to see" visits by refugees to DRC and Burundi. But only 970 Burundians returned in 2010, and only 8 had returned by 1 August 2011. No Congolese returned in 2010, and only 21 had returned by June 2011 as a result of continuing violence, particularly in South Kivu.

Food Security and Nutrition

16. The Government's crop forecast for 2010/11 indicates that Kigoma region has food self-sufficiency of 114 percent but that cereal production will meet only 94 percent of requirements; in 2008/09 only 46 percent of cereal requirements were met. Some districts may face cereal shortages during the October–December 2011 lean period.

⁹ Oxford Poverty and Human Development Initiative Multidimensional Poverty Index, 2010 data.

¹⁰ National Bureau of Statistics. 2000/01. Household Budget Survey. Dar es Salaam. The 2007 survey did not include regional data, but it noted that poverty-reduction measures were unsuccessful; the 2002 data are therefore fairly accurate. Available at: <http://www.nbs.go.tz/tnada/index.php/ddibrowser/1/reports>

¹¹ Council Comprehensive Health Plan, 2008/09. District Executive Director.

17. The economy of the northwest is dominated by small-scale farmers. The 2010 comprehensive food security and vulnerability assessment¹² showed that 60 percent of them rely on rain-fed agriculture and grow four crops or more. Fishing in Lake Tanganyika and Lake Victoria contributes significantly to the economy and livelihoods. Limited access to food is the main cause of household food insecurity, a result of low purchasing power and poor access to markets.
18. The Congolese refugees are traders and fisherfolk; Burundians are farmers. Before 2007 livelihood strategies included petty trade with the host community, casual labour outside the camps and farming for personal consumption and trade, but in late 2007 the Government restricted refugee income-generation and self-reliance activities, banned refugee markets and limited movement outside the camps. The November 2010 joint assessment mission (JAM)¹³ found that food was available in Kigoma region but that the restrictions reduced trading opportunities and refugees' purchasing power, thereby reducing access to fresh foods to diversify their diets.
19. The WFP-led survey in September 2010 indicated that the nutrition situation had stabilized; prevalence of global acute malnutrition had decreased from 3 percent in 2006 to under 2 percent in 2008 and 2010, and there was no severe acute malnutrition.¹⁴ The prevalence of underweight had remained at 19 percent in both camps since 2008, but stunting levels were 48 percent in Nyarugusu camp and 45 percent in Mtabila. Of children aged 6–11 months, 30 percent showed signs of stunting, which indicates an unvaried diet among the refugees, particularly women before and during pregnancy, and inadequate infant feeding practices. As reported in the June 2011 community and household surveillance (CHS) survey, 83 percent of the refugees relied entirely on WFP food assistance and consumed limited amounts of animal protein.
20. Prevalence of anaemia among children aged 6–59 months doubled from 21 percent in 2008 to 52 percent in 2010; the rate among pregnant women declined from 14 percent to 10 percent, but among non-pregnant women it increased from 7 percent to 26 percent.¹³ High prevalence of anaemia indicates poor micronutrient content of diets.
21. Diseases contributing to malnutrition in the camps include acute respiratory infections, worm infestations and diarrhoea. Malaria is the second most common cause of morbidity, but the situation is improving with the provision of insecticide-treated bednets. The United Nations Children's Fund (UNICEF) breastfeeding programme in the camps has been effective, with 96 percent of mothers breastfeeding exclusively.¹³
22. The November 2010 JAM recommended that WFP should maintain general food distribution (GFD) at 2,100 kcal and discourage negative coping mechanisms such as reducing meals, poaching wild animals, taking risks to gather and sell firewood, and borrowing food at high repayment rates, all of which affect refugees' safety, health and nutrition.

¹² WFP. 2010. Comprehensive food security and vulnerability assessment, 2009/10. Rome. Dar es Salaam.

¹³ UNHCR/WFP: Joint assessment mission. November 2010. (draft)

¹⁴ Nutrition Survey Report conducted by WFP, UNICEF, UNHCR, and the Tanzania Red Cross Society in Mtabila and Nyarugusu refugee camps in Northwest Tanzania. 20–30 September 2010.

23. The 2011 CHS,¹⁵ which confirmed that the situation had not changed significantly, noted the limited support from outside the camp in terms of money, clothing, food and agricultural inputs and concluded that food assistance at the current level should continue; it also recommended enabling greater access to livelihood alternatives and to water and medical facilities.

Scenarios

24. The remaining Burundian refugees have been reluctant to return because of land access issues and political uncertainty. Security has stabilized, however, and the Burundian Council of Ministers has adopted a draft framework for a land policy, one element of which is the development of durable solutions for landless people such as returning refugees. In view of this, UNHCR and the Burundian and Tanzanian governments are discussing solutions that include individual status determination and possibly a cessation clause.¹⁶ The cessation clause option will take time, however, and significant returns are not expected before the process is complete.
25. The situation in eastern DRC continues to be volatile. Most Congolese refugees in the United Republic of Tanzania are from South Kivu, where hundreds of thousands of people are displaced and residents struggle with poverty, unemployment and poor infrastructure.
26. This PRRO assumes little change in refugee numbers in the first 18 months, but a reduction in numbers near its conclusion: estimated numbers for food assistance will remain 100,000 in 2012, in line with UNHCR planning figures, falling to 80,000 in 2013 and 2014.
27. The WFP and UNHCR offices in the United Republic of Tanzania, Burundi and DRC will continue to monitor the situation. If refugees return earlier than expected, WFP will adjust PRRO 200325 accordingly.

POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

Government

28. The Tanzanian Government ratified the Organization of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa in January 1975 and is a party to the International Covenant on Civil and Political Rights and the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. In 1988 the Government introduced the Tanzanian Refugees Act, which protects asylum seekers. The Ministry of Home Affairs is responsible for refugees. Access to farmland, labour and employment was suspended in 2007; only care and maintenance activities such as food and healthcare are permitted.

¹⁵ WFP: Northwest Tanzania Refugee Camps CHS, June 2011.

¹⁶ Cessation clauses are used in situations where a change of circumstances in the home country means that refugees no longer require international protection and cannot, therefore, refuse protection given by their country.

29. In view of progress in the peace process in Burundi, the Tanzanian Government promotes voluntary repatriation of Burundian refugees, but because conditions for the return of Congolese refugees may not be appropriate, it implements a policy of facilitating spontaneous repatriations whereby refugees wishing to return to DRC receive support for a safe and dignified return.

Other Actors

30. Services for refugees such as protection, nutrition, health, water, sanitation, non-food items and shelter are provided by UNHCR. WFP works with UNHCR on food distributions, health, nutrition and advocacy. Micronutrient supplementation and health support are provided by UNICEF, which manages the prevention of mother-to-child transmission (PMTCT) programme.

Coordination

31. Regular coordination meetings are held in Kigoma between the Government, UNHCR, WFP and partners to facilitate repatriation and address refugee issues. In Dar es Salaam, monthly meetings are held with development partners, chaired in rotation by UNHCR, WFP and UNICEF.

OBJECTIVES OF WFP ASSISTANCE

32. This PRRO contributes to improved food security among refugees and supports the host communities. Relief activities include: i) GFD; ii) targeted supplementary feeding (TSF) for moderately malnourished children, pregnant and lactating women (PLW) and people living with HIV (PLHIV); and ii) blanket supplementary feeding (BSF) for children aged 6–24 months and PLW regardless of nutrition status for prevention of undernutrition. Early-recovery activities for host communities include support for school feeding and vocational training for orphans, PLHIV and moderately malnourished children and PLW.

33. The objectives are to:

- stabilize mortality and acute malnutrition rates among children under 5 in refugee camps (Strategic Objective 1);
- ensure adequate food consumption among refugees and targeted host communities (Strategic Objective 3); and
- reduce stunting in refugee children under 2 (Strategic Objective 3).

34. The PRRO contributes to Millennium Development Goals 1, 4 and 5.

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

35. WFP has been providing food assistance for refugees from Burundi, Rwanda and DRC in northwestern United Republic of Tanzania since the early 1990s. Under PRRO 200029 (January 2010–December 2011) food assistance was provided for 100,000 refugees and 7,400 food-insecure local people.
36. Survey recommendations¹⁷ included: i) maintaining current levels of assistance related to food, nutrition, health, water and sanitation; ii) increasing interventions addressing micronutrient deficiencies, with a focus on anaemia; iii) supporting improvements in infant and young child feeding practices; and iv) improving understanding of the importance of delaying marriage, spacing births, resting during pregnancy and other social issues affecting maternal-and-child nutrition.

Strategy Outline

37. This PRRO will provide food assistance for all refugees through GFDs. Supplementary feeding programmes will support moderately malnourished children under 5, moderately malnourished PLW and malnourished anti-retroviral therapy (ART) clients. For BSF to address and prevent high stunting rates WFP will provide Supercereal plus¹⁸ for children under 2 and Supercereal for PLW, in line with the first 1,000-days approach. Complementary interventions by UNHCR, UNICEF and partners will include: i) continued micronutrient supplementation; ii) water and sanitation support; iii) health and nutrition programmes; and iv) education on infant and young child feeding. WFP will provide food for patients in camp hospitals.
38. Host populations with access to camp facilities will benefit from curative supplementary feeding programmes.

Hand-Over Strategy

39. Assistance for communities surrounding refugee camps began when the United Republic of Tanzania hosted refugees in 12 camps in Kagera and Kigoma regions to mitigate the impact on regions hosting 600,000 refugees or more. Programmes implemented through community-based organizations and churches included support for orphanages, school feeding to complement basic education, home-based care for PLHIV and food for training (FFT). The justification for such direct support is declining because all camps have closed in Kagera and only two camps remain in Kigoma.
40. Hand-over of community support programmes began under PRRO 200029 as districts incorporated assistance into their budgets and plans. Under PRRO 200325, WFP will continue to assist districts in establishing their own school feeding programmes and help to identify alternative financial support for safety net programmes. In the interim, partial rations will be provided to facilitate transition from WFP assistance.
41. As the interventions are incorporated into district budgets, WFP's support will include Purchase for Progress with a view to improving the livelihoods of smallholder farmers in Kigoma and Kagera by reducing post-harvest losses and increasing access to markets.

¹⁷ UNHCR/WFP. 2010. JAM. Dar es Salaam.

¹⁸ If Supercereal plus is not available in sufficient quantity, Supercereal will be used.

BENEFICIARIES AND TARGETING

42. Registered refugees with UNHCR/WFP ration cards will be included in GFD. Information about refugees is kept by UNHCR. Refugee validations occur annually, during which old cards are replaced and population numbers verified. Since UNHCR introduced fingerprinting, the number of fraudulent cards has fallen significantly. On 1 August 2011 the two camps hosted 100,110 refugees.
43. The supplementary feeding programme will target moderately malnourished children under 5, PLW, and ART clients in and near refugee camps. Moderately malnourished children will be admitted and discharged on the basis of standard weight-for-height criteria from two consecutive measurements;¹⁹ for lactating women and ART clients the criterion will be body mass index,²⁰ and for pregnant women mid-upper arm circumference.²¹
44. Severely malnourished children will be targeted by UNICEF therapeutic feeding and community therapeutic care, and enrolled in TSF on completion. PLW will receive supplementary feeding rations for six months before delivery and six months afterwards.
45. Preventive blanket feeding will target children aged 6–24 months and PLW. Children are registered with UNHCR soon after birth. The calculation of beneficiary children under 2 is 40 percent of children under 5.
46. The nutrition interventions will also target pregnant HIV-positive women in PMTCT and ART clients. Patients admitted to camp hospitals will receive a WFP food ration until discharge; beneficiaries in the in-patient programme have been calculated on the basis of past and current trends.
47. The local population has access to assistance provided in the camps for malnourished children under 5, PLW, in-patients and women in PMTCT.
48. In host communities, WFP will provide partial rations for orphans, PLHIV, physically handicapped people and unaccompanied elderly people. District administrations will take over vocational training and complementary basic education activities.

¹⁹ The criteria are: weight-for-height Z score between -3 and -2 for admission; and for discharge Z score greater than or equal to -2.

²⁰ Body mass index >18.5.

²¹ Mid-upper arm circumference >22 cm.

TABLE 2: BENEFICIARIES BY ACTIVITY, YEAR AND GENDER

Activity	Men/boys			Women/girls			Total		
	2012	2013	2014	2012	2013	2014	2012	2013	2014
REFUGEES									
GFD	49 000	39 200	39 200	51 000	40 800	40 800	100 000	80 000	80 000
TSF: children under 5	686	619	619	714	643	643	1 400	1 262	1 262
TSF: PLW and PMTCT	-	-	-	5 600	4 480	4 480	5 600	4 480	4 480
In-patients	1 036	794	794	1 431	1 179	1 179	2 467	1 973	1 973
BSF: PLW	-	-	-	4 500	3 600	3 600	4 500	3 600	3 600
BSF: children under 2	3 920	3 136	3 136	4 080	3 264	3 264	8 000	6 400	6 400
Subtotal	49 000	39 200	39 200	51 000	40 800	40 800	100 000	80 000	80 000
HOST COMMUNITY									
TSF: children under 5	76	76	76	80	80	80	156	156	156
TSF: PLW and PMTCT	-	-	-	624	624	624	624	624	624
In-patients	234	234	234	383	383	383	617	617	617
PLHIV	1 225	1 225	1 225	1 225	1 275	1 275	2 500	2 500	2 500
Orphans	343	343	343	357	357	357	700	700	700
FFT	122	122	122	128	128	128	250	250	250
School feeding	1 078	1 078	1 078	1 122	1 122	1 122	2 200	2 200	2 200
Subtotal	3 078	3 078	3 078	3 969	3 969	3 969	7 047	7 047	7 047
TOTAL	52 078	42 278	42 278	54 969	44 769	44 769	107 047	87 047	87 047

NUTRITIONAL CONSIDERATIONS AND RATIONS

49. The GFD ration of cereals – preferably maize – pulses, Supercereal, vegetable oil and salt provides 2,100 kcal per person per day. The inclusion of Supercereal in the general food ration will help to address the high levels of anaemia and compensate for refugees' limited access to micronutrients. Maize purchased in local markets will be milled as wholegrain.
50. The supplementary feeding programme ration includes Supercereal and oil to address moderate malnutrition. In view of high stunting levels, children under 2 will receive Supercereal plus to increase consumption of micronutrients; PLW will receive Supercereal.

51. Rations are shown in Table 3; food requirements by activity are shown in Table 4.

TABLE 3: RATION/TRANSFER BY ACTIVITY (g/person/day)									
	GFD	TSF: children under 5	TSF: ART clients	TSF: PLW	BSF: children under 2	In- patients	PLHIV*	FFT*	School feeding*
Cereals	380	-	-	-	-	200	200	100	-
Pulses	120	-	-	-	-	100	40	15	-
Supercereal	40	200	200	250		200	20	-	60
Supercereal+	-	-	-	-	200	-	-	-	-
Oil	20	20	20	-	-	30	10	7.5	10
Salt	5	-	-	-	-	5	2.5	-	-
TOTAL	565	220	220	250	200	535	272.5	122.5	70
Kcal/day	2 099	937	937	950	820	2 080	1 018	468	316
% kcal from protein	12.92	15.37	15.37	18.95	18.95	14.23	11.62	10.07	13.65
% kcal from fat	16.03	30.74	30.74	14.21	14.21	21.72	16.58	22.11	38.67
No. of feeding days per year	365	365	365	365	365	365	365	241	195

* Rations for host community activities are now partial compared with PRRO 200029. The changes in g/person/day are: PLHIV: 545g to 272.5g; food for training: 505g to 122.5g; school feeding: 140g to 70g.

TABLE 4: TOTAL FOOD REQUIREMENTS BY ACTIVITY (mt)									
	GFD	TSF children	TSF PLW	BSF: children under 2	In-patients	PLHIV	FFT	School feeding	TOTAL
Cereals	32 907	-	-	-	495	584	15	-	34 000
Pulses	9 631	-	-	-	248	117	2	-	9 998
Super cereal	3 210	846	903	-	495	59	-	65	5 578
Super cereal+	-	-	-	1 284	-	-	-	-	1 284
Oil	1 605	85	-	-	74	29	1	11	1 805
Salt	401	-	-	-	12	8	-	-	421
TOTAL	47 755	931	903	1 284	1 324	795	18	75	53 086

IMPLEMENTATION ARRANGEMENTS

52. Refugees receive food every two weeks in a communal distribution system facilitated by their own committees. The food basket is monitored during food distributions to ensure that the correct ration is received. Regular inspections check the quality and quantity of food in warehouses.

Partners

53. The GFDs are implemented by WFP with UNHCR and World Vision. Health and nutrition interventions are managed by the Government and UNHCR, with support from UNICEF, the International Rescue Committee and the Tanzania Red Cross Society; UNICEF also supports refugee schools in Nyarugusu camp. In host areas WFP collaborates with district councils and local non-governmental organizations.

Non-Food Items

54. Firewood for vulnerable refugees is provided by UNHCR, which will continue to support limited reforestation interventions in and around the camps in 2012; it also distributes non-food items such as plastic sheeting, blankets, clothing, kitchen sets, mosquito nets, medical supplies and water and sanitation equipment. Micronutrient supplementation, water and sanitation support, health, nutrition and education in childcare are provided by UNICEF. Bags and containers are distributed once a year to refugees for carrying food.

Logistics

55. WFP will continue to use rail and road transport in approximately equal measure to deliver food to the extended delivery points.

Procurement

56. WFP aims to procure 38 percent of the food locally, subject to availability of resources. Local food purchase will take place using the regular WFP procurement process or through the P4P initiative, mainly in Dodoma and the northwestern regions.

In-Country Milling

57. Maize purchased locally is milled by WFP at the Isaka logistics hub. Under this PRRO, the maize will be fortified.

PERFORMANCE MONITORING

58. WFP's cooperating partners will report on food distributions and activities, following agreed standards; the reports will be gender-disaggregated. Health organizations monitor food baskets in the camps every two weeks to ensure that they are adequate and that the distribution system is efficient. WFP and UNHCR staff and refugee food committee members carry out on-site post-distribution monitoring for each food distribution cycle.

59. Annual household surveys, nutrition assessments and joint assessments provide information about changes in livelihoods and the impact of food assistance. Additional nutrition information about malnourished children is collected at supplementary and therapeutic feeding centres; trends in enrolment for supplementary feeding are monitored. Joint nutrition assessments are conducted twice a year in the camps. WFP will carry out an evaluation during the first quarter of 2013.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Contextual Risks

60. Continued insecurity in DRC is a significant risk for which UNHCR and WFP have regional contingency plans, especially with regard to the first round of elections in November 2011. Limited access to livelihood activities for refugees in camps increases the risk of malnutrition, especially during resource shortages: the main mitigations are WFP's inclusion of micronutrient-fortified food, UNHCR's complementary foods and increased nutrition education.

Programmatic Risks

61. Because fortified maize has a short shelf life and a high extraction rate, WFP will mill the amounts required for each distribution cycle and store and monitor the maize meal in warehouses in Isaka. In cooperation with refugees and cooperating partners, WFP and UNHCR will enhance controls to mitigate potential misuse and losses of food.

Institutional Risks

62. Pipeline breaks would impede implementation of PRRO 200325, which could result in refugee protests. To avoid breaks, WFP will maintain constant advocacy and fundraising and will manage resources prudently, pre-position food and monitor pipelines. WFP and UNHCR will ensure consistent dissemination of information to donors, partners and the media.

SECURITY CONSIDERATIONS

63. The northwestern regions are under United Nations security level II. Security clearance is required for United Nations staff to travel to Kigoma and Kagera regions and to refugee camps.
64. WFP complies with minimum operating security standards. United Nations field-security norms cover staff safety and travel procedures. WFP and United Nations agencies in the northwestern regions have a common security system, with UNHCR as the focal point.
65. Escorts are required when travelling between Kasulu, Kibondo and Ngar because of armed bandits. WFP has equipped staff and vehicles with radios and mobile telephones. Security training is mandatory for WFP staff and consultants.

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	34 000	13 265 045	
Pulses	9 998	6 603 283	
Oil and fats	1 805	2 273 051	
Mixed and blended food	6 862	4 840 907	
Salt	421	62 678	
TOTAL FOOD	53 086	27 044 964	
Subtotal food			27 044 964
External transport			3 701 237
Landside transport, storage and handling			8 724 118
Other direct operational costs			770 008
Direct support costs ² (see Annex I-B)			6 388 114
Total WFP direct costs			46 628 441
Indirect support costs (7.0 percent) ³			3 263 991
TOTAL WFP COSTS			49 892 432

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	1 962 652
Local staff – national officers	600 127
Local staff – general service	1 078 790
Local staff – temporary assistance	120 406
Local staff – overtime	8 750
International consultants	15 208
United Nations volunteers	124 861
Staff duty travel	508 000
Subtotal	4 418 794
Recurring expenses	
Rental of facility	196 050
Utilities	100 000
Office supplies and other consumables	100 000
Communications services	150 000
Equipment repair and maintenance	174 666
Vehicle running costs and maintenance	312 549
Office set-up and repairs	32 500
United Nations organization services	328 105
Subtotal	1 393 869
Equipment and capital costs	
Vehicle leasing	331 500
Communications equipment	77 950
Local security costs	166 000
Subtotal	575 450
TOTAL DIRECT SUPPORT COSTS	6 388 114

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
Strategic Objective 1: Save lives and protect livelihoods in emergencies		
<p>Outcome 1.1 Stabilized acute malnutrition among targeted children under 5 in refugee population</p> <p>Outcome 1.2 Stabilized mortality rates in children under 5 and adults in targeted refugee population</p>	<ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under 5 in refugee populations, by gender, weight-for-height as % Target <2% ➤ Supplementary feeding recovery rate – target: >70% ➤ Supplementary feeding defaulter rate – target: <15% ➤ Supplementary feeding non-response rate – target: <5% ➤ Supplementary feeding death rate – target: <3 ➤ Supplementary feeding mortality rate – target: <3 ➤ Age-specific mortality rate among children under 5 in refugee populations – target<0.23/10,000/day ➤ Crude mortality rate in refugee population – target <0.31/10,000/day 	Underlying causes of malnutrition and aggravating factors such as parasitic infections are addressed; health services, water, sanitation and social services are available
<p>Output 1.1 Food items distributed in sufficient quantity and quality for targeted beneficiaries of GFD under secure conditions</p>	<ul style="list-style-type: none"> ➤ No. of refugees by age group and gender receiving GFD and as % of planned – target 100%; 2012: 100,000; 2013: 80,000; 2014: 80,000 ➤ Amount of food distributed as % of planned GFD by food type – target 100%; 2012: 22,000 mt; 2013: 17,000 mt; 2014: 8,500 mt ➤ Quantity of Super cereal as % of planned food distribution – target: 7% 	<p>Food pipeline remains healthy</p> <p>% of distribution affected by pipeline breaks</p> <p>No. of security incidents related to food distributions</p> <p>Supplementary feeding centres have adequate medical personnel, equipment, supplements and services</p>
Strategic Objective 3: Restore and rebuild lives and livelihoods in post-conflict, post-disaster or transition situations		
<p>Outcome 3.1 Adequate food consumption over assistance period for refugees</p>	<ul style="list-style-type: none"> ➤ Household food consumption score – target: 90% >35 	Non-food items and services continue to be available to reduce the need to exchange food for non-food items and services
<p>Outcome 3.2 Reduced stunting among refugee children under 2</p>	<ul style="list-style-type: none"> ➤ Prevalence of stunting among targeted children under 2, height-for-age – target: 10% reduction/year 	<p>Other aggravating causes of malnutrition such as malaria and intestinal worms are addressed by agencies</p> <p>Health services, water, sanitation and social services are available</p>

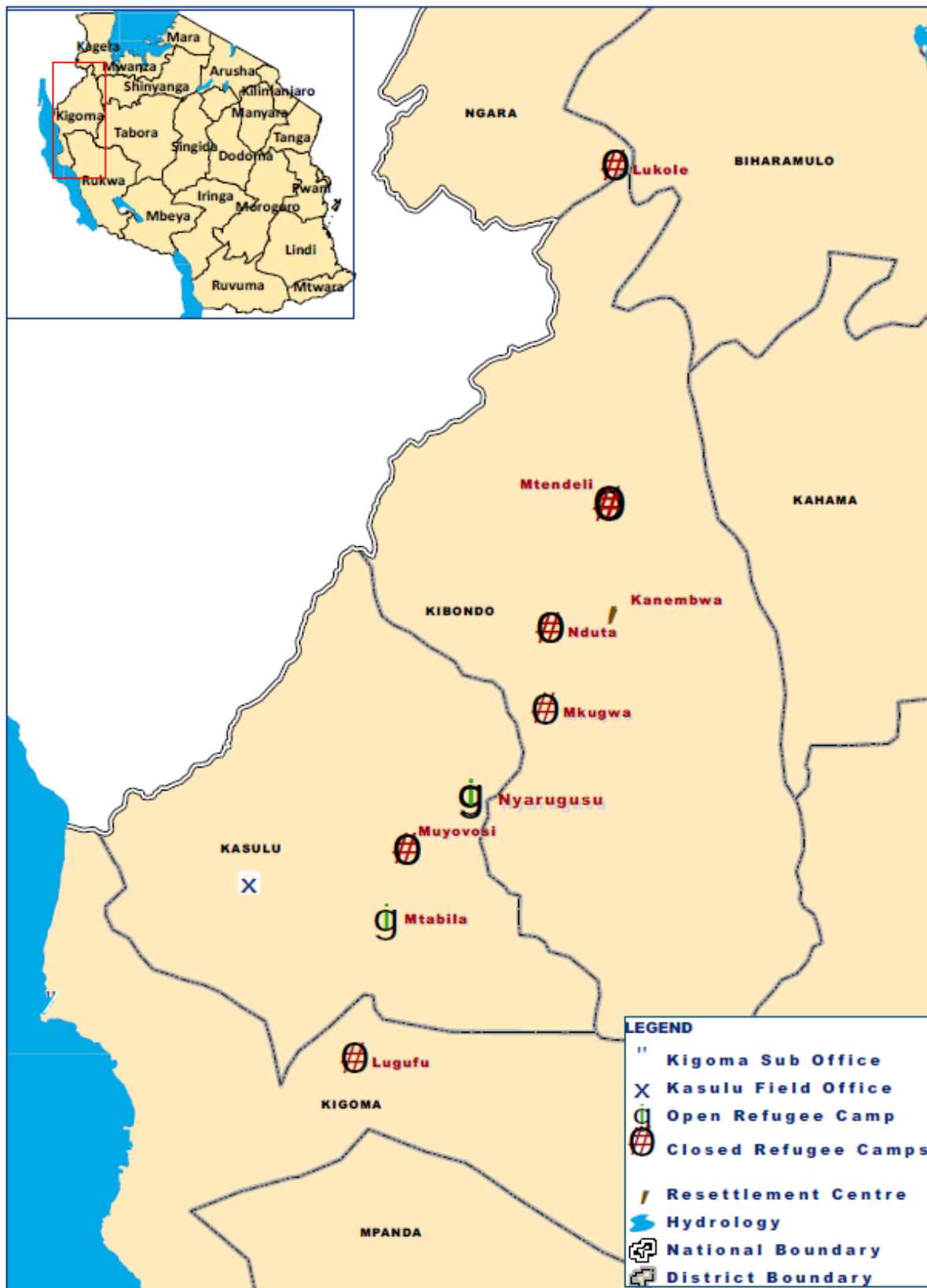


ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Risks, assumptions
<p>Output 3.1 Food items distributed in sufficient quantity and quality for targeted beneficiaries of GFD under secure conditions.</p> <p>Output 3.2 Supercereal+ and Supercereal distributed in sufficient quantity and quality for targeted beneficiaries</p>	<ul style="list-style-type: none"> ➤ No. of refugees by age group and gender receiving GFD as % of planned – target: 100% (see Table 2) ➤ Amount of food distributed as % of planned, by food type – target 100%; 2012: 22,000 mt; 2013: 17,000 mt; 2014: 8,500 mt ➤ Actual no. of beneficiaries in under-2 blanket feeding programme, by age and gender – targets: see Table 2 ➤ Actual amount of Supercereal+ and Supercereal distributed as % of planned – target: 100% (see Table 4) 	<p>Supercereal+ is available in the quantity required: it is a new product and production capacities are being tested</p>
<p>Outcome 3.3 Improved nutritional status of children under 5 and PLW in refugee and targeted host communities</p> <p>Outcome 3.4 Improved adherence to ART by refugees and hosts</p> <p>Outcome 3.5 Improved nutritional recovery of ART clients among refugees and hosts</p>	<ul style="list-style-type: none"> ➤ Prevalence of low birthweight among newborns of targeted pregnant mothers – target: <20% are <2.5kg ➤ % of supported women who receive at least four ante-natal checks during pregnancy – target: 90% ➤ % of supported lactating women who received a post-natal check – target: 90% ➤ Prevalence of iron-deficiency anaemia among targeted children under 5, PLW – target: <30%; pregnant women <110 g/l; children under 5 <110g/l; lactating women <120 g/l ➤ ART adherence rate – target >95% ➤ ART nutritional recovery rate – target >75% 	<p>Other aggravating causes of malnutrition such as malaria and intestinal worms are addressed by agencies</p> <p>Health services, water, sanitation and social services are available</p>
<p>Output 3.1 Targeted children and PLW receive fortified food supplements under TSF for refugees and targeted host communities</p>	<ul style="list-style-type: none"> ➤ No. of malnourished women and children, by gender and age, receiving TSF – target: see Table 2 ➤ Actual quantity of Supercereal+ and Supercereal distributed, as % of planned – target 100% ➤ Quantity of food distributed by type as % of planned – target: see Table 4 	<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</p> <p>Food pipeline remains healthy</p> <p>Willingness of food-insecure PLHIV to participate</p> <p>Partners can provide anti-retroviral drugs and medical services for PLHIV</p>



ANNEX III

REFUGEE CAMPS IN THE UNITED REPUBLIC OF TANZANIA



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

ART	anti-retroviral therapy
BSF	blanket supplementary feeding
CHS	community and household surveillance
DRC	Democratic Republic of the Congo
FFT	food for training
GFD	general food distribution
JAM	joint assessment mission
PLHIV	people living with HIV
PLW	pregnant and lactating women
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
TSF	targeted supplementary feeding
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund