

# BUDGET REVISION TO PROTRACTED RELIEF AND RECOVERY OPERATION

## Tanzania Protracted Relief and Recovery Operation (PRRO) 200603 Budget Revision 06

**Start date:** 01 October 2015 **End date:** 30 June 2016 **Extension/Reduction period:**  
N/A **New end date:** N/A

Total revised number of beneficiaries	<b>220 000</b>		
Duration of entire project	<b>July 2014 – June 2016</b>		
Extension/Reduction period	<b>n.a.</b>		
Gender marker code	<b>1</b>		
WFP food tonnage	<b>63 939</b>		
<b>Cost (United States dollars)</b>			
	<b>Current Budget</b>	<b>Increase</b>	<b>Revised Budget</b>
Food and Related Costs	31 965 192	20 050 049	52 015 241
Cash and Vouchers and Related Costs	-	-	-
Capacity Development & Augmentation	-	-	-
DSC	6 657 097	4 795 310	11 452 407
ISC	2 703 560	1 739 175	4 442 735
<b>Total cost to WFP</b>	<b>41 325 849</b>	<b>26 584 534</b>	<b>67 910 383</b>

---

## NATURE OF THE INCREASE

1. Tanzania has hosted refugees fleeing civil strife and ethnic conflicts in neighbouring countries since the 1990s. Nyarugusu camp, in the Kigoma region of north-west Tanzania, is home to approximately 65,000 refugees, primarily from the Democratic Republic of Congo (DRC).
2. Neighbouring Burundi has experienced prolonged instability since independence in 1962. Between 1993 and 2005, violence and conflict resulted in a large influx of Burundian refugees into surrounding countries, including Tanzania. Following international mediation in 2005, the country held its first democratic elections in twelve years, with Pierre Nkurunziza elected President. In 2010, the first general election by universal suffrage was held and President Nkurunziza was re-elected. Following a decrease in violence and improved conditions within the country, approximately 35,000 Burundian refugees in Tanzania repatriated in December 2012.
3. On 25 April 2015, President Nkurunziza announced his intention to run for a third term in the new general elections, which resulted in widespread protests. In mid-May, renewed violence followed the failure of a military coup to oust the President from power. Despite considerable pressure from East African leaders and the greater international community to postpone the elections, parliamentary elections took place on 29 June, with the ruling party claiming victory in spite of the opposition of domestic civil groups, the African Union and others. The Presidential election followed on 21 July. While Burundi's electoral commission announced that President Nkurunziza had won the election, the United Nations Electoral Observation Mission in Burundi stated that the environment was not conducive for "an inclusive, fair and credible electoral process."
4. Since April 2015, ongoing instability has triggered an influx of Burundian refugees into eastern DRC, Rwanda, Tanzania, Uganda and Zambia. As of 8 September 2015, the Office of the United Nations High Commissioner for Refugees (UNHCR) reported 90,838 new Burundian refugees in Tanzania alone.<sup>1</sup> Refugees entered Tanzania through roughly 30 different points, with the majority passing through the village of Kagunga en route to Nyarugusu Camp. Amid ongoing political volatility in Burundi, the influx of refugees into Tanzania continues.
5. WFP and partner agencies collaborated to draft a UNHCR-led Refugee Response Plan (RRP). Initially, the RRP (prepared in May) estimated that a total of 70,000 new Burundian refugees would enter Tanzania by 30 September 2015. In July, the refugee planning figure was revised upward to 150,000 and an updated version of the RRP was prepared. Nyarugusu Camp is currently operating at beyond capacity and three new camp locations have tentatively been identified.<sup>2</sup>
6. Budget revision (BR) 04 to Protracted Relief and Recovery Operation (PRRO) 200603, which included 70,000 new Burundian refugees through 30 September 2015, was approved

---

<sup>1</sup> Of the 90,838 new Burundian refugees reported on 8 September 2015, 49.5% were male and 50.5% were female. Boys and girls under the age of 5 represented 9.7% and 9.6% of the population, respectively.

<sup>2</sup> The camp sites identified and agreed with the Government of Tanzania are Nduta, Mtendeli and Karago, all in the north-west of the country.

in July. BR05, approved in August 2015, adjusted the LTSH rate in accordance with WFP's new Logistics Execution Support System (LESS).

7. This sixth budget revision (BR 06) is required to enable WFP to assist an additional 80,000 Burundian refugees in Tanzania for the period 1 October to 30 June 2016. This follows on from the 70,000 caseload introduced under BR04 for the period 01 June-30 September, bringing the total of new Burundian refugees entering the country to 150,000 in line with RRP estimates. Specifically, this BR will:
  - Meet the emergency food and nutrition needs of an additional 80,000 Burundian refugees in Tanzania (totalling 150,000 new Burundian refugees since the influx began in April) through the provision of High Energy Biscuits (HEB) and hot meals while in transit, and through activities already implemented by this PRRO once new beneficiaries are absorbed into the camp setting. This will bring the total number of beneficiaries reached by this PRRO to 220,000;
  - Include the treatment of moderate acute malnutrition (MAM) for children aged 6 – 59 months due to increasing acute malnutrition rates and aggravating factors (described below);
  - Include three new refugee camps that will likely open to accommodate the increasing number of refugees, as well as a sub-office and possible satellite office to oversee operations in the new camps.

---

## JUSTIFICATION FOR BUDGET INCREASE

### Summary of Existing Project Activities

8. PRRO 200603 was approved for two years (1 July 2014 – 30 June 2016) to provide humanitarian assistance to some 70,000 refugees hosted in Nyarugusu camp in north-west Tanzania. Through PRRO 200603, WFP aims to meet the food and nutrition needs of all refugees residing in Nyarugusu camp through:
  - Monthly general food distribution (GFD) of maize meal, beans or split peas, Super Cereal, fortified vegetable oil and iodised salt;
  - Blanket supplementary feeding for pregnant and lactating women (PLW) and children under two to address stunting and ensure acute malnutrition rates do not increase<sup>3</sup>, with a fortnightly take-home ration of Super Cereal with sugar and vegetable oil for PLW and Super Cereal Plus for children aged 6-23 months;<sup>4</sup>
  - An additional Super Cereal ration for children aged 24-59 months to maintain their nutritional status and thereby prevent micronutrient deficiencies; and
  - A ration for hospital in-patients consisting of maize meal, beans or split peas, Super Cereal with sugar, fortified vegetable oil and iodised salt.
9. Immediate Response Emergency Operation (IR-EMOP) 200853 “Emergency Food Assistance to Burundian Refugees in Tanzania” was approved on 08 May 2015 for a period of three months until 10 August 2015. Through this IR-EMOP, WFP planned to assist an

---

<sup>3</sup> The existing caseload camp population is long-term and established with high stunting rates (46%). This therefore warrants an ongoing stunting prevention programme.

<sup>4</sup> This activity is accompanied by a social behavioural change communication (SBCC) component to convey nutritional messages. The SBCC is managed by the Tanzania Red Cross Society.

estimated 12,000 new Burundian refugees through the same activities outlined above<sup>5</sup> and additionally distributed HEB to refugees in transit and when no other food was available. By 10 May, however, this number had already been exceeded, with 13,541 Burundian refugees already reported to have arrived in Tanzania by that date.

10. WFP has signed tripartite agreements with UNHCR and Caritas, TWESA<sup>6</sup> and REDESO<sup>7</sup> in recent months to provide hot meals (“wet feeding”) for Burundian asylum seekers and refugees at transit and reception centres. This commenced under the IR-EMOP.

## **Conclusion and Recommendations of the Re-Assessment**

11. Due to government-enforced restrictions on refugee movement beyond the camp borders and restrictions on refugees engaging in income-generating activities, the population of Nyarugusu camp is largely dependent on WFP food support to meet their food security and nutrition needs.
12. Given that a market for refugees to access food items is yet to be established, and that refugee movement is limited to the camp grounds, in-kind food assistance remains the current selected transfer modality for this operation. However, further to the recommendations of a cash-based transfer (CBT) feasibility study completed in January 2014 and a follow up study conducted in 2015, WFP Tanzania is currently working on a CBT implementation plan. This plan is to be put in place once the current influx of refugees has stabilized, the Burundian refugees have been relocated from Nyarugusu to the newly identified camps, the market is fully operational, and WFP has internally identified the most cost-efficient modality and food ration.
13. According to UNHCR, by 8 September a total of 90,838 new Burundian refugees had arrived in Tanzania.<sup>8</sup>

## **Purpose of Budget Increase**

14. BR06 to PRRO 200603 is required to enable WFP to meet the food and nutrition needs of the ongoing influx of new Burundian refugees into Tanzania through food support at reception and transit centres and upon their arrival at Nyarugusu Camp and potential future camp locations. It is also required to adjust beneficiary numbers in the camp(s) once the new caseload has been absorbed into the camp setting. The opening of new camps will result in the opening of a new WFP sub-office and possible satellite office with new staff and other associated costs. UNHCR notified partners on 2 September that the relocation of Burundian refugees will likely start on 1 October. Currently, it is unclear how long the relocation process will take.
15. BR06 will also incorporate the treatment of MAM for children aged 6 – 59 months.<sup>9</sup> A MUAC (mid-upper arm circumference) screening by Médecins Sans Frontières (MSF) in June identified 782 children between 12-59 months of age with MAM. The MAM rate of 4.7 percent and GAM rate of 5.5 percent are significantly higher than the rates observed

---

<sup>5</sup> Note that IR-EMOP 200853 GFD activities were implemented every 15 days, for logistical reasons.

<sup>6</sup> Tanzania Water and Environmental Sanitation

<sup>7</sup> Relief to Development Society

<sup>8</sup> See footnote no 1 for gender breakdown

<sup>9</sup> Per the project document, WFP has not been providing treatment for MAM to date in Nyarugusu camp as the MAM caseload has been low (within the acceptable range) for the DRC refugee population.

among the first Burundian arrivals<sup>10</sup> and there are indications of further deterioration. Recent statistics from UNHCR's Health Information System (HIS) reveal an increase in the number of children admitted in the feeding centres with acute malnutrition. Additionally, the refugees are from areas in Burundi with high stunting rates and micronutrient deficiencies and therefore are nutritionally vulnerable. Within the camp, they live in increasingly crowded conditions, are barely accessing their minimum daily water requirements and hygiene is poor.<sup>11</sup> There is also evidence of high rates of malaria. In view of the higher acute malnutrition rates, as well as these aggravating factors, the treatment of MAM within Nyarugusu Camp (and any new camp locations) will be included in this PRRO.

16. The Tanzania Red Cross Society (TRCS) will be responsible for the implementation of MAM treatment in the camps, through health teams expanded with funds provided by WFP. Staff from the TRCS have undergone intensive capacity building and training by MSF on MAM treatment protocols and regulations. TRCS will conduct MUAC screenings for incoming refugees at the reception/transit centres, following training by MSF, as well as conduct monitoring at the feeding centres. Any cases of severe acute malnutrition (SAM) detected during reception centre MUAC screenings are directed to MSF health facilities for treatment, while any MAM cases are referred to TRCS facilities. Lastly, there are plans to undertake a Standardized Expanded Nutrition Survey (SENS) by December, as per the recommendations from the recent Joint Assessment Mission (JAM). As the situation is fluid, the nutritional situation will be monitored regularly so as to adjust the response as necessary.
17. In order to address the food and nutrition needs of incoming Burundian refugees, this BR06 to PRRO 200603 will implement the following:
  - Incoming refugees at reception and transit centres in Ngara, Manyovu, Lake Tanganyika Stadium and Kagunga, as well as those at the reception centre outside Nyarugusu Camp, will be provided with prepared hot meals ("wet feeding") using the same GFD ration already distributed in this PRRO: a morning porridge (made from Super Cereal with sugar), mid-day meal (consisting of maize, beans, oil and salt) and evening meal (also consisting of maize, beans, oil and salt). Once new arrivals move to the camp setting and receive cooking utensils (among other non-food items), they will be provided with a dry food ration of maize meal, pulses, Super Cereal, fortified vegetable oil and iodized salt. This dry food ration is sufficient to last until the next regular GFD cycle.
  - HEB will also be distributed to all new arrivals during transit, in line with the approach initiated under IR-EMOP 200853.
  - Once newly arrived refugees have been absorbed into the camp setting, they will be included in regular and ongoing GFD, and supplementary and targeted feeding activities. Similarly, those admitted to hospital facilities will receive the same support provided to patients amongst the operation's existing beneficiaries.
  - Children 6 – 59 months of age exhibiting MAM will receive a ration of 200 grams of Super Cereal Plus per day, distributed through health facilities.

---

<sup>10</sup> A UNICEF report released on 25 May indicated that of 6,250 children under five screened for acute malnutrition, approximately 0.6 percent were diagnosed with severe acute malnutrition, while approximately 1 percent had moderate acute malnutrition (giving a total global acute malnutrition rate of 1.6 percent). This report was based on a rapid screening conducted by the Tanzania Red Cross Society (TRCS) and did not include a gender breakdown. However, gender disaggregated data is collected as part of UNHCR's standard Health Information System (HIS) reporting and any future surveys will collect gender disaggregated data.

<sup>11</sup> The daily ration of water has also been reduced by half since the new caseload started arriving (from 30 litres per day to 15 litres per day, with continuing uneven distribution in several zones).

18. An influx of refugees often raises important protection issues, which are a concern not only for UNHCR but for WFP and other response providers. In Nyarugusu Camp, WFP and its partners address protection issues (including issues around sexual and gender-based violence<sup>12</sup>) through inter-agency and food coordination meetings, as well as through “town hall” meetings. In terms of monitoring and evaluation, WFP collects information on gender as well as protection and accountability; for example, on the proportion of people (with an emphasis on women) who experience safety problems travelling to/from programme sites through regular monitoring assessments.

<b>TABLE 1: BENEFICIARIES BY ACTIVITY</b>										
<b>Activity</b>	<b>Category of beneficiaries</b>	<b>Current</b>			<b>Increase*</b>			<b>Revised</b>		
		<b>Boys / Men</b>	<b>Girls / Women</b>	<b>Total</b>	<b>Boys / Men</b>	<b>Girls / Women</b>	<b>Total</b>	<b>Boys / Men</b>	<b>Girls / Women</b>	<b>Total</b>
<b>General Food Distribution**</b>	<b>All</b>	<b>68 600</b>	<b>71 400</b>	<b>140 000</b>	<b>39 200</b>	<b>40 800</b>	<b>80 000</b>	<b>107 800</b>	<b>112 200</b>	<b>220 000</b>
Prevention of Stunting***	PLW	0	6 300	6 300	0	3 600	3 600	0	9 900	9 900
Prevention of Stunting	6-23 months	5 488	5 712	11 200	3 136	3 264	6 400	8 624	8 976	17 600
Prevention of Micronutrient Deficiencies	24-59 months	8 232	8 568	16 800	4 704	4 896	9 600	12 936	13 464	26 400
Hospital patients	All	1 436	2 064	3 500	821	1 179	2 000	2 257	3 243	5 500
Treatment of MAM	6-59 months	0	0	0	912	949	1 861	912	949	1 861
HEB provided to new arrivals****	All	24 500	25 500	50 000	39 200	40 800	80 000	63 700	66 300	130 000
<b>TOTAL</b>		<b>68 600</b>	<b>71 400</b>	<b>140 000</b>	<b>39 200</b>	<b>40 800</b>	<b>80 000</b>	<b>107 800</b>	<b>112 200</b>	<b>220 000</b>

\*The male/female breakdown for the increase is based on the breakdown of the current caseload.

\*\* All refugee beneficiaries will eventually receive GFD, once absorbed into the regular camp setting and cycle.

\*\*\* Incoming refugee children will benefit from the established stunting prevention programme once treated for MAM and absorbed into the regular camp setting, which concurrently will ensure acute malnutrition rates do not rise. Supplementation for PLW will contribute to the prevention of stunting by ensuring sufficient nutrient intake, thereby promoting the healthy growth of the unborn and breastfed children.

\*\*\*\* As of 8 September, 90,838 new Burundian refugees were already in Tanzania. Only new arrivals going forward will receive HEB. For contingency purposes, however, this BR06 includes sufficient HEB to reach up to an additional 80,000 beneficiaries (for a total of 130,000 beneficiaries), to allow for an immediate response should the RRP scenario be exceeded and pending any further revision to PRRO 200603.

**TABLE 2: REVISED DAILY FOOD RATION/TRANSFER BY ACTIVITY  
(g/person/day)**

<sup>12</sup> Incidents of sexual and gender-based violence are reported to UNHCR through the International Rescue Committee (IRC). Food-related cases of sexual and gender-based violence are reported separately.

	General Food Distribution	Prevention of Stunting (PLW)	Prevention of Stunting (6-23 months)	Prevention of Micronutrient Deficiencies (24-59 months)**	Hospital patients	Treatment of MAM (6-59 months)*	HEB (for new arrivals)
Cereals	380				200		
Pulses	120				100		
Super Cereal with sugar	50	100		50	200		
Super Cereal Plus			100***			200	
Oil	20	20			30		
Salt	5				5		
High Energy Biscuits							500
Cash/voucher (USD/person/d)							
<b>TOTAL</b>	<b>575</b>	<b>120</b>	<b>100</b>		<b>535</b>		<b>500</b>
<b>Total kcal/day</b>	<b>2 145</b>	<b>558</b>	<b>394</b>		<b>2 080</b>		<b>2 300</b>
% kcal from protein	71.5	11.1	16.6		14.23		8%
% kcal from fat	37.3	45.5	23.2		21.72		13%
Number of feeding days per year or per month (as applicable)	365	365	365	365	365	90	Up to 3 days

\* Note that the treatment of MAM is the only new activity. Rations for the other activities remain unchanged.

\*\* Children aged 24-59 months receive a total of 100g of Super Cereal: 50g through the “prevention of micronutrient deficiencies (24-59 months)” and 50g as part of GFD.

\*\*\* The recommended ration for the prevention of stunting is 200g of Super Cereal Plus to accommodate sharing. However, the 100g ration given to children 6-23 months is in addition to the regular GFD ration with includes a further 50g of Super Cereal with sugar, and is accompanied by strong nutritional messaging to discourage sharing.

## FOOD REQUIREMENTS

Activity	Commodity / Cash & voucher	Food requirements (mt) Cash/Voucher (USD)		
		Current	Increase	Revised total
General Food Distribution	Commodity	34 776	24 866	59 642
Prevention of Stunting (PLW)	Commodity	318	222	540
Prevention of stunting (6-23 months)	Commodity	466	329	795
Prevention of Micronutrient Deficiencies (24-59 months)	Commodity	1 066	247	1 313
Treatment of MAM	Commodity	0	102	102

Hospital patients	Commodity	783	550	1 333
HEB (new arrivals)	Commodity	95	120	215
<b>TOTAL</b>		<b>37 504</b>	<b>26 435</b>	<b>63 939</b>

\* Figures rounded

### **Hazard / Risk Assessment and Preparedness Planning**

19. The revisions proposed herein are aligned to the most recent planning figures used by UN agencies in Tanzania. However, the situation remains volatile. Should the situation change or worsen, further revisions to this PRRO will be required in accordance with an updated assessment of needs.

Approved by:

\_\_\_\_\_  
Ertharin Cousin  
Executive Director, WFP

\_\_\_\_\_  
Date



## ANNEX I-A

<b>PROJECT COST BREAKDOWN</b>			
	<b>Quantity (mt)</b>	<b>Value (USD)</b>	<b>Value (USD)</b>
<i>Food Transfers</i>	-	-	
Cereals	17 057	6 439 145	
Pulses	5 035	4 428 901	
Oil and fats	890	744 996	
Mixed and blended food	3 243	1 877 269	
Others	211	54 765	
<b>Total Food Transfers</b>	<b>26 435</b>	<b>13 545 076</b>	
External Transport		446 659	
LTSH		5 231 418	
ODOC Food		826 895	
<b>Food and Related Costs</b> <sup>13</sup>		<b>20 050 049</b>	
C&V Transfers		-	
C&V Related costs		-	
<b>Cash and Vouchers and Related Costs</b>		-	
<b>Capacity Development &amp; Augmentation</b>		-	
<i>Direct Operational Costs</i>			20 050 049
Direct support costs (see Annex I-B)			4 795 310
<b>Total Direct Project Costs</b>			<b>24 845 358</b>
Indirect support costs (7,0 percent) <sup>14</sup>			1 739 175
<b>TOTAL WFP COSTS</b>			<b>26 584 534</b>

<sup>13</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>14</sup> The indirect support cost rate may be amended by the Board during the project.

## ANNEX I-B

<b>DIRECT SUPPORT REQUIREMENTS (USD)</b>	
<b>WFP Staff and Staff-Related</b>	
Professional staff *	795 559
General service staff **	449 848
Danger pay and local allowances	-
<b>Subtotal</b>	<b>1 245 407</b>
<b>Recurring and Other</b>	<b>657 573</b>
<b>Capital Equipment</b>	<b>1 622 726</b>
<b>Security</b>	<b>602 111</b>
<b>Travel and transportation</b>	<b>627 491</b>
<b>Assessments, Evaluations and Monitoring<sup>1</sup></b>	<b>40 000</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>4 795 310</b>

\* Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

\*\* Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

---

<sup>1</sup> Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.

## **Annex II: Summary of Logical Framework of Tanzania PRRO 200603**

MAP



WFP Present

U

**ACRONYMS USED IN THE DOCUMENT**

Rwanda

Burundi

Kilimanjaro

Nyarugwe

Kasulu

BR

budget revision

C&V

cash and voucher

DRC

D

WFP Present

Refugee

Democratic Republic of Congo

DSC	Direct Support Costs
GAM	global acute malnutrition
GFD	General Food Distribution
HEB	High Energy Biscuits
HIS	Health Information System
IR-EMOP	Immediate Response Emergency Operation
IRC	International Rescue Committee
ISC	Indirect Support Costs
JAM	Joint Assessment Mission
LESS	Logistics Execution Support System
LTSH	Landside Transport, Storage and Handling
MAM	moderate acute malnutrition
MSF	Médecins Sans Frontières
MUAC	mid-upper arm circumference
ODOC	Other Direct Operational Costs
PLW	pregnant and lactating women
PRRO	Protracted Relief and Recovery Operation
REDES0	Relief to Development Society
RRP	Refugee Response Plan
SAM	severe acute malnutrition
SENS	Standardized Expanded Nutrition Survey
TRCS	Tanzania Red Cross Society
TWESA	Tanzania Water and Environmental Sanitation
UN	United Nations
UNHCR	Office of the United Nations High Commissioner for Refugees
WFP	World Food Programme

