

**WFP/UNHCR
Joint Assessment Mission 2006
20-28 November 2006
TANZANIA**



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral Drugs
CBR	Community Based Rehabilitation
CDW	Community Development Workers
CHW	Community Health Workers
CSB	Corn Soya Blend
DRC	Democratic Republic of the Congo
EDP	Extended Delivery Point
EPI	Expanded Programme of Immunization
ECHO	Humanitarian Aid DG of the European Commission
EVI	Extremely Vulnerable Individuals
FAM	Food Aid Monitor (WFP)
FBM	Food Basket Monitoring
FDP	Final Delivery Point
FFT	Food for Training
FFW	Food for Work
GoT	Government of Tanzania
HFE	Household Food Economy
HIT	Health Information Team
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activities
IP	Implementing Partner
JAM	Joint Assessment Mission
JAP	Joint Action Plan (specific to JAM recommendations)
Kcal	Kilocalories
LBW	Low Birth Weight
MCH	Maternal and Child Health (Care)
MoH	Ministry of Health
MHA	Ministry of Home Affairs
MT	Metric Ton
NFI	Non-Food Item
NMC	National Milling Corporation
OPD	Out Patient Delivery
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SFP	Supplementary Food Programme
SO	Sub-Office
STI	Sexually Transmitted Infection
SGBV	Sexual and Gender-Based Violence
TBA	Traditional Birth Attendant
TB	Tuberculosis
TCRS	Tanganyika Christian Refugee Service
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
TRCS	Tanzania Red Cross Society
TSh	Tanzania Shillings
USAID/FFP	United States Aid for International Development/Food for Peace
W\H	Weight for Height

**REPORT OF WFP/UNHCR JOINT ASSESSMENT MISSION (JAM) -
TANZANIA
20 – 28 NOVEMBER 2006**

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This report incorporates the comments from various members of the Mission. The report content therefore is limited to the mission findings/recommendations and views endorsed by the complete Mission team during the wrap up discussions in Ngara on 27 November 2006 and the subsequent donor debriefing in Dar es Salaam on 08 December 2006. As such, the content should not necessarily be assumed as endorsed or agreed by the Management of WFP and UNHCR.

Executive Summary

The 2006 WFP/UNHCR Joint Assessment Mission (JAM) took place in North-Western Tanzania from 20-27 November 2006. In accordance with the Terms of Reference (TOR), the Mission reviewed the status of implementation of the main recommendations of the 2005 JAM, the impact of implemented recommendations and proposed an updated set of recommendations for 2007. The key areas reviewed included protection, refugee numbers and repatriation; food security, common markets and food-for-work; self reliance (income-generating activities, assistance to host communities), nutrition, health and HIV/AIDS and logistics. This work was undertaken in close collaboration with the Ministry of Home Affairs (MHA) Refugee Department both at central and local levels, WFP Tanzania and WFP Democratic Republic of the Congo (DRC), UNHCR Tanzania and UNHCR Burundi, UNICEF Tanzania, Implementing Partners (IPs), refugees and their representatives, ECHO Tanzania and USAID/FFP Nairobi (observers).

The 2006 JAM concluded that the refugees have developed a high degree of coping mechanisms to deal with the food situation. The nutritional situation has remained relatively stable in line with the WHO standards despite food rations cuts throughout the year under review. However, due to restricted refugee movements, refugees are thought to earn most of their livelihoods through illegal means such as farming and trading outside the camps without permits and authorization from MHA, exposing them to several protection risks. The results of the 2006 nutrition survey revealed that the prevalence of global acute malnutrition in the refugee camps slightly increased from 2.8 percent in 2005 to 3.1 percent (95% CI 2.5-3.7). The GoT and UNHCR have facilitated and promoted repatriation of the Congolese and the Burundian refugees respectively on a voluntary basis. A total of 55,368 refugees (39,269 Burundian and 15,774 Congolese) were repatriated between January and November 2006. The remaining caseload of 289,000 refugees still lives in 11 camps in North-Western Tanzania as of 30 November 2006.

The summary recommendations of the 2006 JAM includes among others: maintaining the food ration at 2,100 kcal for refugees and to review the situation after the results of the proposed Household Food Economy Analysis (HFEA) planned for early 2007; the food voucher system and Food-for-Work (FFW) were not proposed for 2007, however, cash-for-work could be considered by interested parties; strengthening the registration process, hence, the need for additional equipment and staffing for accelerated finger print processing; and maintaining the current level of assistance in Congolese camps, while reviewing assistance in the Burundian camps to establish essential and non-essential services and align assistance with the strategies to promote repatriation.

1. INTRODUCTION

As per the terms of the July 2002 global Memorandum of Understanding (MoU) between UNHCR and WFP, both parties are to conduct annual joint assessments (JAM) to assess the refugee operation in North-Western Tanzania. The JAM process allows a review of the ongoing assistance and is not an in-depth stand-alone assessment of refugees or their living conditions. The information obtained from the JAM is used to improve current programmes by filling the gaps identified by the mission.

The Joint Assessment Mission (JAM) in November 2005, which provides the overall framework for the 2006 JAM, focused specifically on the food and non-food needs of the refugees and assessed the capacity of WFP and UNHCR to meet these needs with appropriate assistance. The mission also looked into other sectors that directly impact on the well being of the refugee such as shelter, water, sanitation, health, domestic needs, community services, security and education. In addition, the mission attempted to identify the impact of the refugees in the camps in North-Western Tanzania on the livelihood systems of the host population.

The 2006 JAM reviewed the implementation status of the main recommendations of the 2005 JAM and their impact. It also assessed the current situation and the projected refugee repatriation trends for 2007 for operational planning purposes and proposed an updated set of recommendations for 2007.

1.1 Assessment Overview

The 2006 JAM took place from 20 – 27 November 2006. The mission included representatives from the Government of Tanzania (Ministry of Home Affairs), WFP Tanzania and WFP DRC, UNHCR Tanzania and UNHCR Burundi, UNICEF Tanzania, Field Implementing Partners (IPs), NGOs, ECHO Tanzania and USAID/FFP Nairobi as observers. The mission was organized in two teams. Team A focused on protection, refugee numbers, repatriation, self-reliance, income-generating activities, assistance to refugee hosting areas (RHAs), health, nutrition and HIV/AIDS. Team B covered food security, common markets, food-for-work, food voucher and logistics.

The mission visited Kigoma Port, Lugufu, Mtabila, Nyarugusu, Nduta, Mtendeli, Kanembwa and Lukole refugee camps and discussed the ongoing programmes with partners and beneficiaries. The mission met and held discussions with the Districts Commissioners in Kasulu, Kibondo and Ngara, the Ministry of Home Affairs camp commanders, IPs in the field, camp management personnel, health and nutrition service partners, refugee leaders and women groups. The groups carried out interviews with refugees (women and men headed households) through transect walks. The Mission members discussed and agreed on the provisional findings/conclusions and recommendations of the JAM in Ngara on 27 November. At the debriefing held in Dar es Salaam on 8 December 2006, WFP and UNHCR presented the JAM preliminary key findings, conclusions and recommendations to the Government of Tanzania (GoT) counterparts, donor representatives, UN agencies and NGO partners in the country for comments. The feedback from the debriefing has been incorporated in this document.

1.2 Methodology

The mission comprised of two teams (A and B). Each team had two thematic groups covering the following key areas:

Team A

Group 1	Protection, Refugee Numbers and Repatriation
Group 2	Self Reliance (Income-generating activities, Assistance to Hosting Communities, Nutrition, Health and HIV/Aids).

Team B

Group 1	Food Security, common markets and FFW
Group 2	Logistics.

The methodology involved field visits to the refugee camps, direct observations, group or individual interviews with refugees and various stakeholders. The mission reviewed the JAM Recommendations for 2005 and WFP/UNHCR, existing reports, studies and surveys and recommendations. In addition, the mission held meetings with WFP and UNHCR field offices, as well as the refugee groups including refugee women leaders and the main IPs including relevant national regional and local authorities, NGOs and other organisations working with the refugees in food and related programmes.

The mission recommendations are presented in the JAM Recommendations for 2006 (Annex I) as well as the Executive Summary for quick reference. A total of 38 summary recommendations were made in response to the mission findings and conclusions. This summary of recommendations forms the basis of Joint UNHCR and WFP work plan for 2007, which will be monitored through quarterly meetings of staff from Dar es Salaam and the field. Donor visits to the refugee camps and project sites are welcomed in order to assess the progress on the implementation of the 2006 JAM recommendations on an ongoing basis throughout the year. Please refer to ToRs of each group here below:

Team	Group	Terms of Reference	Members
A	1. Protection, Refugee Numbers and Repatriation	<ul style="list-style-type: none"> -Refugee registration-update numbers/status and finger printing -Protection issues (sexual gender based violence and refugee security) -Voluntary Repatriation (return trends, logistic capacity, etc.) and other durable solutions, resettlement and integration -Movement restrictions and physical security (in and outside camps) -Government policy updates on refugees. -WFP Enhanced Commitments to Women and UNHCR Five Commitments to Refugee Women. -Firewood and environment. 	<p>Mary Jane Meierdiercks- Popovic Yves Horent (observer) Kennedy Kaganda Ndeley Agbaw Ahmed Baba Fall Naoko Akiyama</p>
	2. Self Reliance (Income-generating activities, Assistance to Hosting Communities) Nutrition, Health and HIV/Aids)	<ul style="list-style-type: none"> -The level of refugee self-reliance and coping mechanism strategies. -Access to cultivable land officially (farming plots in camps, share cropping and land officially granted by the Government (acres). -Types of productive income generating activities. -Market transaction between refugees and local communities and the refugees themselves. -Vulnerability indicators of host communities. Existing projects for host communities. -Nutritional levels in camps and host communities (recommended solutions). -Water and sanitation services in the camps. -Health and HIV/AIDS programmes and Prevention 	<p>Lucas Machibya Dr. Makou Raoufou Assumpta Rwechungura Tezra Masini</p>

Team	Group	Terms of Reference	Members
B	1. Food Security, common markets and Food For Work	<ul style="list-style-type: none"> -Food access and use. -Ration reduction impact. -Commodity utilization. -Proposed “Food voucher” system (Desk review and recommendations). -Food aid targeting, Distribution and Monitoring -Sale of food aid and non-food items impact on consumption and nutritional values. -Access to common markets. -Market activities and prices, commodity availability. -Practicality of FFW in North-Western Tanzania camps and host communities. -Capacity of food production in and around camps. -Common livelihood of refugees and host communities (agriculture, livestock, trade etc.) 	<p>Taban Lokonga Mohammad Irfan Adil Nick Cox (observer) Happygod John (observer) Juvenal Kisanga</p>
	2. Logistics	<ul style="list-style-type: none"> -Kigoma Port for Burundi and DRC operations (food transshipment and repatriation). -Trucking capacity in North-western Tanzania for both internal and cross border deliveries. -EDP roads maintenance and repairs projects. -Warehouse capacities and storage conditions. -Alternatives to TRC problems. -NFI requirements and distribution logistics. -Use of WFP empties. 	<p>Carlos Melendez</p>

1.3 Rationale for the 2006 Joint Assessment Mission

Annual assessments are essential in continuous protracted relief and recovery operations such as the one in North-Western Tanzania so that appropriate operational adjustments can be made, especially if any significant change takes place during the course of the year. From the completion of the 2005 JAM up through November 2006, the food ration provided to refugees fluctuated between 1,342 Kcals and 1,843 Kcals due to funding shortfalls.

UNHCR and WFP agreed to carry out a JAM in November 2006, in order to assess the progresses in implementing the recommendations of the 2005 JAM and to re-evaluate the overall food needs of the operation in light of ongoing voluntary repatriation. Therefore, the November 2006 JAM also focused on nutrition issues and the impact of severe ration cuts during the year, making the linkages between food assistance, household food security, refugee self reliance and nutrition status. As recommended in the 2005 JAM Report, the preparatory work and framework for the 2006 JAM includes: a detailed nutritional survey (completed on 5 October 2006), a combined Emergency Food Security Assessment (EFSA) and Coping Strategies Index (CSI) survey of (24 October 2006), the market impact analysis (November 2006), the feasibility study of food voucher system (October 2006), the Income Generating Activity (IGA) study and the Food for Work (FFW) desk reviews and win-win activities (October 2006).

1.4 Purposes and Scope of the 2006 JAM

The purpose of the mission was to: review and assess the situation of the Burundian and the Congolese refugees living in refugee camps in Kigoma and Kagera Regions of North-Western Tanzania in accordance with the 2005 JAM recommendations, propose updated recommendations for 2006-2007, and assess the current situation and project refugee repatriation trends for 2007 for operation planning. The mission focused on repatriation factors, plans and refugee coping strategies. The group meetings with the refugees discussed all sectors that directly impact the well being of refugees such as shelter, water, sanitation, health, nutrition, domestic needs, community services, security and education. The mission also reviewed the ongoing activities in support of Refugee Host Areas.

1.5 Objectives

The following objectives outlined the JAM 2006:

1. Review the status of the implementation of 2005 JAM recommendations and reassess the need to pursue those that remain uncompleted (*see annex II for main 2005 JAM recommendations*).
2. Review the prospects of Burundian and Congolese refugees to achieve durable solutions through voluntary repatriation, given the current political climate and developments in their countries of origin, establish realistic repatriation and new influx forecasts over the next 12 to 24 months.
3. Review the effectiveness and impact of “Go and See” and “Come and Tell” visits of Burundian and Congolese refugees in making informed decisions on voluntarily returning home.

4. Review the ongoing activities in support of Refugee Host Areas, address remaining challenges and consider a possible “exit strategy” for the humanitarian operation. For example, replicating the UN Joint Programme, currently being implemented and funded by the Human Security Trust Fund, the potential alternative uses for refugee camp infrastructure by the Tanzanian Government and the local population, reviewing and building Government capacities and formulating strategies for the gradual take over of Refugee Host Areas (RHAs) assistance by the Government..
5. Re-assess the recommendation to implement a “food voucher system” on a pilot basis to replace the direct distribution of food to refugee beneficiaries, given the evident constraints in the Tanzanian context and taking into consideration the findings of the desk review and field experience elsewhere with such systems.
6. Review current government policies and practices with regard to movement restrictions, access to markets and the provision of land for cultivation or opportunities for share-cropping and consider how they may impact on the general well-being of refugees and their prospects for self-reliance.
7. Gain an understanding of the level of refugee self-reliance and review the linkages between household coping mechanisms, the level of food security, provision of food assistance and its ration size, and nutritional status based on the findings of the nutrition survey and the EFSA/CSI survey.¹
8. Confirm the amount of cultivable land officially (if any) accorded to refugees, income generating activities and the sale of labour outside the camps, in order to determine the real level of access and contribution of refugee self-reliance projects, income generation activities and labour opportunities.²
9. Review the market transactions between refugees and host communities and between refugees themselves (cash and barter)³.
10. Review the technical feasibility of combining an in-depth nutrition survey and the household food security study aimed at establishing differences in nutrition status existing between camps in North-Western Tanzania.⁴
11. Review the rates of chronic malnutrition and analyse contributing factors. Make specific recommendation on possible ways to ensure reductions in these rates (if appropriate).
12. Review achievements and areas of concern regarding the registration of Burundian and Congolese refugees using the project profile technique and develop the strategy for improvement.
13. Review any logistic constraints and propose measures to increase capacity and efficiency, where possible.

¹ A comprehensive Household Food Security Study will not be conducted in 2006 but rather in early 2007. The study findings will thus not be available for the JAM 2006.

² Assessment will be complemented by the findings of the IGA study, and the IGA and Self-reliance desk reviews, which will be undertaken prior to the 2006, JAM. However, since most of the refugee activities outside the camps are illegal, there might be difficulties in confirming all the cultivable land, labour and income.

³ Review based on the findings of the market impact analysis on refugee livelihoods.

⁴ As per JNA recommendation following the results of the 2005 Nutrition survey results, which indicated existing differences from one camp to another.

2. BACKGROUND OF REFUGEE SITUATION

2.1 Overview of Refugee Movement and circumstances.

Refugees from Burundi have been arriving in the Kagera and Kigoma Regions of North-Western Tanzania in significant numbers in the past thirty years as a result of the ethnic and political turmoil in their country. An estimated 200,000 Burundians who arrived in 1972, continue to live in three settlements in Rukwa and parts of Tabora Region. This group no longer receives international humanitarian assistance. In addition to the 1972 Burundian refugees, in 1993, 156,983 Burundian refugees, who fled the civil war in Burundi that followed after the assassination of the first democratically elected Hutu president, Melchior Ndadaye, are living in seven refugee camps in Kigoma and Kagera regions.

The Congolese refugees arrived in late 1996 following the overthrow of late President Mobutu and the subsequent fighting, mainly in the east of the country. About 130,000 Congolese refugees are currently accommodated in three camps in the Kigoma region.

As of November 2006, the UN is assisting nearly 289,000 Burundians and Congolese refugees in 11 camps in North-Western Tanzania and over 10,000, Somalis, Rwandan refugees and vulnerable Tanzanians listed in Table 1. The refugee hosting districts are: Ngara in Kagera region, Kigoma, Kasulu and Kibondo Districts in Kigoma region. The regional administrative centre for Kagera is the town of Bukoba, while the regional administration for Kigoma is located in Kigoma town. Burundian refugees are hosted in Lukole A (Ngara District); Kanembwa, Mtendeli and Nduta Camps in Kibondo District; and Mtabila I & II and Muyovosi Camps in the Kasulu District. Congolese refugees reside in Lugufu I & II Camps in the Kigoma District and Nyarugusu Camp in the Kasulu District. Mkugwa Camp in Kibondo District accommodates refugees of various nationalities with protection concerns.

2.2 Operational Environment

The Tanzanian Government's emphasis on temporary asylum in addition to restrictions on refugee movements has reduced significantly the chances of self-reliance among refugees.

2.3 Demographic Profile

The following tables (please refer to the next page) show the UNHCR figure for the Refugee population by Nationality and the figure for the refugee population in each camp as of 30 November 2006.

Table 01:

	KIGOMA	Kagera	TANGA	Total
BURUNDIANS	116,298	40,685	0	156,983
CONGOLESE	129,437	0	0	129,437
MIXED	2,423	0	0	2,423
SOMALIS	0	0	2,083	2,083
RWANDESE	194	0	0	194
TOTAL	248,352	40,685	2,083	291,120

Source: UNHCR

Table 02: Beneficiary Population as of 30th November 2006

Camps	Nationality	Total Population end of the November 2006
KIGOMA REGION		
Nyarugusu	Congolese	53,617
Lugufu I	Congolese	51,915
Lugufu ii	Congolese	23,905
Muyovosi	Burundian	20,321
Mtabila i	Burundian	16,246
Mtabila ii	Burundian	29,452
Mtendeli	Burundian	19,013
Kanembwa	Burundian	12,862
Nduta	Burundian	18,404
Mkugwa	Mixed	2,423
Mkugwa	Rwandan	194
Sub-Total		248,352
KAGERA REGION		
Lukole A	Burundian	40,676
Lukole B	Burundian	0
Mwisa	Rwandan	0
Mwisa	Congolese	0
Mwisa	Burundian	9
Sub-Total		40,685
TANGA REGION		
Chogo Settlement	Somali	2,083
Sub-Total		2,083
Total		291,120

Source: UNHCR

2.4 Current Situation

Burundian Refugees: as of 30 November 2006, the UN is assisting 156,983 Burundi refugees living in seven camps in the Kigoma and Kagera regions. UNHCR Tanzania has assisted over 252,600 Burundian refugees to voluntarily return home since March 2002. Over 39,500 Burundian refugees returned during the period January – November 2006. Following the launch of the promoted repatriation in June 2006 and the signing of the cease-fire agreement in September with the last remaining armed faction (PALIPEHUTU-FNL), the pace of the repatriation for Burundian refugees has progressively increased.

Although many Burundian refugees have increased confidence in the political situation back home, others remain sceptical of immediate return and expressed fear of revenge and other unknown reasons. Assurances for safe return have been echoed during high level visits to refugee camps by Tanzanian Parliamentarians and Ministers. Burundians administration officials have also paid several “Come and Talk” visits intended to convince refugees that conditions back home are now favourable for their return. Since 20 June 2006 UNHCR has been promoting the return of Burundian refugees.

Democratic Republic of Congo: As of 30 November 2006, the UN is assisting 129,437 Congolese refugees living in three camps in the Kigoma region. Since the commencement of the voluntary repatriation to the DRC in October 2005, a total of 22,512 refugees returned home voluntarily. In 2006, 15,774 refugees returned between January and November.

The 2006 mission found that the desire of the Congolese refugees to return home is high after the October 2006 Presidential elections. Refugees also acknowledged that their villages of return are relatively peaceful; however, they expressed the lack of basic services (schools, health care facilities, infrastructure and food) in their devastated villages and requested provision of better services back home to enable a dignified return.

3. FRAMEWORK FOR 2006 JAM

3.1 Implementation status of the 2005 JAM recommendations

One of the aims of the 2006 JAM is to review and verify the status of implementation of the main recommendations of the 2005 JAM. The mission was pleased to note that the following 2005 recommendations were implemented:

- Steps were taken to improve conditions in all locations receiving new arrivals (water, shelter and food/cooking conditions) e.g. new sleeping shelter constructed at Kibirizi reception centre, water and sanitation facilities in all three centres (Kibirizi one/two and NMC) receive regular attention;
- The new software for finger printing was installed and now being used efficiently in all locations of NW Tanzania;
- Increased ‘Go and See visits to Burundi and the DRC’ were conducted;
- Regular meetings of the Ad-hoc committee were conducted and interview rooms were constructed in Kibirizi and Kibondo to accelerate the process of Refugee Status Determination (RSD);
- IP medical staff have been trained and drugs were in place to start the implementation of the New Malaria Protocol treatment in the camps starting January 2006;
- Due to unstable food pipeline situation the refugees did not receive the recommended 2,100 kcal;
- An in-depth emergency Food Security and Coping Strategy Household study was conducted to assess food security and market access issue;
- UNHCR Field Assistants and WFP Programme Assistants were allocated to each food distribution point for improved food monitoring;
- MOU on the inclusion of refugees in the national ART programme was signed by UNHCR with MOH;
- Detailed cost analysis of the entire refugee operation was prepared at sector level and circulated among stakeholders;
- Additional resources have been obtained for provision of firewood in the Ngara, Kibondo and Kasulu camps;
- Firewood is being provided to the vulnerable in these camps;
- Staff were trained on Psychosocial counselling and trauma healing to support the SGBV victims;
- A pontoon-based floating stage at Kigoma port was constructed by UNHCR in mid November to ease access to vessels during periods of low water levels;
- “Food voucher system” and “Food-for-Work” (FFW) were not implemented for practical reasons. However, a market study was completed. The 2005 JAM recommended an assessment in the refugee camps and Refugee Hosting Areas (RHA) in North-Western Tanzania in order to ascertain the value of the common markets in stabilizing the food security and livelihoods for both Tanzanian in the RHA and the refugees, as well as generating further understanding of the dynamics of the common markets and interactions between refugees and hosting communities for mutual trade opportunities and economic benefits.

3.2 The Executive Summary of Emergency Food Security and Coping Strategy Household Study, 2006.

The Tanzania Emergency Food Security Assessment (EFSA) was combined with the questionnaire of the Coping Strategy Index to save resources and time. The EFSA in the refugee camps sought to characterize the household's level of food security within the two types of camps (Burundians and Congolese). The sample for this study was all the households within the camps with separate strata for each type of camp population. Using the UNHCR refugee registration lists, the households were randomly selected in single stage selection procedure. The survey estimated that by interviewing 200 households per strata would provide a representative snapshot of their current food security situation at a 95 percent confidence interval with a standard error of 5 percent.

The results from the EFSA/CSI study of 16-24 October suggest that the current food security in the refugee camps is "fair to good". However, 70 percent of the sample is dependent on food aid. The remainder 30 percent of the sample surveyed, the food aid basket is supplemented with non-relief food mainly from other sources such as agricultural production, wages, trading and the sale of food aid. In total these activities make up 50 percent of the food consumed in the household's food basket.

The survey listed many important factors related to food security of refugees. It is found that refugees interact with neighbouring villages to get locally preferred food, purchase other goods from local markets and exchange relief items for local produce. Exchange of labour for wage/cash or plot of land is common between refugees and host communities. Refugees plant cassava, potatoes and beans in land provided to them by the host community outside the 4 km zone. The refugees confirmed that after harvesting they share the crops with the host populations.

The refugee policy restricting refugees within a 4 km zone in and around the camp radius continues to limit their ability to undertake more tangible self-reliance activities. Local authorities discourage IPs in the refugee camps from extending support through income generating activities claiming it would be perceived as discouraging refugees to repatriate. Refugees have very limited access to credit schemes. Household's social network remains the only source of credit for those who have access to such means. The EFSA however, acknowledged that credit through social network to buy food would not be significant in the event of major shock within the refugee community.

Over 70 percent of the sampled population has a borderline consumption pattern. Hence, a reduction in the ration without feasible and practical programming alternatives such as cash would cause household consumption to drop below the borderline profile or force households to adopt erosive coping strategies to adapt to the decreased ration.

Access to markets remains an important aspect of refugee food security. The 2006 EFSA/CSI study has confirmed that refugees with access to markets including labour market are less food insecure than those who lack the access. Movement restrictions and market closures in some refugee camps negatively affected food security of refugees in North-Western Tanzania.

Table 03: Percentage of HHs Using Consumption Coping Strategies by Severity; Comparisons between 2004, 2005 and 2006

Consumption Coping Strategies Used to Derive the CSI	Percentage of Households Using this Strategy		
	2004	2005	2006
Sell high value, preferred foods to purchase larger quantity of less expensive foods	37	26.6	59.0
Limit portion size at mealtimes	81.3	82.9	46.5
Exchange your labour for food (work for food)	44.6	30.7	6.0
Purchase food on credit	52.1	61.6	9.3
Reduce number of meals eaten in a day	81	78.8	77.4
Borrow food or money (which you have to repay) from neighbours, friends, or relatives	75.6	82.8	56.0
Restrict consumption of adults in order for small children to eat	70.4	54.8	80.4
Send household members to beg	23.5	11.3	19.1
Sell household assets or the NFI's the household owns	30.9	17.6	28.9
Send household members to eat elsewhere	19.7	7.6	29.4
Engage in prostitution or theft of food (illegal activities)	7.6	0.2	17.1
Skip entire days without eating	43.8	11.7	0.3
Have some members of the household migrate elsewhere or repatriate	11.6	0.2	2.3

Source: WFP EFSA/CSI Survey, October 2006.

3.3 Joint Nutrition Survey, 2006 (UNICEF, UNHCR, WFP, NPA, IRC and TRCS).

The Joint Nutrition Survey in refugee camps was carried out between 14 September and 05 October 2006. Anthropometrical measurements were made on a total of 2,989 children under the age of five. The main objective of the survey was to assess the severity of malnutrition amongst the refugee population by quantifying acute malnutrition. The specific objectives include: 1) to estimate the prevalence of wasting and oedema in children aged 6-59 months in the refugee camps, 2) to estimate the magnitude of malnutrition as a problem with an estimate population size, by calculating the absolute number of malnourished cases for programming purposes, and 3) to estimate the measles immunization coverage amongst under five-children in the refugee camps.

The survey results indicates a slight increase in the prevalence of global acute malnutrition in the camps from 2.8 percent in the 2005 survey to 3.1 percent (95% CI 2.5-3.7) in surveyed camps, which is within the acceptable levels of WHO standards. The increase is not statistically significant, and it can be concluded that the prevalence of acute malnutrition in 2006 remained at the same level as in 2005 despite reduced food rations experienced during the period. Underweight (19.7%) and stunting (33.9%) also remained stable, with approximately 2-percentage points decrease compared to 2005 (22.0% and 36.0% respectively).

The anthropometrics indices of weight-for-height (wasting) and height-for-age (stunting) were mainly used in the 2006 Nutritional Survey. Most malnutrition cases were moderate and severe cases were rare. Only two oedema cases were referred to the therapeutic feeding programme reported as severe cases. Malnutrition was more prevalent amongst children 6-24 months and then stabilized to the subsequent age groups (at the age of 12-23.9 months about 43 percent, 7 points less than that of 2005 findings). 27 percent (2 points less than that of 2005) had been stunted and underweight respectively, reflecting a numerical decrease in the over all prevalence in those indices. Wasting was more common in children aged 12-24 months.

The report concludes that the prevalence of underweight in the camps is described as medium and stunting is classified as high. Trends in prevalence of malnutrition in the refugee camps between 2004 and 2006 results on prevalence of global acute malnutrition, under weight and stunting in the last three years depicts a decreasing trend despite the periodic ration cuts.

The nutritional report suggests that better health and nutritional services, coverage in the camps, and coping strategies might have contributed positively to the stability in the nutrition levels and refugee welfare within the camps. The 2006 CSI findings revealed that 99.7% of the households were using several coping strategies to supplement their food and income sources. However, the CSI score had decreased by 2.5 points from 37.5% in 2005 to 35.0% in the 2006 report, which may have contributed to the relative stabilization of the global acute malnutrition. Refugees have another advantage of living close to better health and water services in the camps, which contributed to a better well being of refugees and treatment against different forms of under-five morbidities. This weakens the effects of disease and inadequate dietary intake on malnutrition amongst the under-five in the camps. Therefore, despite high morbidity rate of malaria and ARI amongst under 5 children, the prevalence of Global Acute Malnutrition remains stable. The survey also noted that the factors associated with malnutrition in the camps are similar to that in the host communities.

The survey also registered an impressive vaccination coverage in 2006 (95 percent of children of 9 months and above in the period (2002 – 2005) were vaccinated, slightly lower compared with that of 2005).

4. ASSESSMENT OF CURRENT SITUATION: FINDINGS & RECOMMENDATIONS

4.1 PROTECTION, REFUGEE NUMBERS AND REPATRIATION

4.1.1 Protection

The restricted movement of refugees within a four-kilometre radius still remains in force although not fully implemented. Many refugees venture out to trade in local towns and work in nearby villages, or to gather firewood beyond the 4 km zone and risk being questioned by the local authorities and prosecuted if caught beyond the authorized zone. This has enabled refugees to increase their means of livelihoods in collaboration with surrounding villages thereby contributing to improvement in their well being despite ration cuts. The 2006 JAM observed that refugees have access to nearby villages and to local markets.

The mission observed that JAM 2005 Recommendations regarding new arrivals in way stations are still valid. Both Refugee status determination by Ad-hoc committees and decisions by the Minister of Home Affairs continue to be slow. In Ngara for example, the Ad-hoc committee meets on an irregular basis and meetings have not been held since June 2006, hence more than 200 individuals have not been interviewed. The Status Determination Procedures (implemented since March 2005) have left many would-be asylum-seekers in a difficult situation.

Recommendation:

- *Assistance provided in way stations to be limited to life-serving activities.*
- *Ad-hoc committees to clear the backlog of pending asylum-seekers in North-Western Tanzania and to process future cases in timely manner.*
- *MHA to expedite decision making at Dar-es-Salaam level.*

4.1.2 Sexual and Gender-Based Violence (SGBV)

Overall there has been a decrease in the SGBV cases. A total of 1,680 reported in 2006 compared to 1,973 in 2005 and 2,198 cases in 2004. The main source of domestic violence is voluntary repatriation decisions i.e. polygamy.

Recommendation:

- *Continue current activities with emphasis on child protection.*

4.1.3 Registration

JAM 2005 recommendations to re-instate finger printing in proGres have been met and on going in all camps. Although the exercise is still on going, improvements have been noted of receiving more accurate data. Project profiling is currently implemented in Burundi and DRC. Information exchange mainly about returnees is ongoing between UNHCR in Tanzania, Burundi and the DRC. Record transfer after repatriation is a pending decision by

the Division of International Protection of UNHCR. Discrepancies exist between MHA and UNHCR data relating to refugee figures.

Recommendation:

- *Implementation of fingerprinting in all camps should be accelerated. Review the needs of additional equipment and staffing to accelerate finger printing in all camps. Establish the cause of discrepancies and address them.*
- *Information dissemination on Project Profile and its uses to UNHCR staff and all partners and government counterparts should be conducted.*

4.1.4 Child Protection

The mission noted increasing child protection concerns due to ongoing repatriation and issues related to polygamy, foster families, and parents from different origins. There was a particular note of increased number of abandoned children. The increasing number of protection concerns was partly associated with lack of human resources addressing Child Protection issues.

Recommendation:

- *Increase cross-border coordination for both Burundi and the DRC.*
- *Increased dissemination of information on repatriation on Child Protection (CP) to governments, UN agencies, Implementing Partners (IPs), Operational Partners (OPs) and refugees.*
- *Increase IP staff working on child protection issues through prioritizing CP activities.*
- *Technical assistance provided to IPs. UNICEF to increase CP staff from the current one to two.*

4.1.5 Repatriation

UNHCR currently facilitates voluntary repatriation to the DRC while the repatriation to Burundi is in the promotional phase. In general the mission found that dependency syndrome among refugees seemed to be one of the reasons for the setbacks. Refugee leaders at times do not necessarily represent interest of all refugees. The mission found that refugees are well informed about the conditions in their home countries and had developed a fear of forced return. Furthermore, there is uncertainty among partners regarding camp consolidation in 2007.

Recommendation:

- *Go and See Visits to Burundi and DRC should be increased. There is a need to improve selection of participants by involving MHA, camp management and other IPs, focusing on decreasing involvement of refugee leaders in selection of participants.*
- *Come and Tell Visits to the camps should also be increased and additional thematic come and tell visits established.*
- *UN Agencies and Partners should increase thematic cross border meetings.*
- *The level of assistance provided in the countries of return particularly 'returnee package should be reviewed.*

a. Burundian Refugees' repatriation

The mission generally felt that Burundian refugees repatriation was not up to the expected pace. The nature of voluntary repatriation is not well understood among the refugee communities and UNHCR/MHA Strategy on promotion of repatriation is not fully understood among partners, some donors and refugees. The nature of "voluntariness" is not well understood among refugees and unrealistic expectations regarding their indefinite stay in the host country and consistent assistance in camps exist among them.

Recommendations

- *UNHCR/MHA's strategy on the promotion of return should be articulated in writing and disseminated among Partners, Donors and Refugees and implemented as follows:*
- *Review all sectors of assistance to establish essential and non-essential services and decrease non-essential services.*
- *Essential services in refugee camps to be maintained. Other assistance to be significantly reduced.*
- *Care and Maintenance construction activities in the camps limited to emergencies.*
- *Distribution of NFIs to be limited to soap and sanitary materials.*
- *Current primary school curriculum accelerated to be completed by 31 May (to be agreed with Burundi).*
- *No outside support to secondary schools.*
- *Partners encouraged to open offices and focus bilateral assistance in the areas of return in Burundi.*
- *Review of Income Generation Activities (IGAs) and re-orienting skills training in the camps towards skills relevant to Burundi e.g. agricultural skills, and re-direct to the extent possible to Burundi.*
- *Information campaign/training on agricultural practices in Burundi should be conducted in all camps.*

b. Congolese Refugees' repatriation

The desire to return home seems to be high amongst Congolese refugees.

Recommendation:

- *Review the repatriation contingency plan for the DRC in case of abrupt large scale repatriation.*
- *Maintain the current level of assistance (food, non-food, services) in Congolese camps.*

4.1.6 Resettlement

The mission observed unrealistic expectations on resettlement opportunities. The on-going large-scale group resettlement of 1972 Burundian population constitutes a pull factor against the repatriation to Burundi.

Recommendations:

- *There is a need for a clear information dissemination campaign to the refugees by UNHCR/MHA on prospects for resettlement and eligibility. Particularly conduct an information campaign in all Burundian camps focusing on the prospects for resettlement in general, in particular on the closure of group resettlement list.*
- *Continue profiling of potential resettlement cases using ProGress data.*

4.1.7 Legal and Physical Security

The mission was informed of increased security incidents in the Kibondo and Ngara Districts, both inside and outside the camps. Recently the number of police has decreased due to the decrease in the camp population.

Recommendations:

- *UNHCR maintains the flexibility to adjust security package according to the rising security needs in the camps. UNHCR to assist mobility of police and Sungusungu. Bicycles should be returned by repatriating Sungusungu and redistributed*

4.2 HEALTH, NUTRITION, HIV/AIDS AND CSI

4.2.1 Health, Nutrition, HIV/AIDS and CSI and Self-Reliance

Given the current low prevalence rate of global acute malnutrition, the JAM questioned whether there is a need to conduct nutrition assessment annually. It was suggested that, if there is an indication that nutrition status may have deteriorated, nutrition assessment should be conducted annually and to use the opportunity to collect more information by incorporating other themes depending on the situation.

Recommendations:

- *Nutrition survey to be conducted every two years instead of the current annual assessment. Should there be any reason to suspect increased malnutrition among refugees, assessment to be conducted annually but in a way that enables collection of other information (combined with the WFP Food Security Assessment exercises).*
- *Introduce Community-Based Therapeutic Care (CTC) in the camps as recommended by 2004/2005 JAM.*

4.2.2 Selective Feeding Programmes

As recommended in JAM 2004 & 2005, lactating mothers should be enrolled to SFP up to 6 months post delivery depending on availability of food resources. In addition to general food distribution pregnant and lactating mothers are enrolled in SFPs. Supplementary and therapeutic programmes are available for children under five years with nutritional needs, chronically ill, and those who meet other admission criteria.

Recommendations:

- *Within available resources, WFP should prioritize food to nutritionally vulnerable groups*
- *WFP should also look for additional resources to cover food supplements/micronutrient requirements. The SFP protocol should be reviewed to incorporate changes. Health and medical NGOs to be informed regularly on pipeline breaks in order to avoid disruptions on vital nutritional programmes*

4.2.3 Health Services in the Refugee Hosting Areas

The 2006 JAM mission noted poor conditions of some local health facilities in refugee hosting areas centres (lack of basic infrastructure like beds, qualified paramedics and, medicines). This situation needs due attention from the local authorities as some camp health facilities on which part of the population relies will be soon closed in line with the camps consolidation strategy, and the need for a health services exit strategy as camps consolidate. Currently, a significant proportion of the host community relies on the services provided in the camps.

A significant number of Tanzanian host population surrounding the refugee camps benefit from health/nutrition and other services intended for the refugee population. Between 45 – 50 percent of severely malnourished children admitted in the camp TFP (Kibondo and Ngara) are from the surrounding villages. The ratio of Tanzania malnourished children to refugee malnourished children admitted to TFP programme for example is reportedly high in all camps. In Kibondo, the average for the 10 months of 2006 was around 50 percent of the admissions. In Ngara the ratio ranges between 31 and 46 percent. Lower ratios apply for the SFP in almost all locations. It is also reported by UNHCR and health sector implementing partners that more than 15 percent of their services cover clients from surrounding villages.

Considering that the budget of the health sector-implementing partners is based on the number of refugees, the reduction in the number of refugees due to ongoing repatriation will increase the ratio of nationals covered by the health services in the camps. UNHCR/donors budget allocations for health services should be adjusted accordingly in order to maintain the current quality of services to refugees.

Recommendations:

- *Establish exist strategy for health services to host community in collaboration with UN Agencies and District Executive Directors (DED). Involve WHO and UNDP in this process. Initiate and develop proposals for the development partners for resource mobilisation, with possible involvement of the UN NW Tanzania Task Force.*

4.2.4 Malaria

Malaria, ARI and diarrhoea are still the main causes of under-five morbidity according to the 2006 nutritional survey and the health information system reports. Although refugees received insecticide treated nets (ITN), more sensitization will be needed to ensure these valuable items are used by the beneficiaries instead of being sold. Currently the presence of ITNs in most of the camp markets indicates that rather than using the ITNs themselves, the refugee sell them for monetary gains.

The mission emphasized on the need for UNHCR and partners to revise the current malaria control strategy by implementing the new malaria treatment guidelines and protocol in all camps (Dec. 2006 - Jan.2007).

Recommendations:

- *UNHCR should avail the new malaria treatment guidelines and protocol at all health facilities in the camps, and ensure the effective implementation, support. Continue training of health service providers accordingly and consider community mobilization and sensitisation on new malaria treatment protocol.*

4.2.5 HIV/AIDS

The HIV/AIDS home based care programme in Ngara like COBET schools are good examples of support to the RHA. The 2006 mission expressed the need to continue support to the community based income generating activities in RHA in order to sustain reliable source of food and income for Home Based Care beneficiaries once the current food assistance is stopped after the repatriation of the refugees. The current food assistance has encouraged the beneficiary participants of the home based care programme to be open and many have undergone testing and confirmed their status of being PLWHA. However, they expressed that without the current WFP support, it would be very difficult to look after them and their families as majority of them are women and children.

Inclusion of the eligible refugees in the National ART Programme: as recommended in the 2005 JAM and the need for anti retroviral treatment (ART) for eligible People Living with HIV/AIDS (PLWHA) in the camps was expressed. The Tanzanian government launched national ARV programme that does not include refugees. Thus 2006 JAM mission requested to renew the appeal for refugee inclusion on condition that their home governments should do the same to ensure such service will continue once refugees repatriate.

Recommendations:

- *To sustain support to PLWHAs, HIV/AIDS affected people. WFP should identify funding and partners for continuation of IGA activities in favour of home-based care project participants (PLWHA) beneficiaries in the camps and RHA.*
- *UNHCR in collaboration with the Ministry of Health and Social Welfare of the GoT and WHO should expedite the inclusion of eligible refugees into the National ART program.*

4.2.6 Food Supply

The Emergency Food Security and Coping Strategy Household Study concluded that although current food security in refugee camps is “fair to good”, future cuts could lead to a deterioration of food security of refugees. In November 2006 refugees received 80 percent of approved ration with an average of 1,569 Kcal or 75 percent between January and November 2006. The food supply situation remains fragile as large proportions of households sell part of their rations to buy non-food basics such as clothing and firewood. Furthermore, restriction on movements limits their ability to produce adequate food for the household. The closure of common markets also impacts negatively on food supply for refugees.

Currently WFP supplies cereals, pulses, vegetable oil, CSB and iodised salt to the refugees on the rations based on availability and funding situations. The rations supplied varied from time to time. It was noted that almost every month WFP was forced due to pipeline difficulties to reduce the rations of certain commodities and informing the GoT, UNHCR and refugees in writing on changes to the rations. As this situation will persist for some time, WFP has advised donors, the GoT and UNHCR that it will be obliged to review the ration recommended by the 2006 JAM from 2,100 Kcal to 1,800 Kcal depending on donors’ response to its new PRRO starting in January 2007.

The results of the planned Household Food Economy Analysis survey will be critical on decisions on ration review. The ration reduction did not affect the selective feeding programmes and the nutritional needs of extremely vulnerable refugees throughout the preceding period.

Recommendations:

- *The food ration provided in the general food distribution should provide the minimum 2,100 Kcal as recommended by WHO and JAM 2004/2005 pending review to follow after the results of the planned Household Food Economy Analysis recommended in 2006 JAM and now rescheduled first quarter of 2007. A decision on food ration will be reached by June 2007*

4.3 FOOD SECURITY AND SELF-RELIANCE

4.3.1 Food Access and Use

Lack of formal access to land and common markets have continued to result in refugees' inability to complement their food needs through self-reliance projects or activities. These limitations have led to continuous appeal for full ration of 2,100 Kcal for all refugees living in camps. The 2006 JAM has found that refugees have now adopted some coping strategies although most of these activities occur illegally.

All refugees wishing to return indicated that three-month ration is insufficient for their reintegration needs back in their areas of origin.

An exit strategy such as absorption into country programme activities, e.g. HIV/AIDS, COBET schools; etc should be identified for maintaining the support to the RHAs. Furthermore, resources should be mobilized and a resource base for a successful exit strategy be identified and extended.

In view of reduced assistance in camps in 2007, refugees will be forced to sell more food rations to meet NFI needs. This will be at the expense of their nutritional needs and therefore, intensive food monitoring is recommended.

Despite movement restrictions, refugees appear willing to "take the risk" by working on Tanzanian farms and engaging in petty trading in order to complement their unmet needs (food and non food). Refugees indicated they have ad-hoc access to cultivable land in collaboration with host communities, daily employment, and petty trading (activities not easily measured due to lack of monitoring mechanisms). This has enabled the refugees to maintain a stable nutritional status as reported in the 2006 nutritional survey report.

Recommendations:

- *The mission recommends efforts to draw donors' attention through regular reports and coordination meetings to the low food ration. The Donors are encouraged to make early contributions to the WFP PRRO for the timely arrival of food Aid.*
- *Efforts should be made towards maintaining a complete food basket*
- *Food delivery should be complemented with reliable Logistics for timely and sustainable food aid delivery*
- *WFP Tanzania, Burundi and the DRC should review the food package to the returnees. This should take into account the harmonization of the food package for the returnees with that of Internally Displaced Persons (IDP) to avoid any community conflict*
- *The mission recommends maintaining the ration at 2,100 kcal, subject to the Household Food Economy Analysis (HFEA) planned for early 2007. Stable pipeline management with realistic food rations is critical. However, WFP will provide and amend rations based on food stocks available and depending on timely donor' response*

4.3.2 Common Markets

WFP hired a Market Study Consultant in October 2006. The recommendations of the report included consideration and views of some local authorities met during the Consultant's mission and recommended the establishment of tripartite committee (GoT, UNHCR and WFP) to reactivate common markets. Despite official closure of common markets in and around refugee camps in North-Western Tanzania, the JAM members visited several informal and functioning common markets in addition to internal functioning markets inside the camps in Lugufu, Kasulu, Kibondo and Ngara providing refugees access to food and non-food supplies. Some village leaders in Ngara confirmed that refugees do access food in their communities. In Ngara a big market complex built with funding from UNHCR and other cooperating partners, was ready for use at the time of the 2006 JAM visit. The local authorities indicated to the JAM members their willingness to have it officially opened to both refugees and Tanzanians as soon as possible.

Recommendations:

- *Follow up with Ngara District Commissioner on opening of the Common Market*

4.3.3 Food and Self-reliance Strategy

New income-generating activities should be designed in such a way that they allow easy integration in countries of origin e.g. improved knowledge and skills in agriculture. Maximize use of the limited land in the camp in order to have more crops yield.

Recommendations:

- *Provide technical support on improved crop and seed management.*

4.3.4 Food Aid Targeting & Distribution

Cash for work is proposed instead of FFW. However, in the absence of any donors to fund cash for work recommendation, JAM 2006 recommended this strategy be dropped in North-Western Tanzania as local population is food secure and there is no justification for FFW. Review WFP monitoring capacity to implement PRRO activities in North-Western Tanzania subject to the availability of funding. WFP currently has reduced monitoring staff in the PRRO both for national and international. The food voucher piloting requires more technical analysis from persons with practical experience in the system. WFP policy and guidance on the voucher system is required for ease of implementation in future projects. While noting the conclusion of the desk review, it is recommended that the system should be considered on pilot case at a later date when the refugee caseload decreases and food requirements are within manageable levels.

Recommendations:

- *The proposed implementation of the Food Voucher and FFW recommendations to be dropped in 2006 JAM recommendations for reasons of impracticality in North-Western Tanzania Operation. Cash-for-work could be studied by interested parties as suggested in the EFSA/CSI report. The JAM report narrative to acknowledge importance of the proposed voucher system. However, WFP clear policy guidelines to be made available to programme staff.*

4.4.1 Capacity and Resources

FOOD: Based on current repatriation trend: a maximum of 15,000 people per month that will require 900MT of food. WFP does not foresee a bottleneck in the availability of 900MT extra in Burundi.

NFIs: Based on forecasted repatriation trends per Field/Sub Office. Ngara and Kibondo should not have problem on transport capacity with current transportation means. Kigoma and Kasulu need to supplement current transport fleet during peak periods by hiring private transporters (See table attached). A sensibility analysis needs to be undertaken based on actual repatriation trends, and fleet size per location.

Every available fleet size should be reviewed to determine if there is a need to reallocate more trucks from Ngara-Kibondo to Kasulu-Kigoma

UNHCR: There is an on-going review of truck fleet allocation in the whole Great Lakes Region. Private hiring is built into the regional logistics strategy.

Recommendation:

- *Review trucking capacity in North-Western Tanzania for both internal and cross border operations. WFP should consider further increase of local food purchases in Tanzania to avoid transport problems and control costs. The preferred modality of donor contribution to facilitate this is to provide cash donation.*

4.4.2 Kigoma Port

UNHCR have already installed a landing stage for the ships. The repatriation of over 130,000 Congolese refugees will depend on Lake Transport. UNHCR has installed a pontoon-based floating stage to ease access to vessels during periods of low water levels.

Large quantities of food commodities destined for Burundi and the DRC continue to transit through the Kigoma port.

Recommendation:

- *Analyse actions to be taken by the UN community to ensure that the Kigoma port can cope with food and repatriation requirements.*

4.4.3 Alternatives to Tanzania Railway Corporation (TRC) Problems

WFP is no longer transporting food by railway to Ngara and Kibondo Extended Delivery Points (EDPs). All food from Isaka is transported by road.

WFP has made direct contacts for the transportation of food ex Dar or Isaka to Kasulu and Kigoma EDPs. This has additional cost implications that have been absorbed by WFP.

WFP has been assessing the option of leasing locomotives to supplement TRC's capacity, however in view of uncertainty of TRC concession, no concrete agreement has been made.

Recommendation:

- *Measures to be taken by WFP to overcome insufficient transport capacity of TRC.*

4.4.4 Capacity of Storage

The mission was satisfied with the current storage capacity and conditions for both food and NFIs. The existing storage facilities (Wiikhalls, containers etc) can be used in similar projects as the refugee operation in North-Western Tanzania phases/closes down.

Recommendation:

- *Following repatriation and after the closure of EDPs, the rubhalls and wikhalls can be used to increase the storage capacity in other locations and/or be kept as strategic reserves in the Isaka and Ngara warehouses.*

4.4.5 Use of Empties

Currently the empties are being given to Caritas for tender and proceeds to support income generating and food security activities. However, a request was made during the JAM 2006 for the distribution of empty bags and tins to the refugees.

Recommendation:

- *To monetise the WFP empty containers as agreed.*

4.4.6 EDPs and Road Maintenance

In 2006, 17 km of the Lugufu roads were repaired to serve the EDP. In addition, rehabilitation work on Mtabila EDP was completed, and for Nyaragusu work is ongoing. After the closure of Lukole B, wikhalls were moved to Lukole A.

UNHCR: Road assessment and repair of all routes critical to UNHCR operations is on going in collaboration with GoT roads authority. Repairs to ensure food movements can be carried out with UNHCR equipment using WFP fuel.

Recommendation:

- *Determine which roads need to be repaired, providing a detailed cost analysis and deadlines.*

JAM RECOMMENDATIONS 2006: ANNEX I

Team A Group 1.

	Recommendations JAM 2006	Priority	Action Required	Responsibility	Status	Action Taken
1	Protection, Refugee Numbers and Demography					
1.a	Protection					
	<ul style="list-style-type: none"> - JAM 2005 Recommendation is still valid. Both Refugee status determination by Ad-hoc committees and decision by Minister of Home Affairs process is extremely slow. - Ad-hoc committees meet on irregular basis and has not been held since June – more than 200 have not being interviewed (Ngara). 	<p style="text-align: center;">M</p> <p style="text-align: center;">M</p>	<ul style="list-style-type: none"> ▪ Assistance provided in way stations to be limited to life-sustaining activities. ▪ Ad-hoc committees to clear the backlog of pending asylum-seekers in North-western Tanzania and to process future cases in timely manner. ▪ MHA to expedite decision making at Dar-es-Salaam level. 	<p style="text-align: center;">UNHCR</p> <p style="text-align: center;">GoT</p> <p style="text-align: center;">GoT</p>		
1.b	SGBV					
	<ul style="list-style-type: none"> - Overall decrease in the reported SGBV cases (Current year: 828 Vs Last year: 1,086). The main source of domestic violence is voluntary repatriation decisions i.e. polygamy. 	M	<ul style="list-style-type: none"> ▪ Continue current activities with emphasis on child protection. 	UNHCR with increased involvement of UNICEF		
1.c	Registration					
	<ul style="list-style-type: none"> - JAM 2005 Recommendations to re-instate finger printing in ProGress has been met. Finger-printing in all camps is on-going. Improvements noted in receiving more accurate data, although the exercise is still on-going. - Project profile is currently implemented in Burundi and DRC. Information exchange between UNHCR in Tanzania, Burundi and DRC is on-going. Record transfer after repatriation is a pending decision by the Division of International Protection of UNHCR. - Discrepancies exist between MHA and UNHCR data 	M	<ul style="list-style-type: none"> ▪ Implementation of finger-printing in all camps should be accelerated. Review the needs of additional equipment and staffing to accelerate finger printing in all camps. 	UNHCR		

JAM RECOMMENDATIONS 2006: ANNEX I

	relating to refugee figures.		<ul style="list-style-type: none"> ▪ Establish the cause of discrepancies and address them. ▪ Information dissemination on Project Profile and its uses to UNHCR staff and all partners should be conducted. 	MHA/ UNHCR		
1.d	Child Protection					
	<ul style="list-style-type: none"> - Increasing Child Protection (CP) concerns due to repatriation and related to polygamy, foster families, and parents from different origins. Increased number of children abandoned. - Lack of human resources addressing CP issues. 	H	<ul style="list-style-type: none"> ▪ Increase cross-border coordination increased – for both Burundi and the DRC. Increased dissemination of information on repatriation on Child Protection (CP) to governments, UN agencies, Implementing Partners (IPs), Operational Partners (Ops) and refugees. ▪ Increase IP staff working on child protection issues through prioritising CP activities. ▪ Technical assistance provided to IPs. UNICEF to increase CP staff from the current one to two. 	UNHCR with UNICEF UNHCR with UNICEF		
1.e	Repatriation					
	<p>- Burundian and DRC refugees are in different phases of repatriation. The Burundian operation is in the stage of promoted repatriation while the DRC operation is still in the facilitation stage.</p> <p>General Findings</p> <ul style="list-style-type: none"> - Dependency syndrome among refugees. - Refugees are well informed about the conditions in their home countries. - Refugee leaders at times do not necessarily represent interest of all refugees. 	M	<p>General</p> <ul style="list-style-type: none"> ▪ Go and See Visits - improved selection of participants by involving MHA, IPs' camp managers and decreasing the involvement of refugee leaders in selection. 			

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	<p>DRC</p> <ul style="list-style-type: none"> - Desire of Congolese refugees to repatriate seems to be high. If conditions for return exist, they will return. <p>Burundi</p> <ul style="list-style-type: none"> - Fear among Burundian refugees that forced repatriation will take place or repatriation deadline will be set. - The nature of “voluntariness” is not well understood among refugees and unrealistic expectations regarding thier indefinite stay in the host country and consistent assistance in camps exist among them. - UNHCR/MHA’s Strategy on promotion of repatriation is not well understood among partners, some donors and refugees. - Refugees engaged in substantial economic activities are not motivated to return. - In some camps refugee leaders are reluctant to return. 	<p>M</p> <p>M</p> <p>M</p> <p>M</p> <p>H</p> <p>H</p>	<ul style="list-style-type: none"> ▪ Come and Tell Visits – establish additional thematic come and tell i.e. Land Commission, education, and health; and allow returnees to speak to refugees separately from government authorities. ▪ UN Agencies and Partners to increase thematic cross border meetings, including programme. ▪ Level of assistance provided in the countries of return, especially returnee package, to be reviewed. <p>DRC</p> <ul style="list-style-type: none"> ▪ Review the repatriation contingency plan for DRC in case of abrupt large scale repatriation. ▪ Maintain the current level of assistance (food, non-food, services) in Congolese camps. <p>Burundi</p> <ul style="list-style-type: none"> ▪ UNHCR/MHA’s strategy on the promotion of return should be articulated in writing and disseminated among Partners, Donors and Refugees and implemented as follows: ▪ Review all sectors of assistance to establish essential and non-essential services and decrease non-essential services. ▪ Essential services in refugee camps to be maintained. Other assistance to be significantly reduced. ▪ Care and Maintenance construction activities in the camps limited to emergencies. ▪ Distribution of NFIs to be limited to soap and sanitary materials. 	<p>UNHCR</p> <p>UNHCR</p> <p>UNHCR/ MHA</p>		
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	<p>- Uncertainty among partners regarding camp consolidation in 2007.</p>	H	<ul style="list-style-type: none"> ▪ Current primary school curriculum accelerated to be completed by 31 May (to be agreed with Burundi). ▪ No outside support to secondary schools. ▪ Partners encouraged to open offices and focus bilateral assistance in the areas of return in Burundi. ▪ Review of Income Generating Activities (IGAs) and re-orienting skills training in the camps towards skills relevant to Burundi e.g. agricultural skills, and re-direct to the extent possible to Burundi. ▪ Information campaign/training on agricultural practices in Burundi should be conducted in all camps. ▪ Advocate with MHA for a timely decision on camps consolidation. Establishing procedures and realistic timeframes. 	UNHCR/ MHA		
Resettlement						
	<p>Unrealistic expectations about resettlement exist among refugees</p> <p>- On-going large scale group resettlement of 1972 Burundian population of concern has created a strong pull factor in some camps.</p>	H L	<ul style="list-style-type: none"> ▪ Conduct an information campaign in all Burundian camps focus on prospects for resettlement in general, in particular on the closure of group resettlement list. ▪ Continue profiling of potential resettlement cases using ProGress data. 	UNHCR		
Legal and Physical Security						

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	<p>- Increased security incidents in Kibondo and Ngara Districts, both inside the camps and outside. Decrease in the number of police according to decrease in the camp population.</p>	<p>H L</p>	<ul style="list-style-type: none"> ▪ UNHCR maintains the flexibility to adjust security package according to the rising security needs in the camps. ▪ To assist mobility of police and Sungusungu (refugee guards), vehicles for police can be re-distributed from consolidated camps. Bicycles should be returned by repatriating Sungusungu and redistributed. 	<p>UNHCR</p>		
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Team A Group 2

Health, Nutrition, HIV/AIDS and CSI and Self-Reliance					
Nutrition					
	<ul style="list-style-type: none"> - Given the current prevalence rate of global acute malnutrition and provision of public health services in the camps and that the minimum recommended 2,100 kcal will be provided, it is recommended that Nutrition survey should be combined together with Household Economic survey and conducted on an yearly basis 	M	<ul style="list-style-type: none"> ▪ Endorsed recommendation 	UNHCR/ (UNICEF)	
	<ul style="list-style-type: none"> - Introduction of Community Therapeutic Care (CTC) as recommended by 2004/05 JAM. 	H	<ul style="list-style-type: none"> ▪ Training of service providers ▪ Acquire national guideline for community management of malnutrition. ▪ Procure required therapeutic food supplements. 	UNICEF (lead agency)/ WFP/UNHCR	
Selective Feeding Programmes					
	<ul style="list-style-type: none"> - As recommended in JAM 2004/05, lactating mothers should be enrolled to SFP up to 6 months post delivery subject to the resources availability. 	H	<ul style="list-style-type: none"> ▪ Within available resources WFP should prioritize food vulnerable ▪ Resource additional to cover food supplements requirements. ▪ Review of SFP protocol to incorporate changes. ▪ Inform partners. 	WFP (lead agency) /UNHCR	
Health Services					
	<ul style="list-style-type: none"> - Initiate health services exit strategy; adapted to each district in collaboration with District authorities to ensure smooth integration of services to the comprehensive district plan. 	M	<ul style="list-style-type: none"> ▪ Initiate Coordination meetings between UN agencies and District Executive office. ▪ Establish exist strategies. ▪ Implementation of the proposed interventions. ▪ Develop proposals for the development 	UNHCR(lead agency)/UNICEF/ WFP/GoT/IPs	

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			partners for resource mobilization.			
	Malaria					
	<ul style="list-style-type: none"> - Revise malaria control strategy by implementing the new malaria treatment guideline and protocol in all camps (Dec. 2006 /Jan.2007) 	H	<ul style="list-style-type: none"> ▪ Malaria guideline and protocol to be available at all health facilities. ▪ Continue training of service providers. ▪ Community sensitization on new management of malaria. 	UNHCR		
	HIV/AIDS					
	<ul style="list-style-type: none"> - In collaboration with District authorities and as part of an exit strategy, initiate community based income generating activities in RHA which will sustain reliable source of food and income for Home Based Care Beneficiaries. 	M	<ul style="list-style-type: none"> ▪ Resource mobilization ▪ Identify partners ▪ Identify funding for IGA activities. 	WFP (lead agency)/ GoT/partners		
	<ul style="list-style-type: none"> - Expedite the inclusion of eligible refugees into the National ART program. 	H	<ul style="list-style-type: none"> ▪ Continue discussion with Ministry of Health (National AIDS Control Programme) 	UNHCR		
	Food Supply					
	<ul style="list-style-type: none"> - The food ration provided in the general food distribution should provide the minimum 2,100Kcal as recommended by WHO and JAM 2004/2005 pending review to follow after the results of the planned household food economy survey recommended in 2005 JAM. Pending the results of a detailed House Hold Survey which is to be completed in the first quarter of 2007, a decision on food ration will be reached by June 2007. 	H	<ul style="list-style-type: none"> ▪ Conduct household food economy survey in refugee camps within agreed timeline. ▪ Mobilise adequate resources 	WFP		

Team B Group 1

	Sector Coordination					
	Food Security and Self Reliance					
	Food Access and Use					
		H				

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<ul style="list-style-type: none"> - Based on the assessment, results of the 2006 nutritional survey on refugees nutritional status, restrictions on refugee movement, camp consolidation impact and limited access to cultivable land for refugees, the recommendation of 2100 kcal for refugees living in camps remains valid till the commencement of a House Hold Survey (HHS). The level of food ration will be reviewed subject to the results of the survey which is to be conducted in the first half of the year 2007. - Review food acceptability needs of refugees. - Review refugee returnee ration in collaboration with WFP Burundi and the DRC. All refugees wishing to return indicated that three-month ration is insufficient for their reintegration needs back in their areas of origin. A seed protection package should be considered for the returnees. Furthermore, the right amount of distributions during hard lean periods to be identified through vulnerability studies. - Continue food assistance to RHA activities and come up with exit strategy such as absorption into country programme activities, e.g. HIV and AIDS, COBET schools etc.. Use of the proceeds of sale of WFP empties to implement Income Generating Activities IGAs. Possible benefits of other trust funds for exit strategy projects under RHA. - In view of reduced assistance in camps in 2007, 	<ul style="list-style-type: none"> ▪ Draw donors' attention through regular reports and coordination meetings. ▪ Timely arrival of resources. ▪ Complete food basket. ▪ Reliable Logistics on food delivery ▪ Conduct regular BCM and PDM visits. ▪ Carryout sensitisation and training on commodity utilisations. ▪ WFP Tanzania to consult with Burundi and the DRC on the food package to the returnees. However there should be harmonisation of food package for returnees with that of Internally Displaced Persons (IDP) to avoid any community conflict. ▪ Vulnerability studies in the places of return. ▪ Involvement of FAO and NGO partners. ▪ Exit strategy to be initiated concurrently with project proposals. ▪ Home Based Care (HBC) project for HIV/ Aids affected people should be further assessed. ▪ Monitor commodity use and impact on nutritional status. ▪ Monitor impact of non provision of NFIs in camps on refugee nutritional and health 	<p>WFP</p> <p>WFP (Lead Agency)/ UNHCR/CPs</p> <p>WFP (Lead Agency) FAO & NGOs</p> <p>WFP (Lead Agency) & UNICEF</p> <p>WFP(Lead Agency), UNHCR</p>		
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	<p>refugees will be tempted to sell more food rations to meet NFI needs. This will be at the expense of their nutritional needs. Therefore, intensive food monitoring is recommended.</p>		status.			
Common Markets						
	<ul style="list-style-type: none"> - WFP hired a Consultant in October/November 2006 and produced a report. Review and implement recommendations drawn from the common market study report which included consideration and views of some local authorities met during the Consultant's mission. - Urge the authorities (DC's office) to open the Ngara Commo Market built by UNHCR. If successful this market could be used as a good example in other camps. 	M	<ul style="list-style-type: none"> ▪ Review recommendations drawn from the study. ▪ Establish priority areas within the recommendations. ▪ Develop implementation work plan ▪ Implementation of activities ▪ Follow up with Ngara District Commissioner on opening of the Common Market. 	<p>WFP (lead agency) / UNHCR</p> <p>MHA</p>		
Food and Self Reliance Strategy						
	<ul style="list-style-type: none"> - Cash for work is proposed as against FFW. However, in the absence of any donor to fund cash for work recommendation, JAM 2006 recommended this strategy to be dropped in Northwestern Tanzania as local population is food secure and no justification for FFW. - New income generating activities should be designed in such a way that they will allow easy integration in countries of origin e.g improved knowledge and skills in improved agriculture. - Maximize use of the limited land in the camp in order to have more crop yield. Responsible agencies must provide farm implements and extension agriculture services as required in the Congolese camps 	M	<ul style="list-style-type: none"> ▪ FFW involving refugee labour be dropped as part of 2006 JAM recommendation ▪ Provide technical support ▪ Provide technical support on improved crop management and seeds. 	<p>WFP</p> <p>FAO</p> <p>FAO</p>		

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Food Aid Targeting & Distribution						
	<ul style="list-style-type: none"> - Review WFP monitoring capacity to implement PRRO activities in Northwestern Tanzania subject to the availability of funding. WFP currently has reduced monitoring staff in the PRRO both for national and international. 	H	<ul style="list-style-type: none"> ▪ Minimum two Programme Assistants per each location. Camp consolidation will be taken into consideration while reviewing the staffing. 	WFP		
	<ul style="list-style-type: none"> - The food voucher piloting requires more technical analysis from people with practical experience in the system. WFP policy and guidance on voucher system is required for ease of implementation in future projects. While noting the conclusion of the desk review, it is recommended that the system should be considered on pilot case at a later date when the refugee caseload has gone down and the food requirements are within management levels. 	M	<ul style="list-style-type: none"> ▪ Proposed implementation to be dropped from 2006 JAM recommendations. ▪ WFP clear policy guidelines to be made available to Programme staff. ▪ The JAM report narrative to acknowledge importance of the proposed voucher system. 	WFP		

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Team B Group 2

Logistics					
Capacity and Resources					
<ul style="list-style-type: none"> - Review trucking capacity in North-western for both internal and cross-border operations 	H	<ul style="list-style-type: none"> ▪ FOOD: Based on current repatriation trend: maximum 15,000 people per month that will require 900MT of food. WFP did not foresee a bottleneck in the availability of 900MT extra in Burundi. ▪ NFIs: Based on forecasted repatriation trends per Field/Sub Office. Ngara & Kibondo should not have problem on transport capacity with current transportation means. Kigoma & Kasulu need to supplement current transport fleet on peak periods by hiring private transport. See table attached. Sensibility analysis needs to be done to these figures based on actual repatriation trends, and fleet size per location. ▪ Every available fleet size should be reviewed to determine if there is a need to reallocate more trucks from Ngara-Kibondo to Kasulu-Kigoma 	<p>WFP</p> <p>UNHCR There is an on-going review of truck fleet allocation in the whole Great Lakes Region which is taking such factors into account. Reallocation within NW Tz will also be the subject of this week's logistics meeting in Kigoma. Meanwhile, private hiring is built into the regional logistics strategy.</p>		
Kigoma Port					
<ul style="list-style-type: none"> - Analyse if there are actions to be taken by UN community to ensure that Kigoma port can cope with food and repatriation requirements 		<ul style="list-style-type: none"> ▪ UNHCR have already done the landing stage for the ships. ▪ Considering that WFP cargo is only 12% of the total movement and that, Tanzanian Port Authorities (TPA) has privatization plan, with potential legal issues from new concession about respecting agreements on reduced fares for UN system; The mission does not recommend having a special operation with an estimated investment of over 2 million USD to rehabilitate Kigoma 	<p>UNHCR</p> <p>WFP</p>		

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			port.			
Alternatives to Tanzania Railway Corporation (TRC) problems						
	<ul style="list-style-type: none"> - What is WFP doing to overcome lack of enough transport capacity on TRC 	H	<ul style="list-style-type: none"> ▪ WFP is no longer transporting food by railway to Ngara and Kibondo Extended Delivery Points (EDPs). All food to Isaka is been transported by road. ▪ WFP has made direct contacts for the transportation of food ex Dar or Isaka to Kasulu and Kigoma EDPs. This is an extra cost that has been absorbed by WFP. ▪ WFP has been assessing the option of leasing locomotives to supplement TRC capacity, however in view of uncertainty of TRC concession; no concrete agreement has been done. 	WFP		
Capacity of Storage						
	<ul style="list-style-type: none"> - Determine if current storage capacity and conditions are enough for requirements 	M	<ul style="list-style-type: none"> ▪ The mission was satisfied with current storage capacity and conditions for both food and Non Food Items (NFIs). Alongside repatriation of refugees. Storage capacity will be available for use in other operations (Wiikhalls, containers). 	WFP for food, UNHCR for NFIs		
Use of Empties						
	<ul style="list-style-type: none"> - Request from refuges to receive empty bags and tins 	L	<ul style="list-style-type: none"> ▪ Current practice is to give to Caritas for tender and proceeds support development activities. ▪ WFP is looking into the possibility of 	WFP		

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			distributing empties to refugees before Christmas. This will allow the refugees to keep bags and tins for food storage.			
EDPs and Maintenance of Roads						
	<ul style="list-style-type: none"> - Ensure that roads are transit-able all year round 	H	<ul style="list-style-type: none"> ▪ During 2006 17 - km of Lugufu roads were repaired to serve the EDP (more than that were repaired in total). Rehabilitation of Mtabila EDP was completed, and for Nyaragusu works are ongoing. After the closure of Lukole B, WIKHALLS were moved to Lukole A. ▪ Determine which roads need to be repaired, with a cost analysis and deadlines 	<p>WFP</p> <p>UNHCR Road assessment and repair of all routes critical to UNHCR operations is on-going in collaboration with GoT roads authority. Repairs to ensure food movements can be carried out with UNHCR equipment using WFP fuel.</p>		

REVIEW OF RECOMMENDATIONS IN JAM 2005: ANNEX II

	Recommendations JAM 2005	Priority	Action Required	Resp.	Status	Action Taken
	Protection, Refugee Numbers and Demography					
	Protection					
1	Improve conditions in all locations receiving new arrivals (water, shelter and food/cooking conditions).	H		UNHCR and GoT	Action taken	<ul style="list-style-type: none"> ▪ Only Mugunzu is currently operational in Kibondo and facilities have been upgraded and regularly maintained. ▪ New sleeping shelter has been constructed at Kibirizi 1, including rehabilitation of the old shelter, which now has been turned into a waiting/room. ▪ Water and sanitation facilities in all three centres (Kibirizi 1,2 and NMC) receive regular attention in terms of improving hygiene, and ensuring access to water.
2	Accelerate processing of decisions on asylum claims.	H		GoT	Action in progress	<ul style="list-style-type: none"> ▪ New Ad hoc Committee interview room built in Kibirizi 1 and Kibondo town, including an interview waiting area, a reference library in the conference room, an office room for MHA and a waiting area for refugees. ▪ Ad hoc Committees conduct regular sittings to adjudicate claims of new arrivals in Ngara, Kibondo, Kasulu and Kigoma. ▪ Progress yet to be achieved in terms of accelerating appeal decisions and on asylum seekers being informed of the reasons for rejection of their asylum claims.
	Registration					
1	Resolve technical problems and reintroduce finger printing to provide even more reliable data and to avoid double registration.	M	UNHCR to resolve outstanding technical problems.	UNHCR	Action taken	<ul style="list-style-type: none"> ▪ The new software for fingerprints was installed in all locations of North Western Tanzania. Ngara and Kasulu started using it effectively while Kibondo will start toward the end of Sept.06. Lugufu will resume the activity by the third week of Sept. 06.
2	Project Profile should be implemented in the DRC and Burundi in order to share data on returns.	L		UNHCR	Action taken	<ul style="list-style-type: none"> ▪ Tanzania have the latest version of ProGres while DRC and Burundi planned to upgrade their current version of ProGres to the same version as Tanzania by mid Sept. 06 after which the data transfer would be technically feasible.
	Sexual and Gender-based Violence (SGBV)					
1	Arrange additional resources for increased material (soap, clothes, supplementary feeding, cooking sets), psychosocial and legal support to SGBV victims.	M		UNHCR, bilateral donors	Action in progress	<ul style="list-style-type: none"> ▪ 25 workers have been given training on Psychosocial counselling by UNHCR in Kasulu in May 2006. The training was conducted in collaboration with the Justice and Peace Commission trainers from Uganda. ▪ Routine Psychosocial counselling for SGBV survivors and perpetrators and families is ongoing. ▪ Training on Psychosocial counselling and trauma healing for 25 workers took place during the last week of July 06. ▪ Access to legal support and counselling for SGBV survivors is still maintained and an increase in SGBV lawyers advising survivors on their

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					rights would materialise via NOLA project that is to be introduced by the end of July 2006 in Kigoma.
					<ul style="list-style-type: none"> ▪ Strengthening Protection Capacity Project (SPCP) is implementing a comprehensive review of the SGBV programme. The findings will shape future activities
Repatriation					
1	Increase Go and See visits to Burundi and the DRC. Increase cross-border meetings in all sectors to achieve effective coordination and information sharing. Enhance the amount of information on repatriation procedures provided to Congolese refugees.	H		UNHCR	Action taken
					<ul style="list-style-type: none"> ▪ Burundi -Four "Go and See" visits (two for Ruyigi bound and two for Makamba bound) were conducted so far in 2006. Accompanied by partners including officials from MHA, 12 refugees visited Makamba and Rutana Provinces on 14-17 March 2005, 15 refugees visited Makamba and Bururi Provinces on 11-14 May 2006 and 48 refugees visited Ruyigi, Gitega, and Cankuzo Provinces on 25-29 July 2006. In addition, "Come and Tell" visit was initiated. A total of five cross border meeting were held (in Kibondo on 12-13 August 2005, in Ruyigi on 27 October 2005, in Ngara on 5-7 June 2006, in Kibondo on 29 June 2006, and in Kibondo on 22 August 2006). ▪ DRC: A Go and See Visit to South Kivu was organised in March. 7 refugees (2 from Lugufu I, 2 from Lugufu II and 3 from Nyarugusu), MHA, CNR and UNHCR staff participated. Information to refugees on voluntary repatriation is provided on a daily basis and a leaflet on the same is about to be disseminated. Leaflets have been prepared for circulation to refugees both on the repatriation process/ journey in general and on the repatriation of animals. The former is currently being printed in ki-Swahili and French. Go and See Visits (GSVs) were halted during the run-up to the DRC elections; they will be resumed after the run-off for the Presidency at the end of October 06. Come and talk visits to be initiated soon, again after the October elections. Two cross border meetings have been organised, one in December 2005 in Baraka while the other one in February 2006 in Kigoma.
Resettlement					
1	Improve profiling of potential resettlement cases in the database.	M		UNHCR	Action in progress
					<ul style="list-style-type: none"> ▪ Project profiling will start in Kigoma for Congolese individuals and ProGres has been critical for verifying the 1972 Burundian group caseload. Although it was expected that ProGres could be used for pro-active case identification (profiling) and verification of the 1972 Burundian caseload, constraints have been experienced in this regard. Due to the very limited number of fields entered in the database, its use has been considerably restricted and other mechanisms of identification and verification had to be identified.
2	Additional resources are required from resettlement countries	M	UNHCR to advocate with respective resettlement countries	UNHCR/ resettlement countries	Action taken
					<ul style="list-style-type: none"> ▪ The U.S. has been requested for additional resources for resettlement processing of the 1972 Burundian caseload (P2 group). A proposal for additional EU funding (AENEAS) was submitted and the funding looks certain, covering resettlement profiling and case identification activities in the Congolese camps for 2007 and 2008. In addition, a contribution from the

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					Australian government was received to support resettlement activities in Tanzania for 2007.	
Legal and Physical Security						
1	Feasibility study for providing lights in all camps should be carried out.	M		UNHCR	Action post-poned	<ul style="list-style-type: none"> ▪ Price quotations for solar panels used in Departure/Reception Centres have been collected (Kigoma). ▪ Not implemented due to the budgetary shortfalls.
2	Increased mobility for Sungusungu and police in the camps, with bicycles and motorcycles.	M		UNHCR	Action taken	<ul style="list-style-type: none"> ▪ Bicycles are provided to Sungusungu. While ▪ Due to the budgetary constraints there was vehicle shortage including motorcycles
3	Continued provision of firewood to vulnerable individuals, especially women.	H		UNHCR	Action in progress	<ul style="list-style-type: none"> ▪ Additional resources have been obtained for provision of firewood in the Ngara, Kibondo and Kasulu camps. Firewood is being provided to the vulnerable in these camps. In Lugufu camps no firewood is provided to vulnerable individuals. Firewood harvesting sites are within the camps.
4	Introduce mobile courts, to avoid delays in case	M	UNHCR to check Strengthening Protection Capacity Projects	UNHCR/SPC	Action taken	<ul style="list-style-type: none"> ▪ Facilities have been established for mobile courts in Mtendeli and Nduta camps. ▪ Mobile courts provision is not a necessity any longer in Lugufu camp since refugees are being transported to attend court cases, they are being issued with permits to leave the camps to attend court hearings and with the introduction of NOLA's legal services for all refugees, this will ensure timely and effective representation of refugees in court cases
Logistics						
Capacity and Resources						
1	UNHCR and WFP should review the current logistics capacity requirements including the scale of road and lake transport needed to support the ongoing repatriation of the Burundian and Congolese refugees from the camps		Conduct assessment of logistics capacity. Replacement of non-functional fleets of vehicles.	WFP and UNHCR	Action taken Action in progress	<ul style="list-style-type: none"> ▪ WFP has reviewed and updated the Logistical Capacity Assessment for Tanzania ▪ WFP has improved 17km of road between the railway station and Lugufu ▪ Sharing of the GTA-managed truck fleet between Kaslu and Kigoma is now a matter of routine to assist both the offices in meeting peak requirements. In August 2006, a cross-border meeting was held in Kibondo to assess and rationalise logistics capacity on both sides of the border as part of planning for increased demand for repatriation; this was immediately followed by a logistics meeting for all Tanzanian offices. The rationalization of the Ngara fleet has been conducted and the obsolete as well as the surplus vehicles are being disposed. Some trucks have been temporarily redeployed to Kibondo (for later possible redeployment in Kasulu/Kigoma), and in November a further logistics meeting will take place to finalise rationalisation of the fleet by further inter-office redeployments. The shipping capacity on the Lake is not a constraint and could in case of a surge in demand accommodate up to 2.4 times the basic operation of two sailings a week (using two vessels). ▪ The whole UNHCR Great Lakes (truck) Fleet and its management are under review currently. Funding constraints have not allowed replacement of any vehicles.
2	Meet minimum distribution standards,		Complete NFI study.	UNHCR	Action	<ul style="list-style-type: none"> ▪ Khangas (in lieu of sanitary material), plastic sheeting and buckets were

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	including timeliness.	H	Conduct distributions at the appropriate times.		taken	distributed during the first quarter of 2006. Soap distribution is ongoing. NFIs (Khangas, plastic sheeting and blankets) will be distributed during the last quarter of 2006 so as not to disrupt the ongoing repatriation trends
3	Ensure warehouse management is adequately supported.	H	Review staffing allocations for warehouses, especially Lukule A and B.	UNHCR	Action taken	<ul style="list-style-type: none"> A new-dedicated NFI warehouse (Wiikhall, procured by transfer from WFP) is currently being installed at Lugufu; this will come under GTZ management and UNHCR supervision, replacing the current use of the TRCS store/staff. Staffing review for the warehouses in all locations is underway as a part of assistance rationalization exercise.
4	Improve shelter in distribution points for scooping, using Ngara standards as the guide.	M	Cover enough areas in distribution points to enable scooping under shelter on dry surfaces during the rains.	UNHCR	Action in progress	<ul style="list-style-type: none"> New scales (25kg) have been included. Plastic sheetings have been placed on the floor in all group food distribution
Kigoma Port						
1	It is recommended that donors be approached to fund a special operation for the rehabilitation of the port of Kigoma.	H	Advocate for resources from donors. Rehabilitate Port-docking area.	UNHCR and WFP	Action taken	<ul style="list-style-type: none"> Plans been drawn up by the Tanzanian Ports Authority (TPA) at the instigation of UNHCR; and in collaboration with UNHCR and its shipping company for the construction of a new passenger pier at Kigoma marine port that have been included in the national budget but the timing of this work is still unknown. In parallel, therefore, UNHCR is installing a pontoon-based floating landing stage to ensure access to the usual ship at all levels of water; this will be in place by the time sailing resumes after the second round of the Presidential elections and could last at least three years - the duration of the volrep to DRC. Now that both parts of the port have come under the jurisdiction of the TPA (since 1 July) plans are being considered by the GoT for large scale dredging and other works, especially on the commercial side, for which the Government no doubt will be seeking substantial funds, which would more appropriately obtained as soft loans (e.,g. from the ADB) than from donors. The cost of these works is outside the capability of UNHCR to mobilise
Partnership and Planning						
Cost Analysis						
1	The UNHCR Country Operations Plan (COP) and WFP Protracted Relief and Recovery Operation (PRRO) should be prepared to reflecting and integrating a quality cost analysis.	H	Consultations with RING-a network of refugee NGOs. Design methodology. Collect and analyse data Disseminate findings	UNHCR	Action taken	<ul style="list-style-type: none"> Detailed cost analysis of the entire UNHCR prepared at sector level and circulated among stakeholders. Analysis included all available resources including partner contributions. Working groups comprised of IPs and UNHCR being formed for further analysis. Results of the analysis to be used in preparing 2007 project submissions WFP: Thorough cost analysis was prepared for the preparation of the 2007 to 2008 PRRO budget plan. If the operation is fully funded WFP will be in a position to implement operation. In the case the repatriation planned are not respected, budget increase will be needed to respond to the 2007 refugee operation

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Information Flow						
1	The annual programme planning and budget allocation process should proceed on the basis of an agreed calendar and plan for consultations and the timely flow of documents. Revisions to plans and budgets during the implementation period should be made with similar transparency and information sharing.	H	Agree on and disseminate timeframe. Clarify flow of documents and information systems.	UNHCR	Action taken	<ul style="list-style-type: none"> Ongoing. UNHCR has met with partners both in the field and in particular at the Dar levels to discuss and agreed upon planning assumptions and implementation plan for the 2007 COP, UNHCR has met with partners four times so far in 2006 to review the implementation of the 2006 operational programme in light of budgetary constrains. Rationalisation of assistance and partners is ongoing. Meetings on 2007 project submissions are planned for October.
Sector Coordination						
1	Current good practices in coordination in the health sector and primary education should be replicated in other sectors, including regular, well-organised meetings and, where feasible, the use of information technology to facilitate communication and the sharing of data.	H	Analyse and compare existing health sector coordination mechanisms. Document lessons learnt and develop a plan to improve sectoral coordination.	UNHCR	Action in progress	<ul style="list-style-type: none"> Meetings are being held in all sectors of assistance including bi-monthly WatSan co-ordination meetings
Downscaling						
1	UN agencies should undertake a thorough review of implementation arrangements by June 2006, in close consultation with the IPs, with the aim of considering and planning for changes in 2007.	M	Undertake a similar process as in 2003.	UNHCR	Action in progress	<ul style="list-style-type: none"> Phase I of the review of implementing arrangement has already been commenced in July by UNHCR with its implementing partners. Phase II is presently ongoing. The results of the review will be incorporated in UNHCR's 2007 projects.
Camp Consolidation						
1	Planning and budgeting should, to the extent possible, take into account potential delays in camp consolidation and other significant contingencies.	M	Consult IPs and identify or allocate jointly additional resources to cover possible delays.	UNHCR	Action Taken	<ul style="list-style-type: none"> In consultation with IPs UNHCR's 2006 Care & Maintenance operational budget increased due to increased number of beneficiaries in the camps as opposed to 2006 planning. This included delays in camp consolidation, keeping open the protection camp and separation facilities and the Kibondo emergency.
Human Resources						
1	UNHCR and IPs should have the key staff required to provide leadership and overall coordination for the Care & Maintenance and Repatriation operations. Strengthening would benefit performance in key sectors, including health, logistics and community services, as	H	Consult IPs then document and map staffing situation. If necessary consult UNHCR HQs.	UNHCR	Action in progress	<ul style="list-style-type: none"> UNHCR Staffing Levels were very satisfactory during the first nine months of 2006. Although there was a large turnover of international staff during the first quarter of the year the overwhelming majority of the posts were filled quickly with a minimum of short lapses in the re-assignments of replacements. The Protection Officer in Kibondo completed his term as of 1 July and our short-listed candidate went elsewhere. A candidate is now

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	well as registration. Human resources planning and decision-making should reflect operational priorities and be carried out in a transparent manner.		Create and fill necessary post.			recommended. The Associate Field Officer (Protection) in Kibondo has unfortunately been on an extended sick leave since January 2006 and his appointment has now been rescinded. This post has been converted to a national officer position in line with the operation's policy to support national structures and staffing
	Food Security and Self-Reliance					
	Food Access and Use					
1	It is important that the programme continues the distribution of 2,100 Kcal for general distribution to the refugees including the provision of CSB. In the meantime, however, a rigorous study on the contribution of self-reliance activities to the food security of households should be conducted.	H	Commission and implement study on degree of self-reliance, including lessons learnt and recommendations. Review ration scale, assess whether GFD can be reduced for particular groups.	WFP/ UNHCR	Action in progress Action postponed	<ul style="list-style-type: none"> ▪ Nutritional Survey is ongoing 10/9-5/10; ▪ Funds for the Coping Index Survey have been identified and will be implemented during the second week of October. ▪ UNHCR and WFP plan to undertake an IGA Survey in October. ▪ Household economy survey is postponed to next year due to prioritisation of work ▪ Ration cannot be reduced until we have a clear understanding of the coping mechanisms enabling refugees to find other sources of food, taking into account the current restrictions imposed on refugee movements by GoT ▪ Rations in 2006 varied considerably due to shortfalls in funding and pipeline breaks
	Firewood					
1	A comprehensive strategy needs to be developed to provide firewood to all camp residents. This should include a harvesting plan that provides regular managed access for all camp residents to fire wood.	H	Discuss and agree on strategy with local government authorities. Invite proposals from NGOs with environmental expertise. Review proposals. Complete agreements.	UNHCR	Action postponed Action in progress	<ul style="list-style-type: none"> ▪ WFP may provide fuel efficient stoves and training if funds are available ▪ About 87% of households have energy efficient stoves ▪ UNHCR Ongoing and new plans are still discussed at district level, (UNHCR, DNRO, MHA) that's securing new harvesting sites and IPs (CARE, REDESO) to be involved in supplying firewood to vulnerable and other groups within the camps. In Lukole the beneficiary criteria for the firewood has been expanded, and broadened to include more beneficiary groups as considered reducing population number the available firewood can be sufficient for more population until the end of 2007. Discussions are about to be opened with the new RC for Kigoma Region regarding firewood supplies for Kasulu camps.
	Self-Reliance Opportunities					
1	A recognized expert in income generating activities should be engaged to evaluate the existing programme, including a review or core strategies, and to make recommendations	M	Identify expertise. Determine TOR.	UNHCR	Action in progress	<ul style="list-style-type: none"> ▪ UNHCR plans to undertake an IGA survey in October. TORs are being drafted and a consultant is being identified.

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	for the way forward in terms of central core approaches and key design features.		Conduct study. Recommend overall IGA programme strategy.			
Common Markets						
1	A recognized expert should be engaged to quantify the value to both Tanzanians and the refugee populations of reliable access to common markets. This information should then be used to negotiate agreements for reliable ongoing access to markets. Any such plan should also include recognition and negotiation of remedies to monitor, control, and prosecute criminal activities.	H	Identify expertise. Determine TOR. Conduct study. Recommend overall strategy	WFP	Action in progress	<ul style="list-style-type: none"> ▪ An expert has been identified and a detailed TOR has been written. Funds for the study has been secured. The study will be commenced soon and will be finish by mid October 2006 ▪ Recommendations will be ready by October 2006
Food and Self-Reliance Strategy						
1	Other channels of food distribution should be developed to increasingly replace the general food distributions. These channels should be designed based on the principle of employing underemployed camp labour and with the aim of providing services to both host and refugees' communities that would otherwise not be possible, thus adding value to the economy.	M	Local discussions with community and authorities on local public works potential, including Tanzanian technical support and guidance. Review feasibility of using FFW in camps to support services. Identification of large scale programmes with greatest potential for productive asset construction for RHA. Implementation, including recognition (reduction) of effect on GFD.	WFP	Action not taken Action not taken	<ul style="list-style-type: none"> ▪ UNHCR – Lack of resources – no action could be taken for this recommendation ▪ WFP found it was not possible to implement FFW activities at large scale in the camps because of <ul style="list-style-type: none"> ○ Government restrictions ○ Lack of Cooperating Partners to implement and monitor FFW activities ○ Lack of resources from WFP to extend to other activities than GFD
Food Aid Targeting & Distribution						
1	Improve monitoring of food distributions. Increase the number of Food Aid Monitors and improve the shelter arrangements at food distribution points and keep permanent Store Keepers at sites when the EDP and the FDPs are combined.	H	Review staffing allocations; ensure minimum two Food Aid Monitors per distribution.	WFP	Action taken	<ul style="list-style-type: none"> ▪ At least one UNHCR Field Assistant and WFP Program Assistant is allocated and present in each food distribution point; UNHCR to ensure presence of its Field Assistant ▪ Funding shortfalls have had adverse impact on staff numbers including monitoring officer in logistics and programme.

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2	A food voucher system should be piloted to establish whether such an approach would function more efficiently. A necessary element of the pilot would be to measure the net change in consumption at the household level in particular in its nutritional impact.	M	Feasibility study. Identify experienced person or agency. Design programme, including clear indicators for measuring impact on efficiency and nutrition.	WFP	Action in progress	<ul style="list-style-type: none"> ▪ WFP has identified an expert to conduct a feasibility study and has secured funds for the study. A detailed TOR for the study has been written and commences in September and is completed in October 2006 ▪ The pilot will not be implemented until a feasibility study has been completed
Health, Nutrition, HIV/AIDS and CSI						
Nutrition						
1	The mission recommends changing the methodology of the nutrition survey from random cluster to systematic sampling while considering one stratum only, which will reduce the amount of resources required. The training of enumerator and those taking measurements should be enhanced to increase the precision and accuracy of measurements.	M	Develop new survey design with new sampling frame and timeline. Develop training curriculum.	UNHCR with the support of UNICEF and WFP	Action taken	<ul style="list-style-type: none"> ▪ As households in refugee camps have addresses, initially it was decided that simple random sampling would be the best option. However, when the method was tested prior to the assessment, because of the increased movements of the refugee due to the on-going repatriation and camp consolidation, simple or systematic random sampling would not be possible. Therefore it was decided to use cluster sampling, with the clusters selected based on Probability Proportional to Size (PPS) and households in each cluster are selected using simple random sampling. One stratum only option was not taken, as situation across the camp are not uniform. ▪ Prior to 2006 Nutrition Assessment 10 team leaders (from NPA, TRCS and IRC) received comprehensive training on survey design, objectives, measurements methods, including how to reduce bias while taking measurements, and assessing oedema. The training included the SMART method, to assess the quality of collected data using the standard deviation, and WHO/UNICEF 1996 guidelines were used for taking weight and height/length measurements. Further, the team leaders trained refugee teams in their respective camps, whose role would be to support the team leaders to take the measurements.
Selective Feeding Programmes						
1	The mission endorses the 2004 JAM recommendation for SFP and further recommends a harmonized implementation across all camps in western Tanzania which includes: - Substitution of 50g maize meal by 50g CSB in dry premix, - Enrolment of children from the PMTCT programme up to 18 months, - Enrolment of mothers up to 6 months post delivery, - Enrolment of severely underweight children in SFP.	H	Resource additional CSB to cover the requirement. Update the SFP/TFP protocol and inform partners accordingly	WFP and UNHCR	Action in progress Action taken	<ul style="list-style-type: none"> ▪ Advocating for the resources for substitution of maize meal by 50g CSB ▪ Action has been taken on enrolment of children in the PMTCT programme up to 18, enrolment of lactating mothers implemented only up to 3 months post -delivery due to resource problems, and enrolment of severely underweight children in SFP as per the selective feeding protocol is in place

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Health Services						
1	UN agencies and IPs should design and develop community based approaches to manage malnutrition and certain diseases within the host population, for example through community therapeutic care (CTC), in order to prepare local communities for a transition period of increased repatriation, consolidation of camps and reduced health services by IPs in the camps.	H	Initiate and coordinate discussion among health partners; Develop TOR for a consultancy and hire experienced consultant to explore possibilities of introducing CTC approaches	UNHCR with support from UNICEF and WFP	Action in progress	<ul style="list-style-type: none"> ▪ Nutrition Survey in refugee hosting communities is planned in October. ▪ Community Therapeutic Care cannot be introduced without proper facility based therapeutic care system in place, and currently there exists no national protocol for management of malnutrition in the country or facilities to manage malnutrition apart from refugee camps. UNICEF and WFP are currently working with the government and other partners to develop national protocol for management of malnutrition in the country, which is expected to take force next year. Regional training is planned this year, which will also include community therapeutic care. UNICEF has also identified providers of therapeutic feeds for CTC. Once these are put in place, it will be possible to proceed with CTC as well as facility based management of malnutrition in the refugee hosting communities.
2	The emergency preparedness and response teams should be established in all camps and post-operative wards should be established in camps where they do not exist.	M		UNHCR	Action not taken	<ul style="list-style-type: none"> ▪ The last training on emergency preparedness and response (EPR) took place in 2004 and EPR teams were established in all camps. Follow up/refresher trainings planned by UNHCR for 2005/2006 didn't take place because of restricted budget allocated to health IPs. UNICEF has committed allocation of special funds for IPs to conduct trainings at camp level. IRC Kibondo has already received the funds from UNICEF to organize the trainings in Sept-Oct 2006. Allocation of funds to TRCS Kasulu and Lugufu and NPA Ngara will follow shortly. Post-operative ward exist in Kibondo, Nyarugusu and Mtabila 2. In line with the camp consolidation, NPA Ngara will use the budget initially allocated for extension of the general in Lukole B to construct a postoperative ward in Lukole A (Sept-Oct). There an urgent need for special funds for construction of a post-operative ward in Lugufu 1
Growth Monitoring						
1	The promotion of growth and development at MCH clinics and the referral system from the growth monitoring centres to SFP needs to be strengthened including the admission of severely underweight children in SFP.	M	Coordinate with health IPs. determine gaps to work on them.	UNHCR	Action taken	<ul style="list-style-type: none"> ▪ Training has been provided for both national and refugee MCH workers
Malaria						
1	UNHCR and health partners should ensure the smooth implementation of the new malaria treatment protocol in the camps, while considering measures to improve the monitoring and utilisation of distributed ITNs.	H	Continue discussion at the Dar level. Determine gaps of the monitoring system and alternative ways with health IPs	UNHCR	Action in progress	<ul style="list-style-type: none"> ▪ Ongoing new malaria protocol treatment (nmpt) drugs distributed to the camps; training on the nmpt scheduled for the end of September and RDTs ordered.
HIV/AIDS						
1	UNHCR, WHO, the Ministry of Health and health IPs should consider procedures for including refugees in the national ARV programme, while taking into account	H	Continue discussion at the Dar es Salaam level		Action taken	<ul style="list-style-type: none"> ▪ Draft MOU on the inclusion of refugees in the national ARC programme being forwarded to MOH for comments

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	implications for repatriating refugees.					
Food Supply						
1	The approved level of resources should be ensured in order to maintain the ration of 2,100 kcal for GFD including the provision of CSB in order to provide a balanced food basket and sufficient amount of micronutrients.	H	Advocate for resources from donors	WFP	Action taken	<ul style="list-style-type: none"> ▪ Hardly implemented during 2006 due to lack of resources ▪ UNHCR - Ongoing, implementation depends much on funds/resources availability
2	The mission recommends to harmonise the rations and shares and to target nutritional high value and scarce commodities such as fish to vulnerable groups in the camps only instead of returnees.	M	Agree on food contribution from each organisation and harmonise levels. Exclude fish from the basket to reserve it for the vulnerable	WFP	Action taken	<ul style="list-style-type: none"> ▪ UNHCR – Done. Fish has been excluded due to depletion of stock
Non-Food Items						
	The 2004 JAM recommendation should be implemented. NFI distributions should be conducted according to agreed standards. NFI distributions should also be at the appropriate times. The distribution of sanitary items for women, for example, should be regular and reliable, and the distribution of plastic sheeting should take place immediately before the rainy season in order to increase the likelihood of households retaining the sheeting for use as roofing.			UNHCR	Action taken	<ul style="list-style-type: none"> ▪ NFI distributed during the first quarter of 2006 including plastic sheeting, blanket and buckets. Khangas in lieu of sanitary materials distributed during the first quarter of 2006 and will be distributed again in October. Further distribution of plastic sheeting and blankets will be distributed in October/November so not to deter repatriation momentum.
Water and Sanitation						
	Expand REDESO type “win-win” environmental investments.	M	-Initiate other camp visits to REDESO environment sites. -Identify appropriate implementing partners in other camps. -Identify financing possibilities. -Implement.	WFP	Action in progress	<ul style="list-style-type: none"> ▪ UNHCR During the last quarter of 2006 project will be expanded to additional areas in Ngara and consultations with REDESO ongoing to explore possibility of piloting Ngara experience in other districts through NW Tanzania in 2007
	UNHCR and IPs should ensure a minimum quantity of water supply of 20 litres/person at all times while promoting hygiene practices at the community level and ensuring sufficient storage capacity at all families.	M	Assess the storage capacity at household level and determine the needs for containers. Develop hygiene awareness campaign.	UNHCR	Action taken	<ul style="list-style-type: none"> ▪ Two 20 litres buckets have been distributed in all camps to all refugee families. Hygienic awareness campaigns by water and sanitation partners ongoing. ▪ Average litres of water provided in the camp was 275.4 litres per day per person during first six months of 2006.

ANNEX III:

**A Joint Nutrition Survey conducted by UNICEF, UNHCR and UNWFP
in collaboration with implementing partners (NPA, IRC and TRCS)**

**Refugee camps in Western Tanzania
September 14th –October 5th 2006**

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Executive summary

Since 1994, nutrition surveys have been conducted once or twice in a year and have been serving as part of surveillance and monitoring tool for nutritional status of children and general refugee population as a whole. The main objectives of the 2006 nutrition survey were first, to assess the severity of malnutrition by quantifying the acute malnutrition in refugee camps in western Tanzania and second, to assess the coverage of immunization coverage using measles as an indicator. This was a cross-sectional study that used (26 x 18 cluster design) sampling method. For the first time simple random sampling was used to select the 18 households in each cluster moving away from spinning a pen /bottle or EPI method.

Data from seven camps were of good quality after passing the SMART plausibility check. The Weight-for-height standard deviation was 0.88 (recommended 0.85-1.1) and that of height-for-age was 1.1 (recommended range 1.1-1.3), while that of weight-for-age was 0.94. However, all camps were included in analysis of immunization coverage. Anthropometric data were analysed using SMART programme. Measles coverage and means of Z-core across the age groups were compared using the Boniferoni method in SPSS. The traditional anthropometric indices of weight-for-height (wasting), height-for-age (stunting) and weight-for-age (underweight) were used to assess the nutritional status of children.

The 2006 results indicated that the prevalence of global acute malnutrition in the camps had slightly increased from 2.8 percent of the 2005 to 3.1 percent (95% CI 2.5-3.7). The increase was, however, not statistically significant. It can be concluded therefore that 2006 prevalence was the same as that of 2005. It is however, surprisingly to note that despite prolonged ration cut the prevalence of global acute malnutrition remained the same. According to WHO classification 3.1 percent still falls in the acceptable category. Where as underweight (19.7%) and stunting (33.9%) decreased by over 2 points each, however, was not significant. Following the observed decrease the prevalence of underweight in the camp is now described as medium that of stunting is classified as higher. Since no causes of malnutrition explanatory factors were collected during the survey, explanation of the observed levels of malnutrition is still hypothetical.

Better public health services and coverage as well as the fact that a significant income out 99.7 percent of the households employs one or more coping strategies legal and illegal may partly explain the finding. It is hypothesized that the increased coping strategies of the refugee community bridge the gap resulted from ration reduction on one hand and better health services weakens the synergistic effect of inadequate dietary intake and diseases on the other. It is also important to note that various supplementary economical activities undertaken by refugees outside the refugee camps contribute positively toward the wellbeing of the refugee community in the camps. Because of long stay of refugees in the camps, the causes of malnutrition in the camps are relatively similar to those in the host communities fitting well in the UNICEF conceptual framework classified as immediate (inadequate dietary intake and diseases), underlying (social services, food insecurity and care and basic causes (inadequate humanitarian assistance).

It is imperative to note that malnutrition was more prevalent among children 6-24 months and then stabilized to the subsequent age groups. For example, at the age 12-23.9 months about 43 percent (7 points less than of 2005) the children and more than 27 percent (2 points less that of 2005) of them had been stunted and underweight respectively, reflecting a numerical decrease in the overall prevalence in those indices.

Measles vaccination coverage continued to be impressive. About 95% of children 9 months and above in the last five years (2002-2005) were vaccinated, slightly low compared with that of 2005.

Basing on results from this survey a set of recommendation aiming at improving the nutritional status of women and children in the refugee camps have been made; ensuring and steadily providing of minimum recommended 2100 kcal per person per day. Duration of lactating women in supplementary feeding should be extended up to six months and severely underweight children should be enrolled in the supplementary feeding programme as was recommended in 2005 JAM. Survey methodology and data analysis capacities among nutritionist staff in the field should be strengthened.

Given the prevailing nutritional status in western Tanzania refugee camps, we urge all involved stakeholders and donor communities inside and outside the country to allocate adequate resources to enable and support implementation of the recommendations made above for the benefit of vulnerable women and children. Stabilization of global acute malnutrition should be taken as a challenge and that all operational opportunities gearing at lowering or maintaining it should be explored and that resources and assistance would proportionately be needed to keep the prevalence and immunization coverage at these levels, considering limitations of other coping strategies..

1. Introduction

UN agencies (UNHCR, UNWFP and UNICEF) in collaboration with health implementing and operational partners have been providing humanitarian services to more than 500,000, refugees in 13 camps in western Tanzania in the last 10 years (1994-2005). As of 1st August, 2006 there were a total of 325, 922 refugees living in 11 camps in four districts in North western Tanzania. The difference had voluntarily repatriated to their home country since 2002. In June, 2006 UNHCR moved from facilitated to promoted repatriation. Children below the age of five years constitute about 20 percent of the total refugee population.

Description of survey area

The 2006 nutrition survey was conducted in 11 refugee camps in western Tanzania located in four districts (Ngara, Kibondo, Kasulu and Kigoma rural) in Kagera and Kigoma regions. The camps were established between 1994-1997 following ethnic conflict/civil war in Burundi and Democratic Republic of Congo (DRC). As of 31st August, 2006, the total refugee population in the 11 camps was 312, 978¹. Majority of the refugees are Hutu from Burundi, (56.6 percent) Bemba and Fulero (42.5 percent) from DRC and few minority groups (0.8%) settled in Mkugwa Protection camp.

The distance from district headquarters to the camps ranges from 20-90 Km. the camps are located in the rural areas often surrounded by local villages.

As of August in 2006 a total of 222,814 and 21,433 refugees had repatriated to Burundi and DRC respectively following peace agreements in their respective countries. The repatriation activities for the Burundian refugees started in March 2002 while that of Congolese started in October 2005.

1.1 Services available

Preventive and curative health services are provided to all refugees free of charge by health implementing and operational partners (IRC, NPA and TRCS). The major causes of morbidity in the general population and under-five children are malaria and acute respiratory tract infections accounting 53 percent and 19 percent respectively for the general population. The corresponding figures among under-five children were 53 percent and 27 percent². Generally, no disease outbreak was reported since September, 2005. Despite the high morbidity rates, crude and under-five death rates by June 2006 stood at 0.3/1,000 population/month and 0.7/1,000/month respectively, both falling within cut off points based on UNHCR/WFP Guidelines³.

All the refugee camps are supplied with tap water. The average water per capita per day was above 20 litres also surpassing the UNHCR/WFP recommended levels in stable situation³. Family latrine coverage ranged from 88 percent in Mtabila camp to 100 percent in Lukole.

Therapeutic and supplementary feeding programme services are provided to severely and moderately malnourished children in the camps. The recovery/cure rate in TFC and SFP was 94 and 96 percent respectively. Calculation of the coverage rate in both TFC and SFP was integrated in the UNHCR revised health information system beginning January, 2006. Its evaluation has not been done

¹ UNHCR August 2006 monthly statistics

² UNHCR Tanzania (HIS), Mid year 2006 Morbidity and Mortality report

³ UNHCR/WFP Joint Assessment Guidelines, 2004

Primary education is provided in all 11 refugee camps enrolling children aged 7-16 years supported by UNHCR and UNICEF. The Net Enrolment Rate in primary school was 96 percent as of June, 2006. With regard to market access, refugees do not have free access to local/common markets with exception of Lugufu, Mtendeli and Kanembwa camps. However, a new common market has been constructed in a nearby village with Lukole camp in Ngara district. Roads to and from the camps and within are usually passable throughout the years. Roads maintenance activities are planned and implemented jointly between UNHCR and GTZ in the operation area.

1.2 Assistance received by the population

The refugee population (312,978) in western Tanzania depend mainly on food aid from World Food Programme (UNWFP) distributed biweekly; supplemented with petty business, small scale subsistence farming and labour exchange in and outside the camps. However, Due to financial constraints and other logistic reasons, refugees had been provided with periodic reduced ration since November, 2005 to September, 2006. Instead of receiving 2100 Kcal as recommended in the 2005 Joint Assessment Mission report, an average of 1677⁴ Kcal equivalent to 80 % of the minimum recommended were provided. Despite the shortfall in food supply, extremely vulnerable individuals (EVIs) had been receiving full ration and fuel wood without interruption. In addition, supplementary and therapeutic feeding programme beneficiaries (pregnant and lactating women, severely and moderately wasted children, chronically ill, HIV/AIDS etc) and sick patients admitted in the camp health facilities were not affected by ration cut.

1.3 Survey Objectives

The general objective of the survey was to assess severity of malnutrition by quantifying acute malnutrition in refugee camps in western Tanzania with the following specific objectives:

- 1- To estimate the prevalence of wasting and oedema in children aged 6-59 months in the refugee camps.
- 2- To estimate the magnitude of malnutrition as a problem with an estimate of population size, by calculating the absolute number of the malnourished cases for programming purposes.
3. To estimate measles immunization coverage among under-five children in the refugee camps

2. Methodology

2.1 Survey Methodology

General approach

This was a cross-sectional survey whereby its nutrition assessment results represent a situation in the surveyed camps at a particular point and time.

2.1.1 Study population

The assessment involved children aged 6 -59 months. Anthropometric measurements were made on a total 2989 under-five children. The survey was conducted from 14th September to 5th October,

⁴ WFP PRRO Monthly Situation report Jan-Oct, 2006

2006, including data entry.

2.2 Sampling procedure and sample size for anthropometric data

Cluster sampling method was used for the nutrition assessment in the camps. Due to the fact that all refugees in western Tanzania have been registered and computerised by UNHCR, simple random sampling was initially preferred. A random sample of households was selected and survey teams in the camps were asked to verify if the sampled households existed. Feedback from all the locations indicated that they missed up to 5 percent of the randomly selected households due to ongoing repatriation. The other reason was that Lukole A and B was being consolidated and unfortunately data merging was not yet completed a situation that could have denied some households a chance of being selected. Similarly systematic random sampling was not preferred as could be affected by prevailing population movements (repatriation and camp consolidations). Thus the best choice was cluster sampling.

2.3 Sample size for malnutrition (Global Acute Malnutrition or wasting)

In calculating the sample size for global acute malnutrition (GAM) the higher confidence limits of the 2005 survey results of 3.3⁵ percent was used at 1.5 design effect. Because of low prevalence of GAM higher precision level was needed to able to estimate the prevalence and was set at 2.0. The total number of under-five children was 65,184 estimated from the UNHCR population statistics as of 1st August, 2006. Using the above mentioned parameters, a sample of 458 children was calculated automatically using SMART Programme, June 2006⁶. Three percent of the sample was added to take care of non-response, making a total of 472 children. This sample size was enough to estimate the prevalence of GAM in all the 11 camps in western Tanzania.

For the purpose of monitoring and programming nutrition interventions it was decided by UN agencies and implementing partner's nutritionists that the above sample size be studied in each camp. This meant that the overall sample size would be 11 times bigger.

According to SMART programme⁶ a minimum of 26 clusters are needed for a study to be valid, making a total of 286 clusters for all 11 camps. However, due to generally large number of clusters for the entire refugee camps, we opted for the minimum number of 26 clusters per camp assigned based on probability proportional to size (PPS).

2.4 Selection of households and children

In each cluster, households to be surveyed were randomly selected. Whereby a street or village or block with large population was assigned one or two clusters for example, the respective villages were divided into sub-villages/blocks or streets of not more than 100 households. Then the sub-villages to be surveyed one or two depending on the number of clusters assigned was chosen randomly. All households in the randomly selected sub-villages were listed by names of head of households or plot addresses depending on which was most convenient for tracing the households. The team leaders randomly selected 18 households in each clusters using simple random tables provided to them. With the help of block or village leaders, the survey teams visited all the 18 randomly selected households starting with the nearest.

⁵ UNHCR/UNICEF/WFP, Nutrition survey report, 2005.

⁶ UNICEF/USAID. SMART programme, June 2006

All children aged 6-59 months in the selected households were eligible for anthropometric measurements. Also all children in the last households were measured even if the required number in that cluster has been obtained. Children admitted in health facilities were followed up and assessed accordingly at the facility. Revisits were made for children who were absent in the selected households during the survey period.

2.5 Training and supervision

All team leaders (nutritionists and clinical officers) were trained for four days by UNICEF, UNHCR and UNWFP nutritionists based in western Tanzania. The team leaders in turn trained other members of the teams for three days in their respective locations. Training for team leaders covered survey design, selection of clusters and households, taking anthropometric measurements based on WHO/UNICEF guidelines⁷, diagnosis of oedema, data collection, interview skills and general organization of the survey and logistics. They were also trained on SMART programme (planning for the survey, data entry, plausibility check, results, survey tools and manual). They were also trained on the use of NCHS reference values for referring malnourished children to feeding programmes during the survey.

Evaluation of enumerators (team leaders) was also done. Some enumerators had problems with precision and accuracy with respect with taking height measurements. The team leaders were retrained and practiced taking anthropometric measurements until their readings were almost equal to that of the supervisor. Since only anthropometric measurements were to be collected, instead of piloting survey much more emphasis was put on the standardization of the measurements and on completion of the survey data sheet.

During the survey, the survey teams were supervised by UNICEF, UNHCR and UNWFP nutritionists who are based in the three main locations namely; Ngara, Kibondo and Kasulu. Each was responsible for supervision of his/her location. The supervisors visited the teams in the field at least 2 times. Team leaders comprised of 3 nutritionists and 7 clinical officers. All clinical officers were participating in the nutrition assessment for the first time, except for the 3 nutritionists who participated once or more in the previous surveys.

2.6 Data collected

2.6.1 Anthropometric data

Children's age during the survey was based on the date of birth recorded on the child growth monitoring card kept by their parents or care takers.

Weight measurements for all children were taken using Salter Scale (25Kg) provided by UNICEF based on WHO and UNICEF guidelines⁷. All weight measurements were recorded to the nearest 0.1Kg precision. All subjects will be weighed nude to control for clothing effect and the fact that children's clothes in the camp differ significantly from one child to another.

Heights and lengths were measured using stadiometer height board (short production, wood socket, Rhode, Island 02895, USA), also provided by UNICEF. Height was measured for children aged two years and above while length taken (measured lying) for children below two years⁷. Both height and length were recorded to 0.1cm precision.

⁷ WHO/UNICEF. How to weigh and measure children, 1986.

Oedema was assessed and diagnosed for all children studied by applying a moderate finger pressure on the tops of the feet. If a depression remained for some time (at least a few seconds or by counting two thousand and one, two thousand and two and two thousand and three), meaning that if oedema has been pressed out of the tissue, a child was diagnosed as having oedema. The child was recorded as oedematous if both feet clearly showed to have oedema.

2.6.2 Vaccination status and coverage

Measles vaccination was taken as an overall proxy-indicator for estimating immunization coverage among under-five children in the refugee camps. Vaccination coverage was assessed by recording date of measles vaccination from the respective child's growth and monitoring card.

2.7 Data entry and analysis

Data entry was done while the survey was going on using SMART programme that was provided and installed to team leader's computers. Data quality of each camp was assessed using an inbuilt plausibility check in the SMART software⁶ for weight-for-height and height-for-age which is similar with those recommended by WHO⁸. The acceptable standard deviation limits are follows: weight-for-height (0.85-1.10); height-for-age (1.10-1.30) and weight-for-age (1.00-1.20). Data from four out of 11 surveyed camps (Mtendeli, Muyovosi, Mtabila I & II) were out of these ranges and were excluded from the analysis.

A total of 2989 records from the seven camps whose data quality was within the recommended limits were cleaned and analysed. About 0.5 percent of the assessed children had no age possibly due worn out of growth monitoring card. During analysis, the following Z-score exclusion ranges were used: Weight-for-height (<-3.0 and > +3.0) based on SMART survey manual recommendation⁶; height-for-age (<-5.0 and >+3.0) and weight-for-age (<5.0 and > +5.0) based on WHO recommendations⁸. Based on these limits 1%, 0.6 % and 0.3 % of the height-for-age, weight-for-age and weight-for-height records were excluded in the final analysis respectively, indicating that the data were of good quality.

Age groups for under-five children were based on WHO recommendations⁸. Malnutrition for the three anthropometric indices (weight-for-height, weight-for-age and height-for-age) was defined based on WHO standard definitions. Global malnutrition was defined as Z-Score <-2 SD and or oedema while severe and moderate malnutrition was defined as Z-score <-3 SD and or oedema and -3SD to <-2SD respectively.

Measles vaccination coverage was defined as those children vaccinated at nine months and beyond during the MCH routine vaccination schedules. Thus, in order to avoid misinterpretation of the measles coverage all children who were below the age of nine months were excluded in the final analysis. About 96 percent of the records on immunization were analysed. Measles vaccination during national immunization days/campaign was not assessed during the study because its target group (6-59 months old) differs from that of the routine measles immunization done at nine months old and above. Data for measles were transferred and analysed using SPSS version 11.

⁸ WHO, 1985. Physical status: The use and interpretation of anthropometric (WHO technical report series 854)

3. Results

3.1 Anthropometric results

The anthropometric indices commonly used to assess and describe the nutritional status of children were used also in this survey. These are weight-for-height (wasting or thinness), height-for-age (stunting or chronic malnutrition) and weight-for-age (underweight). Wasting usually indicates a recent and severe process of weight loss due to acute starvation, severe disease or chronic unfavourable conditions. Stunting reflects a process of failure to reach linear growth as a result of suboptimal nutritional and/ or health conditions which are in turn rooted in poor socio-economic conditions and poverty. Weight for age on the other hand reflects body mass in relative to chronological age. It is influenced by both weight and height of the child.

The sex distribution of the sampled children indicated that 51.8% were girls and 48.2% were boys, with a ratio of 0.9 boys to girls. There was a slightly high proportion of children aged between 12-23 months (25.5%) compared to other age groups as shown in table 3.1

3.1.1 Weight- for- height (Global acute malnutrition based on Z-score or wasting)

As explained in the analysis section, GAM was defined as Z-scores <-2SD weight-for-height and/or oedema while severe acute malnutrition was defined as Z-score <-3 SD weight-for-height and/or oedema. Under weight and stunting were defined as Z-score <-2SD weight-for-age and severe under weight as Z-score <-3SD. Similar cut off points were used for stunting. The anthropometric data for all three indices were normally distributed almost with same shape as that of the reference population, however, with some degree of kurtosis.

Table 3.1: Distribution of age and sex in the seven camps

Age group (months)	Boys		Girls		Total		Ratio
	no.	%	no.	%	no.	%	Boy:girl
6-11	152	51.5	143	48.5	295	9.9	1.1
12-23	378	49.8	381	50.2	759	25.5	1.0
24-35	290	45.7	345	54.3	635	21.3	0.8
36-47	307	47.6	338	52.4	645	21.6	0.9
48-59	309	47.8	338	52.2	647	21.7	0.9
Total	1436	48.2	1545	51.8	2981	100.0	0.9

Data quality was checked for each camp by the team leader based on the plausibility check in the SMART programme. Data from seven camp representing 61% of the recorded were analysed.

The result indicates that the prevalence of malnutrition in refugee camps in western Tanzania was 3.1% (95% CI 2.5-3.7). Most of the malnutrition cases were moderate while severe cases were rare. The prevalence and severity of global acute malnutrition in the camps is summarised in Table 3.2 below. Only two oedema cases were reported in the seven camps whose data were analysed. The two children with oedema were referred to the therapeutic feeding programme. As it can be seen in Tables (3.2-2.5) all oedema cases were severely. Wasting was more common in children aged 12-24 months. Mean Z-scores (data not presented) of infants were significantly higher ($p=0.000$) compared to the older age groups.

Based on the findings (3.1 percent) prevalence, and assuming that the total number of under-five children was 65,184 (August 2006 figure) the estimated total number of malnourished children based on weight –for –height in all the camps in western Tanzania in the coming period would be 2,021

and among them (0.1 percent severe) about 65 of the 65,184 would be severely malnourished. In other words, the number of children expected to be enrolled in supplementary and therapeutic programme is 1956 and 65 respectively. However the coverage of the feeding programmes at the time of the survey were 67.8% and 92.3% for SFP and TFP respectively.

Figure 1: Comparison of the distribution of weight-for-height Mean Z-score of the study (refugee children) and reference population

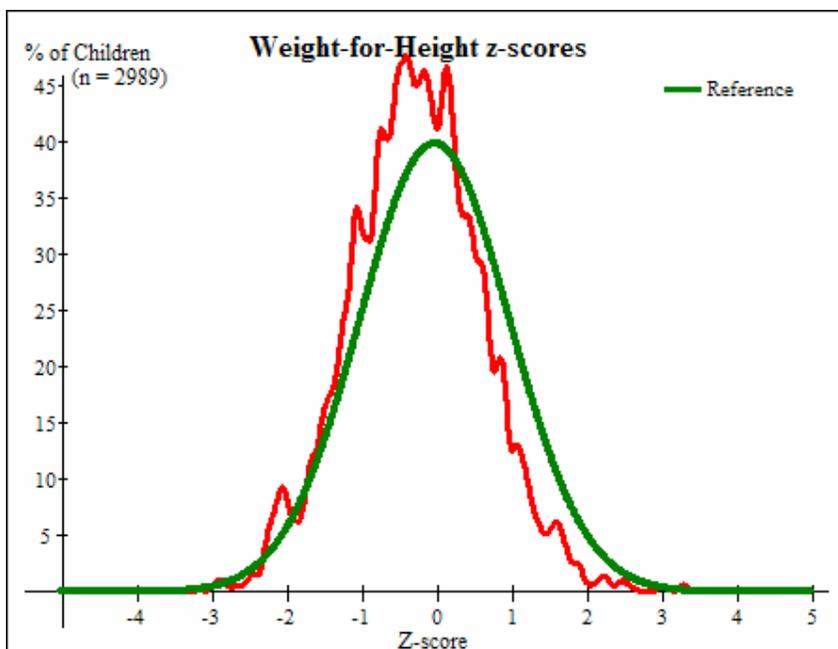


Table 3.2: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or oedema) by sex

Severity of acute global malnutrition	All n = 2989	Boys n = 1438	Girls n = 1551
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(92) 3.1 % (2.5 - 3.7 95% C.I.)	(50) 3.5 % (2.4 - 4.5 95% C.I.)	(42) 2.7 % (2.0 - 3.5 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(89) 3.0 % (2.4 - 3.5 95% C.I.)	(49) 3.4 % (2.4 - 4.5 95% C.I.)	(40) 2.6 % (1.8 - 3.4 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(3) 0.1 % (0.0 - 0.2 95% C.I.)	(1) 0.1 % (-0.1 - 0.2 95% C.I.)	(2) 0.1 % (-0.1 - 0.3 95% C.I.)

The prevalence of oedema is 0.1 %

Table 3.3: Prevalence of acute malnutrition by age based on weight-for-height z-scores and/or oedema by age

Age months	Total n	Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
		n	%	n	%	n	%	n.	%
6-11	291	0	0.0	8	2.7	283	97.3	0	0.0
12-23	757	0	0.0	31	4.1	726	95.9	2	0.3
24-35	634	0	0.0	14	2.2	620	97.8	0	0.0
36-47	644	0	0.0	25	3.9	619	96.1	0	0.0
48-59	646	1	0.2	11	1.7	634	98.1	0	0.0
Total	2972	1	0.0	89	3.0	2882	97.0	2	0.1

Table 3.4: Distribution of acute malnutrition and oedema based on weight-for-height z-scores (Waterlow classification)

Malnutrition based on oedema	<-2 z-score	>=-2 z-score
Oedema present	Marasmic kwashiorkor No. 0 (0.0 %)	Kwashiorkor No. 2 (0.1 %)
Oedema absent	Marasmic No. 90 (3.0 %)	Normal No. 2897 (96.9 %)

Prevalence of GAM based on weight for height percentage median and/or oedema.

The prevalence of GAM based on weight-for height percentage median was 0.7 percent almost 4.4 times lower compared to that defined by use of Z-score. However, the severe category remained unchanged as based on oedema. Children aged 12-24 months accounted 45.4 percent of all the cases defined as malnourished based on weight-for-height percentage of median. The distribution of GAM percentage of median is summarised in Table 3.5 and distribution by age is shown in Table –3.6.

The 2006 results indicate that the GAM based on percentage median decreased by 50 percent from 1.4 percent in 2005 to 0.7 percent in 2006. However, there was no decrease prevalence in the severe category between the two years in both cases being at 0.1 percent.

Table 3.5: Prevalence of acute malnutrition based on the percentage of the median and/or oedema

Severity of GAM	n = 2989
Prevalence of global acute malnutrition (<80% and/or oedema)	(22) 0.7 % (0.4 - 1.1 95% C.I.)
Prevalence of moderate acute malnutrition (<80% and >= 70%, no oedema)	(20) 0.7 % (0.4 - 1.0 95% C.I.)
Prevalence of severe acute malnutrition (<70% and/or oedema)	(2) 0.1 % (0.0 - 0.2 95% C.I.)

Table 3.6: Prevalence of malnutrition by age, based on weight-for-height percentage of the median and oedema

Age group	Total n	Severe wasting (<70% median)		Moderate wasting (>=70% and <80% median)		Normal (>=80% median)		Oedema	
		n.	%	n.	%	n	%	n	%
6-11	291	0	0.0	1	0.3	290	99.7	0	0.0
12-23	757	0	0.0	8	1.1	749	98.9	2	0.3
24-35	634	0	0.0	2	0.3	632	99.7	0	0.0
36-47	644	0	0.0	3	0.5	641	99.5	0	0.0
48-59	646	0	0.0	6	0.9	640	99.1	0	0.0
Total	2972	0	0.0	20	0.7	2952	99.3	2	0.1

3.1.2 Weight-for-age (Underweight)

The overall prevalence of underweight (WAZ <-2SD) was 19.7 percent (95% CI 17.9, 21.5 %). In other words, the results indicate that one in five children is underweight. Table 3.7 shows the prevalence by severity of underweight in refugee camps in western Tanzania. As expected underweight prevalence was more common among children aged 12-24 years old, this could explain the difficulties the community is having on introduction of complementary feeding to the children at weaning age. It was interesting that infants and older children had the same level of global underweight.

The distribution of the Mean z-cores of weight –for –height was skewed to the left of the reference population with overall mean of -1.21 (95% CI -1.24, -1.17). Mean z-cores of children based on age categories followed similar trends as that of prevalence rate with that of infants being significantly better ($p<0.05$) than of older children.

Age wise underweight increased up during infancy reaching a peak at age of two years where about 25% of the children were under weight. Beyond the age of two years underweight prevalence decreased gradually as shown in Table 3.7 below.

Table 3.7: Prevalence of underweight among under-five children 7 refugee camps in western Tanzania

age group (months)	n	mean (95% CI)	Z-scores	Severity of underweight (%)			normal
				severe	moderate	global	
underweight							
6-11.9	291	-0.90(-1.03, -0.77)*	1.4	11.7	13.1	86.9	
12-23.9	759	-1.35(-1.42,-1.28)	4.1	20.8	24.9	75.1	
24-35.9	632	-1.28(-1.35,-1.20)	3.2	19.4	22.6	77.4	
36-47.9	643	-1.21(-1.28,-1.14)	1.6	18.3	19.9	81.1	
48-59.9	646	-1.11(-1.18,-1.05)	0.9	12.7	13.6	86.4	
All	2971	-1.21(-1.24,-1.17)	2.4	17.3	19.7	80.3	

* Significantly higher ($p<0.05$) than that of older children

3.1.3 Height-for-age (stunting)

The global stunting (HAZ <-2SD) for all the camps was 33.9 percent (95% CI 31.8, 36.0%). There was no significant difference in the global stunting with 2005 levels with regard to severe and moderate stunting. The distribution of global and severity stunting categories in the camps is shown in Table 3.8

Infants (6-11.9 months) were generally less stunted compared to other age groups, however, as it was for wasting, stunting increased sharply up to the age of two years whereby about 43 percent of children aged 12-23.9 months had already been stunted. Comparing stunting across age groups the results, indicate that children aged 12-23.9 and 48-59.9 months were 2.1 and 1.5 times more stunted than infants (6-11.9 months) respectively.

The mean Height-for-age z-scores of the children in the camps was -1.63 (95% CI: -1.67, -1.60), ranging from -1.31 to 1.53 SD. Age wise, the mean Z-score of infants was significantly higher ($p < 0.05$) than that of older children reflecting distribution of prevalence. As it can shown in figure 3 all are skewed to the left of mean Z-score distribution of the reference population indicating that the refugee children are serious stunted.

Table 3.8: Prevalence of stunting among under-five children in the seven camps

age group (months)	n	mean (95% CI)	Z-scores	Severity of stunting (%)			normal
				severe	moderate	global	
stunting							
6-11.9	289	-1.31(-1.42, -1.19)*		4.5	15.5	20.4	79.6
12-23.9	754	-1.84(-1.91,-1.76)		10.9	32.3	43.2	56.8
24-35.9	632	-1.62(-1.70,-1.54)		9.5	23.4	32.9	67.1
36-47.9	641	-1.66(-1.74,-1.58)		9.0	24.9	33.9	66.1
48-59.9	643	-1.53(-1.60,-1.45)		6.8	23.1	29.9	70.1
All	2959	-1.63(-1.67,-1.60)		8.7	25.2	33.9	66.1

* Significantly higher than rest of age group

3.2 Measles vaccination coverage results

The over all coverage of measles immunization in refugee camps was about 94 percent ranging from 66.7 percent in Mkugwa to 99.8 percent in Mtendeli. When Mkugwa camp was excluded in the analysis the overall coverage was 95.4 percent while the remaining 4.6 percent had no information on immunization. The distribution of measles immunization coverage by camp is summarised in Table 3.9. Older children (12-59 months) had higher coverage compared to infants. This is not surprising as not all children are vaccinated against measles at exactly nine months.

Table 3.9 Measles coverage in the refugee camps in western Tanzania by camp (Mkugwa excluded)

camp	n	Measles coverage (based on immunization card)	Missing information
Kanembwa	455	98.2	1.8
Lugufu I	451	96.0	4.0
Lugufu II	455	98.5	1.5
Lukole	376	93.4	6.6
Mtabila I	419	91.4	8.6
Mtabila II	427	97.7	2.3
Mtendeli	482	99.8	0.2
Muyovosi	419	91.4	8.6
Nduta	378	93.4	6.6
Nyarugusu	463	92.7	7.3
Total	4325	95.4	4.6

Table 3.10 Measles immunization coverage by age in the 10 camps (data combined)

Current age of children (months)	n	Measles coverage	Missing information on vaccination
9-11.9	218	78.9	21.1
12-23.9	1130	95.2	4.8
24-35.9	1018	96.9	3.1
36-47.9	986	95.6	4.4
49-59.9	966	97.4	2.6
Total	4318	95.4	4.6

Table 3.11: measles immunization coverage in 11 camps in western Tanzania

camp	n	Measles coverage (based on immunization card)	Missing information
Kanembwa	455	98.2	1.8
Lugufu I	451	96.0	4.0
Lugufu II	455	98.5	1.5
Lukole	376	93.4	6.6
Mtabila I	419	91.4	8.6
Mtabila II	427	97.7	2.3
Mtendeli	482	99.8	0.2
Muyovosi	419	91.4	8.6
Mkugwa	257	66.9	33.1
Nduta	378	93.4	6.6
Nyarugusu	463	92.7	7.3
Total	4582	93.8	6.2

4. Discussion

Each type of malnutrition is discussed separately to give readers an insight of the different types of malnutrition and its prevalence in the refugee camps. Trends of malnutrition by age groups and overtime as well as measles coverage are also discussed separately.

4.1 Nutritional status

The findings of this survey will be presented using three common indicators used to define the nutrition status of the given population. These are Weight for Height (commonly defined as wasting or global acute malnutrition (GAM), weight for age (underweight) and height for age (stunting or chronic malnutrition).

This is the first time in the history of nutrition survey in western Tanzania where a quality test was done on each camp done based. Thanks for the plausibility check provided by the SMART Programme. In the past two years quality check based on SD was used on combined data from all the camps. Because four camps (Mtendeli, Muyovosi, Mtabila I and Mtabila II) did not pass the SMART plausibility test, it was discussed and agreed that survey results on anthropometric indices be presented without being segregated by camp. This is important in order to avoid confusion by some camps not having levels of malnutrition. Thus, the results presented above represents the levels of malnutrition in all the surveyed combined eleven camps.

It is important to note that although cluster sampling design was used in the 2006 survey as it has been in the previous surveys, households were selected using simple random sampling instead of EPI method or spin or bottle method. The simple random method was considered to be better as it gave an equal chance of households to be selected in each cluster and was used for first time in the camp; however, the number of households to be visited was carefully calculated taking into consideration walking time from one household to another. The results indicate that the sex ratio of boys to girls was 0.9 implying that there were no biases on selecting the children to be surveyed.

4.1.1 Global Acute Malnutrition (Wasting)

The survey revealed a global acute malnutrition of 3.1 percent (95% C.I 2.5-3.7), with severe acute malnutrition of 0.1 percent (95% C.I 0.0-0.2) in surveyed camps. These results indicate there was slight increase in GAM from 2.8 percent (95% C.I. 2.4-3.3%) to 3.1 percent and decrease in severe acute malnutrition from 0.3 percent to 0.1 percent as compared to that reported in September 2005⁹. However, the increase was not statistically significant. Lack of significant decrease in severe wasting may seem surprising, considering that the decrease was about 200 percent. This may be due to small numbers (numerators) especially in the 2006 data where only 2 children were defined as severe. It can therefore be concluded that there was no change in prevalence of GAM in the refugee camps since the last nutrition survey, in August/September, 2005.

On the other hand, the above estimate are considered reliable results as the standard deviations of the anthropometric indices fell within the SMART and WHO recommended limits. In other words the real prevalence if calculated with reference standard deviation of 1 SD would be just 4 percent, a difference one digit from the estimated prevalence by the current survey.

⁹ UNHCR/UNICEF/WFP nutrition survey report, 2005

The lack of significant increase in prevalence of global acute malnutrition poses a nutrition paradox, in the sense that despite a prolonged ration cut that was provided at an average of 80 percent of the recommended 2100 Kcal for almost 12 months⁴, the prevalence of acute global malnutrition remained unchanged. The paradox may still be explained by the 2005 hypothetical reasons. First, families that could not cope with continued ration cut decided to repatriate leaving behind the able to copy ones. Reports indicate that 55,480 refugees had repatriated to their countries from December 2005 to September 2006¹⁰ when the survey was conducted (WFP 2006, PRRO update). If this hypothesis is true, it results stabilizing the impact of ration cut on under-five nutritional status.

Second, it is likely that the refugees coping mechanism to supplement their diet as a result of ration cut are at the same or at higher level of the reduced ration, such that the deficit balances out. This argument is supported by 2006 coping strategy index findings indicating that 99.7 percent of the households were using one or more of the coping mechanisms that supplemented their food and income¹¹. However, the CSI score had decreased by 2.5 points (the 2005 CSI mean score was 37.5% v/s 35.0% in the 2006 draft report) which may have contributed to a relative increased global acute malnutrition rate from 2.8 to 3.1 percent. It is also important to note that the interaction between the surrounding villages and the refugees is still going even in places without common markets this provides avenues for petty business to take place between the two societies.

Thirdly, good and free health services provided to the refugee population in the camps cushions, the impact of food reduction on nutritional status and maintain under-five and general population death rates (sometimes referred to as mortality rate) in the camps within recommended levels³ Fourth, good performance in the therapeutic and supplementary feeding programme for identified malnourished children in the camps. According to the UNHCR 2006² mid year report recovery rate in therapeutic and supplementary feeding programme was 94 and 96 percent, respectively, surpassing by far the minimum levels in emergency³

The reported GAM prevalence of 3.1 percent in this survey is typical and within the acceptable limits according to the WHO⁸ and UNHCR/WFP cut of points for severity of acute global malnutrition in both stable and emergency. Acceptable is defined as low weight-for-height less than 5 percent; poor when the prevalence falls between 5.0-9.9 percent; serious when is 10-14.9 percent and critical when is 15 percent and above. On the other hand the 2006 results did not differ much from that in the hosting communities. According to the 2005 THDS¹² results, the GAM in Kigoma region was 3.7 percent, both falling in the acceptable levels according to WHO classification above. Of the three indices, it was only weight –for –height that fell within the same classification category as that of the refugee camps.

4.1.2 Prevalence of GAM based on percentage of median

The results indicates that the prevalence of malnutrition based on percentage of median was 0.7 percent (95% CI 0.4 - 1.1). It also depicted a decreasing trend from the 2005 results. It is important to note that the prevalence of malnutrition based on percentage median is usually less than that expressed based on Z-score. This is because Z-scores calculation considers three factors (median measurement, actual measurement and standard deviation of the measurement) while percentage median take into account two factors only (median measurement and actual measurements).

Although percentage median is a good predictor of mortality, its use as an admission and discharge criteria in the therapeutic and supplementary feeding programmes has been causing confusion when

¹⁰ WFP PRRO update, October, 2006

¹¹ Coping Strategy Index, 2006 draft report

¹² Tanzania Demographic Health Surveys, 2005

it comes to calculation of the coverage in therapeutic and supplementary feeding programme in the camps. As a result, admission and discharge in feeding programme was replaced with Z-score system since early 2006 when UNHCR revised the health information system in the camps in western Tanzania. Evaluation of using Z-score in the admission and discharge will take place immediately when full integration of the nutrition indicators will be done in the health information system.

4.1.3. Prevalence of Stunting

The assessment revealed a global stunting (HAZ < -2SD) of 33.9 percent (95% C.I 31.8 – 36.0) in all camps. Although this prevalence is slightly lower compared to 36 percent (CI 34.9-37.5%) reported in 2005 there is no significant difference. As it was in the last three years (2004-2006) prevalence still falls in the region of 30-39 percent classified as high category by WHO⁸ On the other hand, the observed levels is above the UNHCR chronic malnutrition supplemental indicators in both stable and emergency situation of less than 20 percent³

When comparing stunting in the camps and hosting communities, children in the camps were less stunted compared to the hosting communities. Results from the Tanzania Demographic Health Survey¹², for Kigoma indicated that 50.1 percent were stunted, about 1.5 times. It can therefore be concluded that children in the camps relatively grow better than their counterparts in the hosting communities.

4.1.4 Prevalence of Underweight

The prevalence of underweight had slightly decreased from 22.0 percent (95% CI: 20.9-23.2) to 19.7 percent (95% CI 17.9 – 21.5) in 2006 no significance difference was noted. As it was for wasting, the prevalence of 19.7 percent falls in the region of 10-19 percent classified as medium category by WHO⁸

It is important to note that although there was no significant decrease in prevalence of underweight compared with the 2005 results, the 2.3 percent decrease was sufficient to shift the WHO classification category of the magnitude of underweight in the refugee camps from *high* to *medium*. On the other hand the prevalence of underweight among under-five children in the camps was 1.7 times less than their counterparts in Kigoma region staggering at 34.2 percent in 2005 (THDS, 2005)

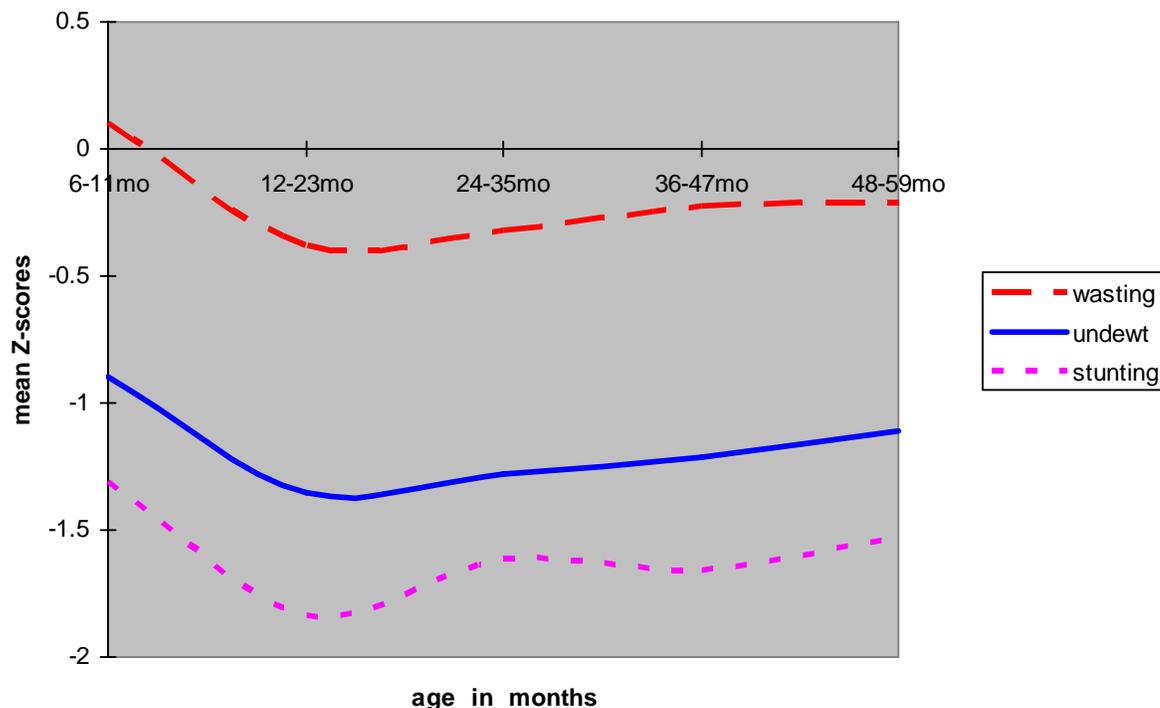
4.1.5 Variation of malnutrition by age group (6-59 months)

All the three anthropometric indices indicated that children aged 12-23 were more affected than other age groups as expected. Generally the prevalence of wasting, underweight and stunting seems to increase from children aged 6-11 months reaching at peak at the age group 12-23 months and thereafter shows a decline trends to the subsequent age groups. Same trend were displayed in 2004-2005.⁹ Based on results from Table 3.3, 3.7 and 3.8, the risk of the age group 12-23 months becoming malnourished is twice as much for the age group 6-11 months. As can be seen from Figure 3, same pattern is displayed with mean Z-score most children in the camps falling in the negative region. The reason for this is clear. From infancy up to the age of two years is usually characterised with rapid growth⁸ which is usually associated with increased demand for dietary intake and care. It is a critical growth period. If these demands are not met, children become malnourished.

This trend serves to remind us that the critical time for effective nutrition interventions that can make a difference in terms of significant reduction in the prevalence of malnutrition especially underweight and stunting is from infant to two years. The trends described above for the three

indices with respect to age are common and typical in the developing countries¹³, implying that children staying in the refugee camps have relatively similar nutritional and health problems as those prevailing in the hosting country.

Figure 2: Trend of mean Z-score of children in the refugee camps by age



4.1.6 Trends in prevalence of malnutrition in the refugee camps 2004-2006

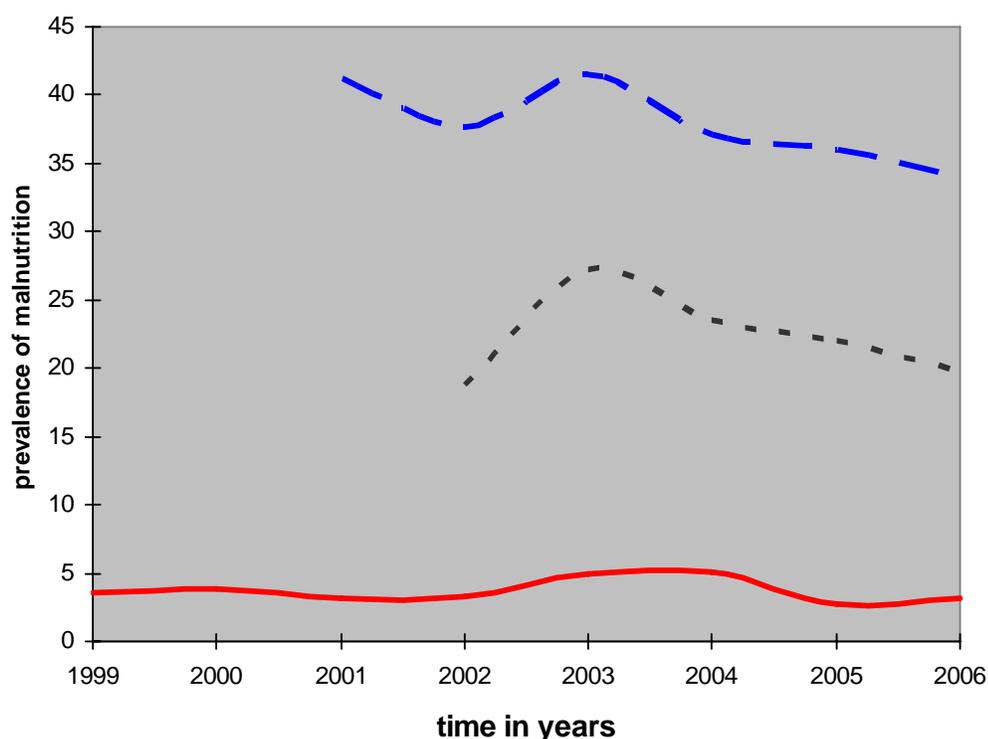
Nutrition survey results on prevalence of global acute malnutrition, under weight and stunting in the refugee camps in the last three years (2004-2006) depicts a decreasing trend despite the periodic ration reduction as shown in Table 9 below. As it can be seen in Figure 3, the prevalence of malnutrition (wasting, underweight and stunting) has been fluctuating up and down with a general decreasing trend. Partly the decline can be explained by better and free health services provided in the camps. The other related reason is that refugees leave close to health services giving them an advantage with respect to early diagnosis and treatment of various forms of under-five morbidities. This weakens the synergistic effect of disease and inadequate dietary intake on malnutrition among under-five in the camps. Despite high morbidity rate of malaria and ARI among under-five in the camps², the prevalence of GAM (wasting) remained stable.

¹³ Linkages, 1999. Recommended Feeding and Dietary Practices to Improve Infant and Maternal nutrition

Table 4.1 Trend of malnutrition prevalence in the refugee camps, nutrition survey results 2004-2006

Type of malnutrition	August 2004		September 2005		September/October 2006	
	Severe	Global	Severe	Global	Severe	Global
Wasting	0.4 (0.3-0.5)	5.1 (4.7-5.5)	0.30 (0.1-0.4)	2.8 (2.4-3.3)	0.1(0.0-0.2)	3.1(2.5-3.7)
Underweight	4.1 (3.7-4.4)	23.4 (22.6-24.2)	2.70 (2.2-3.2)	22.0 (20.9-23.2)	2.4 (1.8-3.2)	19.7 (17.9-21.5)
Stunting	10.0 (9.5-10.6)	37.0 (36.1-37.9)	9.9 (9.1-10.7)	36.2 (34.9-37.5)	8.7 (7.5-10.0)	33.9 (31.8-36.0)

Figure 3: Decreasing trend in prevalence of malnutrition in refugee camps 1999-2006



4.1.7 Causes of malnutrition in the refugee camps

As it is in most developing countries, the causes of malnutrition in the camp can be better explained by the UNICEF(1990) malnutrition conceptual framework that categorizes the causes as immediate (disease and inadequate dietary intake), underlying (inadequate social services, care and food insecurity) and basic (Humanitarian assistance). However, it should be noted that no causes of malnutrition was collected in this survey as such it is difficult to associate the current levels of malnutrition with specific category of cause. However, they are all responsible though at different degree.

With respect to immediate causes, there was no disease out break during the period between August 2005 to September, 2006 like diarrhoea or Cholera that can lead to significant increase in GAM. However, under-five morbidity with respect to malaria, ARI and diarrhoea remained relatively the same². As explained earlier its effect on nutritional status was cushioned by better health services, early diagnosis and treatment. Although refugees were provided with reduced rations which may

have reflected itself in inadequate dietary intake, its impact may have been mitigated with coping mechanisms used by 99.7 percent of the refugees in the camps¹¹. It is important to note that although underweight and stunting showed signs of decrease, their levels were still at medium and higher category respectively which calls for continued systematic interventions.

Because it is not easy to quantify the contribution of coping mechanisms in terms of kilocalories (energy) or income, it is suspected that reduced food rations explains a considerable proportion of malnutrition in the camps. This is because public services (water supply, health and sanitation services) are better with good coverage. Water is provided at or above 22 litres per person day while immunization and vitamin A coverage is above 95 percent and the prevalence of low birth weight is 7.0% implying that its public health services effects on malnutrition is likely to minimal.

Inadequate resources on humanitarian assistance in the refugee camps may explain large part of the current levels of chronic malnutrition. Reduced resources result in reduced services. For example, According to WFP⁴ the prolonged ration was due to financial constraints.

4.2 Measles vaccination coverage in the refugee camps

Immunization coverage in the camps is based on the Expanded Programme on Immunization covering six communicable diseases (Measles, Tuberculosis, Diphtheria, Pertusis, Tetanus and Polio). Considering that measles is caused by contagious virus associated with high mortality rate and the fact that measles antigen is usually the last vaccine to be administered, it has been taken as an indicator of fully immunization coverage.

After exclusion of Mkugwa camp the results indicate that 95.4 percent of the children in the camps in western Tanzania were immunized against measles. Exclusion of Mkugwa camp with respect to immunization was due to the fact that Mkugwa is a protection camp housing refugees seeking resettlement whose population is not that stable and is below 3000.

However, it should be noted that the above levels was based on measles recorded immunization dates of the MCH 4 card of studied under-five children. The 4.6 percent, whose records were missing on the cards, were either due to the fact that MCH 4 card had either worn out / toned cards, not legible and or lost. For example, in Lukole camp most of those who had missing information on immunization reported their cards got lost during camp consolidation from Lukole B to Lukole A. It was not surprising finding that 21 percent aged 9-11.9 months of the children had no information on measles immunization. This is explained by the fact that not all children are immunized exactly 9 months. Depending on the monthly visit over due for a week or two is common. This was true since about 46 percent of the children aged 9-11.9 months missing information on measles were just aged 9.5 months.

Despite some of the children missing information on immunization, it was gratifying to find that the reported coverage was slightly above the minimum level (95% coverage) recommended by the Sphere project in emergency situation where routine immunization coverage has been established¹⁴. Thus, the actual measles immunization coverage in the routine immunization system in the camps is higher than that reported in this study. This is supported by the fact that the mid year report based on monthly health information system reports indicated that measles coverage across the camps was 100 percent². Moreover, report from the nation immunization campaigns conducted in June, 2006, indicated that measles coverage among children aged 6-59 months in the refugee camps in western Tanzania was 99.9 percent.¹⁵

¹⁴ Sphere Project, 2004. Humanitarian assistance

¹⁵ UNICEF, 2006. Measles national campaign immunization report

It can be concluded therefore that, the coverage of measles immunization and other antigens in the refugee camps is above the levels recommended minimum standards of the national levels of 79.9 percentage coverage¹²

5.0 Conclusion

Findings from the 2006 nutrition survey in the camps indicate that prevalence of acute global malnutrition was 3.1 percent with no significant increase compared with 2.8 percent in 2005. It can be concluded therefore, that the level of GAM had stabilised. Based on WHO classification on severity of weight- for- height, the above result falls in the acceptable category. Coping strategies and better public health services may have mitigated the impact of prolonged ration cut refugees' nutritional status by suppressing the effect of ration reduction. Sustained ration cut may have a long term effect on child growth and development that can not be assessed in one time survey like this.

The noted decrease in the prevalence of underweight and stunting was not significant. While stunting was remained in the higher category underweight was reduced to medium level. All the three anthropometric indicators showed that children aged 12-24 months were the most affected implying that significant reduction can be made by targeting interventions to younger (6-24 months) children. Generally the prevalence of malnutrition (global acute malnutrition, underweight and stunting) has been decreasing over the past three years (2004-2006).

The coverage for the expanded program for immunisation as based on measles vaccination in the camps was maintained above the minimum recommended levels in emergency reflecting similar coverage for other antigens.

6.0 Recommendations

- 1 The food ration provided in the general food distribution should provide the minimum 2100 Kcal as recommended by World Health Organization and JAM 2004/2005, this should be steadily provided.
2. The 2005 JAM recommendation of enrolling severely underweight children and extending duration of lactating women in the supplementary feeding programme from 3 to 6 months as recommended in the WFP food and nutrition hand book should be implemented.
3. The SMART methodology both for assessment and data analysis should be strengthened so that nutritionist and team leaders are conversant with its application so as to improve survey methodology and data quality in subsequent surveys. Currently only few nutritionist are conversant following departure or relocation of four experienced nutritionists from partners.
4. The immunization coverage achieved in the camps in recent years should be maintained and improved further especially among children 9-11.9 months old.
5. Given the current prevalence of global acute malnutrition and provision of public health services in the camps and assuming that the minimum recommended kilocalories will be provided steady it is recommended to conduct nutrition survey at lease once in two years.
6. Given also the steady reduction of the severely malnourished children in the therapeutic feeding programme, it is recommended that starting 2008 a community based approach in the management of severely malnourished children be implemented.

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Special thanks to under-five and parents involved in the survey through for their willingness to participate in the study has enabled the international community to better understand the nutritional status of the refugee community. We thank also the refugee population in general, for their understanding and cooperation during the survey period.

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Figure 4: Comparison of distribution of the reference population and surveyed refugee children in western Tanzania, 2006.

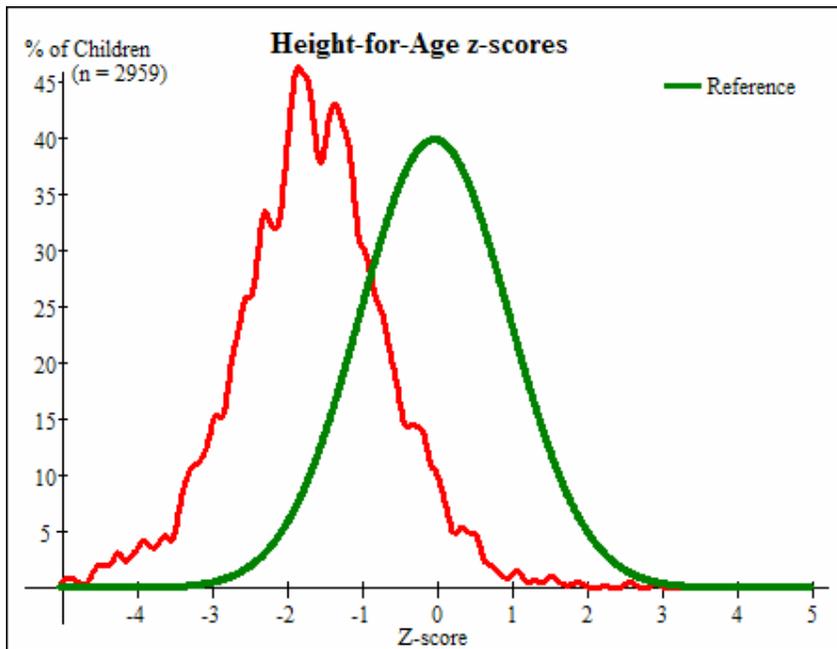
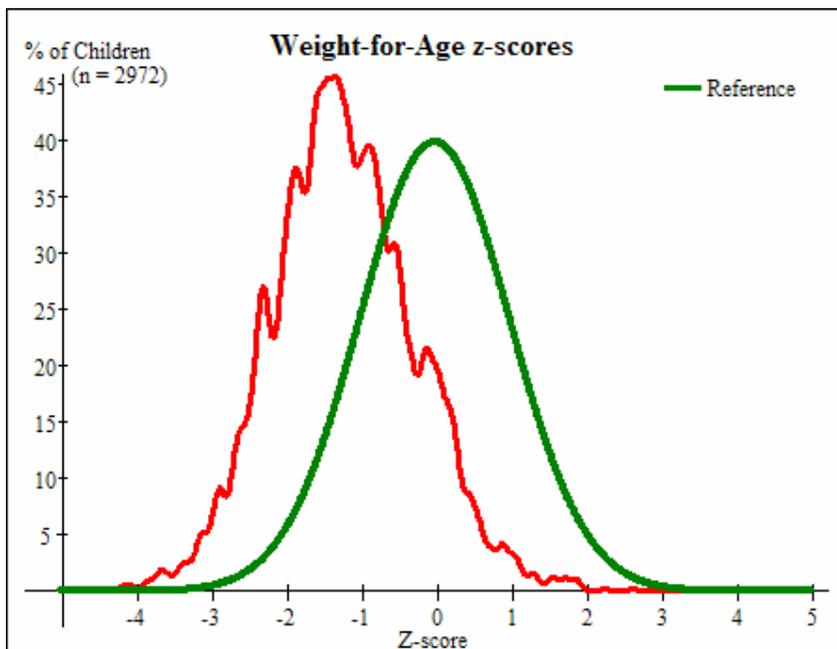


Figure 5: Comparison of the distribution of reference population and surveyed children in refugee camps, in western Tanzania, 2006



Northwestern Tanzania
Burundian and Congolese Refugee
Emergency Food Security and Coping
Strategy Household Study

ANNEX IV: EFSA/CSI Final Report, November 2006

Executive Summary

Since 1967 Tanzania has been hosting Burundian, Rwandan and Congolese refugees. As of 31st October 2006, Tanzania is home to 299,403 refugees in 11 refugee camps. The refugees depend mainly on food aid and other assistance including non-food items, nutrition, health, water and sanitation services from donors. For WFP, the unstable pipeline situation has forced the refugees to receive reduced food rations. Funding constraints have also made it difficult for UNHCR to provide an adequate supply of non-food items including firewood and clothing.

To supplement food and non-food needs, as well as exercise their preference for locally produced foods, refugees interact with neighbouring villages. To purchase goods from local markets, some refugees sell part of their food ration thereby reducing the amount of food consumed by the households. Aside from the sale of food aid, refugees seek employment outside the camps from Tanzanians in the villages and are paid in cash or in kind (food or firewood). When paid in cash, refugees buy locally produced food items, firewood and other non-food items. Some refugees are given plots to plant their food items such as sweet potatoes, cassava and beans.

Currently the Government of Tanzania's policy on refugees restricts the refugees to a 4 km radius, which limits the ability of refugees to undertake more tangible self-reliance activities. Moreover, the Ministry of Home Affairs representatives in the camps are currently discouraging corporate partners in the refugee camps from extending support to income generating activities, as it is perceived this will discourage refugees to repatriate.

The results from this study are based on household questionnaire that was undertaken between 16th and 24th October 2006. Based on the findings of the report, the current food security in the refugee camps is fair to good. However, in general 70% of the sample is dependent on food. For 30% of the sample, the food aid basket is supplemented with non-relief food, these foods come from other sources such as agricultural production, wages, trading and the sale of food aid. However, in total these other activities make up less than 50% of the food consumed in the household's food basket.

Within the camps, households have very limited access to credit. For households with access to credit, the dominant source is the household's social network. Although a small percentage of households indicated the use of credit to buy food, it is unlikely, if there is a co-variant shock, that credit would remain available to households for consumption smoothing during the shock.

Recommendations

1. Future ration cuts could lead to a deterioration of the refugees food security. Currently the beneficiaries are receiving a 75% ration. However, over 70% of the sample has a borderline consumption pattern. A reduction in the ration, without programming alternatives, such as cash, could cause household consumption to drop below the borderline consumption profile or force households to adopt erosive coping strategies to adapt to the decreased ration.

Similarly, the high percentage of households that sell food aid for other food and non-food items suggests that the inclusion of cash initiatives may reduce the need

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for households to sell parts of their food aid ration which, in turn could increase the 'borderline' consumption group to 'good'.

2. According to the study, particularly for the Burundian camps, own production plays an important role in providing income and supplementing the house diet. NGOs and UN organisation involved in agricultural support to refugees should be encouraged and if possible expanded. However, as addressed in point 5, the Government of Tanzania's current policy on the movement of the refugees around the camp limits the ability of agricultural programmes to be expanded.
3. Large proportions of households use food aid as a means to acquire soap, firewood and salt. If other UN agencies, responsible for non-food assistance, could provide a reliable supply of these non-food items to the refugees, it should reduce the incidences of households that exchange their food aid for these goods.

If non-food interventions are not possible, then a cash initiative should be considered by the agencies assisting the refugees. By allowing households to directly purchase items such as soap and fuel wood, which households are currently relying on the sale of food aid to meet, could allow borderline households, who have a higher incidence of selling their food aid, shift their consumption profile from 'borderline' to 'good'.

4. Households have very little access to credit. The refugees that do have access to credit rely on their social network. However, during co-variant shocks these sources may become exhausted. NGOs that are involved in micro-credit should expand their activities in the camps providing alternative sources of credit to the refugee households for consumption smoothing during lean periods, ration cuts or shocks.
5. Economic activities play an important role for households as a source of income to acquire food and non-food. The results from the study indicate that there is a high risk of harassment or theft if households undertake economic activities outside the mandated 4km camp buffer. It would be beneficial to the refugee population if these risks could be reduced and/or an expansion of the buffer area.
6. Markets are an important source of income and food for different groups in the sample. Currently, however, refugee households are not able to access the surrounding common markets that allow trade and interaction between the residents and the refugees. A recent report by a consultant for WFP¹ outlines recommendations to address this issue
7. Presently WFP undertakes a Beneficiary Contact Monitoring (BCM) study every six months. It would be germane to expand the study's instruments to include questions pertaining to consumption, expenditure and income sources. These questions can be adapted from the questionnaire employed in this study.
8. Household food security is dynamic. Monitoring is an important tool that allows the negative changes in household food security to be identified and mitigated before

¹ Rutachokozibwa, Vedasto "A Report on the Review of Common Food Markets in Refugees Host Areas in Northwestern Tanzania"

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erosive coping mechanisms are undertaken. A refugee food security monitoring system should be implemented by the agencies and organisation working in the camps.

9. In future needs assessments be undertaken by WFP employing the EFSA tools used in this study, further training prior to the survey should be undertaken. Moreover, if feasible, the next refugee study should consider integrating both the nutrition and food security into one study. This would allow the incidence of malnutrition in the camps to be estimated as well as the shed light on the relationship between the food security pillars of utilization, access and availability within the refugee camps.
10. The CSI although a useful tool for emergency situations, should be integrated into a broader toolkit that is used in future assessments. No single indicator, composite or not, can either accurately measure the degree of food insecurity, or possible causation. WFP's regional bureau should provide guidance to the CO on possible indicators to be included in future studies, the integration of the CSI into these tools and assistance on securing budgetary resources for future studies.

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Social-Economic Background:

Since 1967 Tanzania has been hosting refugees. In 1993, approximately 250,000 Burundian refugees fled into Kigoma and Kagera regions following an attempted coup in Burundi. This was later followed by another significant influx from Rwanda and Burundi in 1994, after the Rwandan and Burundian Presidents were killed in an aircraft crash.

In 1997 the organized voluntary repatriation to Burundi started but was halted in mid-1999 because of insecurity. The repatriation of Burundians resumed in March 2002, at varying rates. By the end of 2005 repatriation rates had decreased because of drought in northeastern Burundi provinces that saw some 11,000 asylum seekers entering Tanzania. However, by December 1996 an estimated 500,000 Rwandan refugees returned home.

Currently, the Governments of Tanzania and Burundi and United Nations High Commissioner for Refugees (UNHCR) are encouraging and facilitating the safe and dignified return of the Burundian refugees as the security situation improves. However, some Burundian refugees have indicated that they are reluctant to return to Burundi due to concerns over the lack of access to land, food insecurity and inadequate social services in Burundi including education. Others are still afraid of security because of the fragile peace process.

In 1996 large numbers of Congolese refugees arrived in Kigoma following civil strife in the then Zaire. In 1997 a programme that facilitated the repatriation of the Congolese refugees to the Democratic Republic of the Congo (DRC) started, it was suspended in August 1998 because of hostilities in DRC, which saw a new large influx of Congolese refugees to Kigoma.

By 2003 the spontaneous returns of Congolese refugees to DRC using unsafe boats began and continued until the third quarter of 2005. The rate of return was increased following a tripartite agreement signed in January 2005, which improved the security conditions in the areas of return. However, the repatriation rate slowed in March 2006 following pre-election tensions and uncertainties about the prospects of peace in the DRC.

As of 31st October 2006, Tanzania is home to 299,403 refugees in 11 refugee camps. The refugees include 166,525 Burundians, 130,046 Congolese and 2,832 refugees of mixed origin, assisted under PRRO 10062.2. Due to the limited scale of production activities, the refugees depend mainly on food aid and other assistance including non-food items, nutrition, health, water and sanitation services from donors. The Government's restriction on movement to a 4 km radius limits the ability of refugees to undertake more tangible self-reliance activities. Some refugees maintain small kitchen gardens, which contribute to the refugee household's own production. However due to finite amounts of arable land near the camps, the volume of agricultural production is limited.

For WFP, the unstable pipeline situation has forced the refugees to receive reduced food rations. Funding constrains have also made it difficult for UNHCR to provide an adequate supply of non-food items including firewood and clothing. As a result, refugees sell part of their food ration to buy other items affecting the amount of food consumed by the households. The recent nutrition assessment conducted in September 2006 in all refugee

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camps in Western Tanzania indicated preliminary figures of a 3.1% global acute malnutrition rate, which is a slight increase compared to last year (2.8%).

To supplement food and non-food needs, and exercise their food preference for locally produced food, refugees interact with the local community in the camp and neighbouring villages. In all camps, Lukole camps in Ngara, there are established markets. The markets for Ngara where the Lukole camps were officially closed in November 2003, forcing the refugees to establish informal ad-hoc mini-markets with limited supplies and these are not recognized by the local authorities. The village markets near the refugee camps give the refugees and Tanzanians the opportunity to meet and exchange/sell/buy food and other items. These items include bananas, sweet potatoes, cassava, palm oil and beans. These communal markets however, except for Lugufu camps, were closed in 2004. The 2005 JAM observed significant inefficiencies in the market interaction between the refugees and the local community. Maize meal, for example, sold at a low rate of Tsh 120.00 per kilo compared to Tsh 300.00 for same amount of cassava.

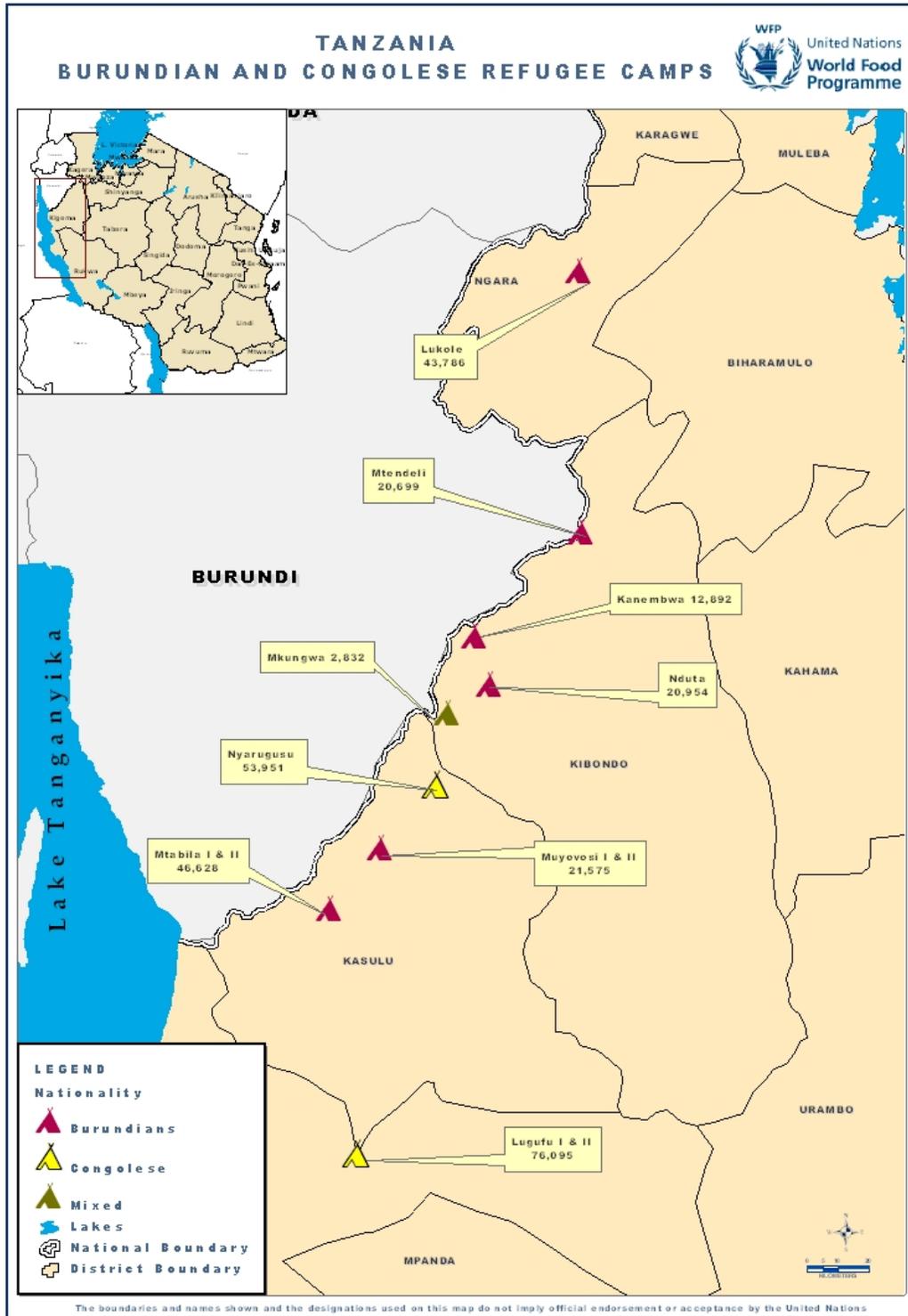
As mentioned earlier, Government of Tanzania policy restricts the movement of refugees to less than 4 km of the camp. However, this policy is inconsistently applied. For example refugees in Kanembwa and Mtendeli camps in Kibondo have also been accessing common markets in Kilemba and Kasanda villages, since the third quarter of 2005. Similarly, refugees in Mtabila and Muyovozi camps in Kasulu access the local markets in Mugombe and Shunga villages.

Aside from the sale of food aid, refugees have been working outside the camps for Tanzanians in the villages and paid in cash or in kind (food or firewood). When paid in cash, refugees buy locally produced food items, firewood and other non-food items. Some refugees are given plots to plant their food items such as sweet potatoes, cassava and beans.

The Government has reiterated that it will not allow integration of Burundian and Congolese refugees but rather facilitate the return of refugees to their countries of origin. The Ministry of Home Affairs representatives in the camps are currently discouraging corporate partners in the refugee camps from extending support to income generating activities, as it is perceived this will discourage refugees to repatriate. However, there is a general feeling among the corporate partners that refugees' income generating initiatives should be supported to allow refugees raise capital and acquire skills, necessary for them to start good life when they are repatriated.

The 2005 Coping Strategy Index (CSI) survey showed that 99.5 percent of households used at least one strategy ranging from limiting portion size, purchasing food on credit and borrowing to manage food shortfalls at the household level. However, unlike the results of the 2004 CSI study, the refugees did not rely on destructive strategies to access food. This was attributed to the strict movement restrictions and many markets were closed

This study was undertaken between 16th and 24th October 2006. The figure below identifies the location of the refugee camps that were the focus of this study in western Tanzania



Sample Methodology

The Tanzania EFSA in the refugee camps sought to characterize the household's level of food security within the two types of camps. The camps can be divided into the principal nationality of the residents (Burundians and Congolese). The sample universe for this study was all the households within the camps with separate strata for each type of camp. Using the UNHCR refugee registration lists, households were randomly selected in single stage selection procedure. It was estimated that interviewing 200 households per strata would provide a representative snapshot of their current food security situation at a 95% confidence interval

The selection of households could not be self-weighted as there were not complete population figures for all the households in the camps. Instead, households were ordered according to the UNHCR Identity number and then a systematic sampling process as described in the WFP-VAM 'Sampling Thematic Guidelines' was employed.

Limitations to Study

The EFSA, like any field study, is subject to limitations. While rigorous standards were applied, the following must be acknowledged:

Threat to external validity:

Limitations in the ability to generalize the results from the sample to the general population must be acknowledged. The data were collected to be representative for the households in each of the two types of camps (Burundian and Congolese). Neither the surrounding areas outside the camps were included in the study nor were households hosting refugees outside of the official camps. The sample, because it was a single stage selection of the households was not expected to have a design effect. The survey data however represent the situation at a given point in time. Data collection was conducted during a period of ration cuts inside the camps and consequently the overall food security situation at the time of the survey can therefore be considered as below the typical level.

Threat to internal validity:

Inaccurate recall and quantitative estimates may affect the validity of the results. In some cases social desirability, limited freedom of speech (especially among Burundian refugee women) and expectations may have affected the responses and set patterns, especially given that the refugees have been the object of many program oriented assessments (e.g. food aid) and responses. However, the anonymous character of the survey and the training provided to the enumerators contributed to mitigate this bias.

Threat to reliability:

Threat to the reliability or repeatability (Kalton et al., 2005) of the results was minimized through questionnaire design and training of the enumerators. Training of the household questionnaire was conducted to reduce individual variation in how the enumerators understood the questions. Furthermore, the questionnaires were translated from English to Swahili and Kirundi. It is anticipated that both the training on and translation of the questionnaire should reduce the affect of misunderstanding on the results.

Consumption Profiling

The information on food consumption over the 7-day period prior to data collection was used to establish food consumption profiles. Diet diversity is a demonstrated proxy indicator of the access dimension of food security and nutrition intake. A Principal Component Analysis (PCA) was run on the consumption of 17 food items and resulted in 8 factors that accounted for 80% of the variance of the original dataset. A Non-Hierarchical Cluster Analysis was then run on the principal components in order to group together households that share a particular consumption pattern. A total of 8 “summary” consumption patterns were obtained. These groups were then classified as either ‘borderline’ or ‘good’². The principal aspects of the two classes are described in Annex 1 of this report.

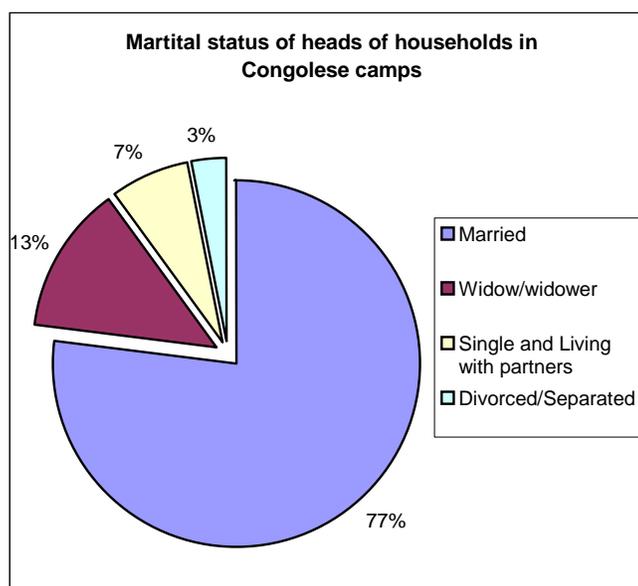
Congolese Camps

Demographics

In the Congolese camps, the average household size is estimate at 7.5 people per household. Of the interviewed households, 72.2% were male-headed household while 27.8 were female headed. The study categorized the age of heads of households into 3 categories, “child headed”, “productive adult headed” and “elderly headed households”. The majority of the households (90%) were headed by a productive adult. However, 7% of the households were headed by an elderly adult (>59yrs) and 3% headed by minors.

Drawing on the responses from the Congolese strata, 77% of the households were married, 13% of the head of the households were widows or widowers, 7% of the households were single and living with partners. Less than 3% of the sample indicated that the head of the household was either divorced or separated.

The graph to the right is a summary of the marital status of the heads of households. Households headed my minors were classified as single.



²Typically there are 5 consumption classes, very poor, poor, borderline, good and very good. For a better understanding of the terms and the thresholds please see the EFSA Handbook

Dependents

In the Congolese camps the mean number of children per households was 4.6. Congolese households had also a mean of one household in 10 with elderly dependents. The mean ratio of dependents to number of productive adults is 2.1 to 1.

Literacy

In the Congolese camps, 82% of the heads of households could read and write. However, only 55% of the spouses could read and write

Assets

Assets owned by the Congolese refugees include sickle/machete (52%), radio (47%), hoe (46%) and axe (32%). 31.3% of the Congolese owned bicycle, 12% owned cell phones. Less than 4% of the households owned fishing nets.

Animal Ownership

In general of the interviewed Congolese refugee households, 54% had access to farm animals. Refugees own a mean of 2.4 poultry or fowls while less than one in ten households owned a goat.

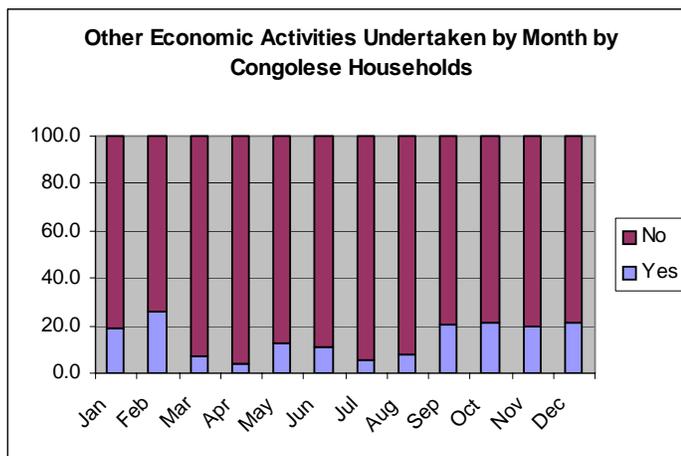
Economic Activities and Sources of Income

The dominant economic activities for the households in the Congolese camps are focused primarily on trade, commerce and salaried employment. Of the three income sources for the household in the Congolese camps 27% of the households identified ‘Other’ as a key income source followed by Petty Trading (14%), Food Production (13%) and finally Salaries (10%).

Other Economic Activities/Sale of Food Aid

‘Other Activities’ was identified as a key income generating activity. In the survey, the respondents were asked to identify what the ‘other’ activity was. Categorizing these responses, 57% mentioned the sale of food aid and 42% did not give an answer.

In terms of importance to the household income ‘other’ activities contribute on average to 78% to the household income.



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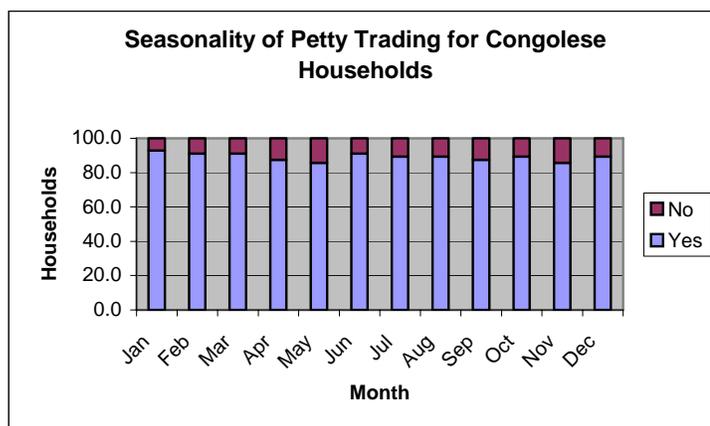
Reviewing the seasonality of ‘other’ activities, households tend to undertake these activities throughout the year. However, there is a slightly higher reported intensity between September and February.

As mentioned earlier, the Government of Tanzania’s policy on the refugees prohibits the refugees from seeking employment outside the camps. However, refugees that seek to supplement their income from work outside the camps are exposed to risk. The risks identified by percentage of responses from the Congolese households associated with ‘other’ activities are theft (96%), Harassment (49%) and assault or rape (18%).

Petty Trading

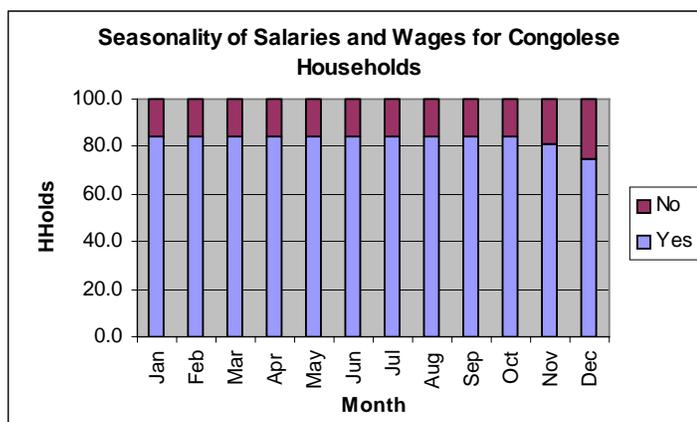
For the Congolese households, petty trading is undertaken all year long with slight peaks in January and July. On average Petty trading contributes to 65% of the household income to 14% who mentioned petty trading as a key source of income.

Of the households that undertake the petty trading, 80% of the respondents indicated that they faced the risk of theft and 60% indicated they risked harassment while engaging in this activity.



Wages and Incentives

As illustrated in the graph to the right, the income source of salaries and wages remain stable throughout the year. In terms of importance to the contribution to the household income, for households that receive salaries or wages indicated that it contributes on average to 85% of the household income.



According to the respondents, the principle risks associated with this activity outside the camp are: Theft (56%), Harassment (23%) and Imprisonment (10%)

Sources of Income for Expenditure

As discussed above, Congolese households employ three main economic activities to seek income (‘other’/sale of food aid, petty trading and salaries). In terms of activities that

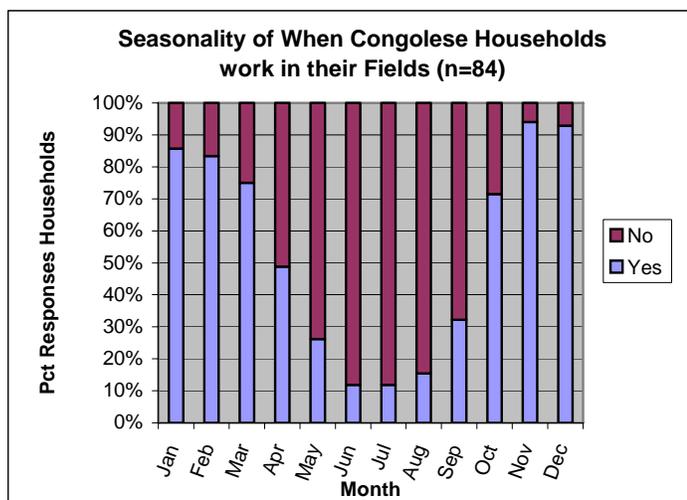
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provide the means to purchase goods in the market, the sample indicated that income for the purchase of goods (food and non-food) in the last 30 days, is dependent self-generation (73%) with the remaining income contributed predominately by the sale of food aid (20%).

Breaking down the expenditure patterns for the households in the Congolese strata, the sale of food aid was used by 21% of the household to buy vegetables, 18% of the household to buy soap and 16% of the respondents to buy cooking fuel (firewood, charcoal). It was not within the scope of the study to identify which food items were sold.

Access to Land

Agricultural production was identified by 10% of the sample as a source of income. 41% (82 households) of the Congolese strata reported that they had access to land of which 48% of the respondents indicate that is borrowed from the local community. In terms of importance to the household as a source of food or income, on average 47% of the production from the households is directly consumed and 8% is sold.



The graph above is the distribution of responses from the households indicating when they exploit their land. The highest frequency is between October and March.

Access to Credit/Debt

Drawing upon the responses from the households, 17% of the Congolese households have access to credit. 83% of the households that have access to credit rely on friends and family members. At the time of the survey 7% of the households indicated that they were in debt.

Consumption Profiles

Based on the responses of the 7-day consumption recall, households were classified as having either a 'Good'; or 'Borderline' consumption pattern. The components of the two consumption profiles are described in more detail in Annex I at the end of this report. However, according to the responses, 82% of the Congolese households had a borderline consumption profile while 18% had a good consumption.

Of the 18% of households with a good consumption, 36% percent had access to credit, 25% had had income from salaries and 22% earned income from agricultural production. Moreover, 78% of expenditure came from 'own-generation' income activities and the sale of food aid (16%). Drawing upon the sources of food from the previous 7-day consumption,

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50% of the household's food was from food aid with the remainder being made up by the market (42%) and their own production (6%).

Of the borderline group, 13% have access to credit. 44% of households indicated that they work in the fields of which 18% identify agriculture as a source of income. For economic activities, 40% indicated 'Other/Sale of Food Aid' and 21% engaged in 'Petty Trade. 69% of household income for expenditure came from self-generating activities while 22% came from the sale of food aid. Reviewing the sources of food from the previous 7-day consumption indicated that, food aid contributed to 76% of the household's food basket, with 20% coming from the market and 2% coming from own production.

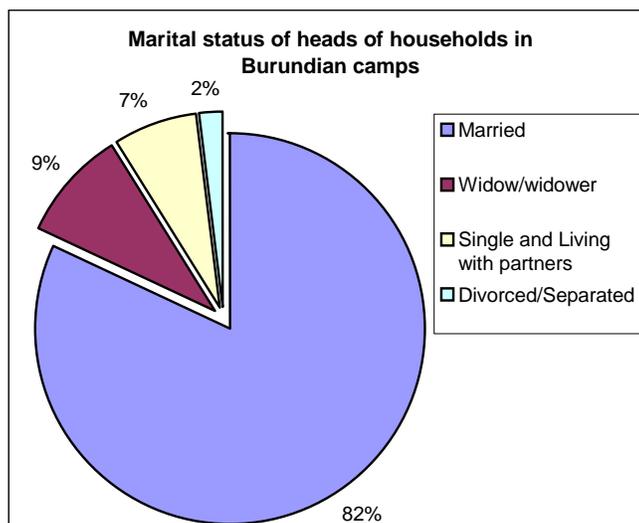
Burundian Camps

Demographics

The household size in the Burundian camps was estimated at 5.7 people per household. 87.0% of the interviewed households were male headed while female-headed households were 13%.

As per the age groups categorised by the study, 94% of the households were headed by productive adults. 2% of the households children headed while 4% were headed by elderly.

Married heads of household constituted 82% of the sample while single headed of households were 4%. 9% of the head of the households were widows or widowers; while 3% of the sample in the Burundian camps were living with partners. The remaining 2% of the sampled households were living apart but not divorced. The graph to the right is a summary of the status of the household heads.



Dependents

In the Burundian camps the mean number of children per households was 3.2. The respondent households had very few elderly dependents (1 in 20 households). Consequently, the mean ratio of dependents to number of productive adults was 1.6 to 1.

Literacy

Among the Burundian respondents, 76.5% of the heads of households are able to read and write. Where as only 49.5% of the spouses could read and write.

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Assets

The majority of Burundian refugees (86%) owned hoes and sickle/machete (75%). Among the Burundian refugees, 62% owned radios, 61% bicycles, 12 % tape/CD Players and 9% cell phones. Very few respondents owned fishing nets (<3%)

Animal Ownership

In the Burundian camps, 52.5% of the households had access to farm animals. The mean number of poultry or fowls per household is estimated at 2.2. Less than one household in ten had either a goat or pig, while one in five households owned a cow.

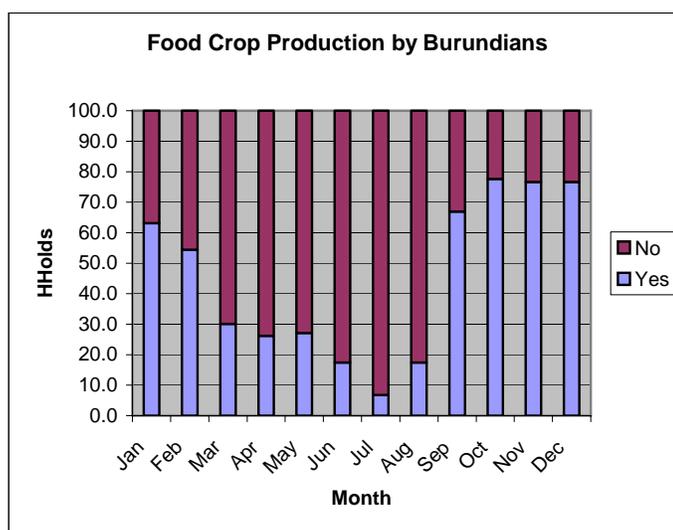
Economic Activities and Sources of Income

The dominant economic activities for the Burundians households are focused primarily on agricultural production, agricultural labour and salaried employment. Of the three income sources for the households in the Burundians camps 26% of the households identified 'food crop production' as a key income source followed by Agricultural labour (17%) and Salaries (8%).

Agricultural Production

Agricultural production was mentioned by 26% of the Burundian refugees as an important source of income to the household's income. On average 58% of the food production by the households is directly consumed and 11% is sold. In terms of importance to the household as a source of income, 'food crop production', on average contributes to 60% to the household's income.

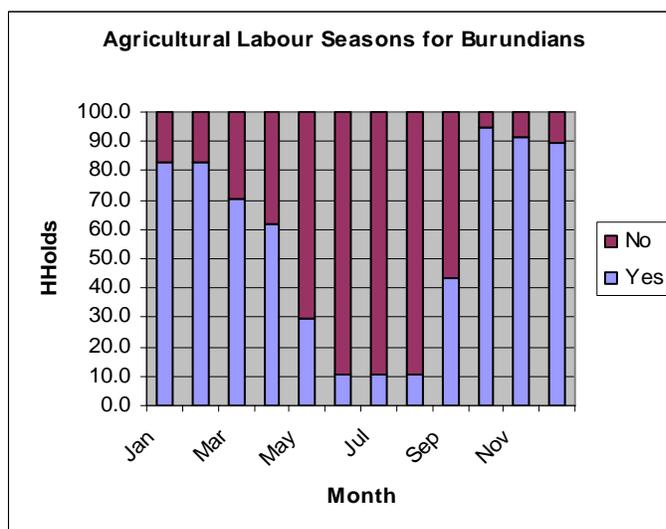
The main risks associated with agricultural production were theft and harassment (43% of the responses). The graph above is the distribution of responses from the households indicating when they exploit their land. The highest frequency is between October and February, consistent with the rainfall pattern.



Agricultural Labour

For the Burundian refugees, 17% of the households mentioned agricultural labour as an economic activity. For the households that undertake agricultural labour, on average, 76% of the household's income comes from this activity. However, 42% of the responses indicated theft and harassment are main risks associated with this activity.

The seasonally distribution of when households engage in agricultural labour has a similar pattern to the Burundian refugees undertaking agricultural production. The highest frequency is between October and April. The graph above is the distribution of responses of when the households undertaken agricultural labour throughout the year.



Wages and Incentives

The income source of salaries and wages for the Burundian refugees remains stable throughout the year. The graph to the right is the percentage of households receiving wages and salaries over a 12-month period. For households with access to salaries and wages it contributes, on average, to almost 70% of the household's income. However, 50% of the refugees however mentioned theft and harassment (37.5%) as key risks associated with this activity.



Sources of Income for Expenditure

As presented above, the three main activities Burundians households employ to seek income are agricultural/food crop production, agricultural labour and employment/salaries and wages. In terms of purchasing power, the sample indicated that income for the purchase of goods (food and non-food) is mainly dependent own generation (90%) followed by income earned through the sale of food aid (6%).

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Breaking down the expenditure patterns for the households in the Burundian strata, the sale of food aid was used by 20% of the household to buy soap and 16% of the respondents to buy salt. The remaining households that used the sale of food aid to purchase goods bought: sugar, alcohol and tobacco, and meat,

Access to Land

A large proportion of the Burundians households 67% responded that they have access to farming land. Of the households that have access to land 69% of the households indicated that they borrowed land from the local community for farming activities.

Access to Credit/Debt

The study indicated that 20% of the Burundian refugees had access to credit facilities. Of those who borrow money, 77% rely on friends and/or relatives. During the time of the study, 52% of those who borrowed money indicated that they were in debt.

Consumption Profiles

Based on the responses of the 7-day consumption recall, households were classified as having either a 'Good'; or 'Borderline' consumption pattern. According to the strata, 62% of the Burundian refugee households had a borderline consumption profile while 39% had a good consumption profile.

Of the 39% of households with a good consumption, 79% had access to agriculture/farming land and provide agricultural labour. 22% of the households in this consumption class have access to credit, which is mainly borrowed from friends and relatives (76%). 65% of the households who borrow money in this consumption profile were in debt at the time of the study. According to the 7-day consumption section of the questionnaire, in the previous seven days, 49% of the households diet came from food aid with the remainder being made up by the market (29%) and own production (21%).

Of the borderline group, 64% had access to agriculture/farming land while 63% were engaging in agricultural labour. Fewer households, in this consumption group (18%), had access to credit of which 77% of the credit is provided friends and relatives. At the time of the study, 41% of the households in this consumption group with access to credit were in debt. According to the sources identified by the household based on their consumption of the previous seven days, 73% of the consumption came from food aid. 16% was acquired from the market and 10% was consumed from their own production.

Coping Strategies and the CSI

The frequency of coping strategies was collected during the EFSA, and the CSI score for each household was calculated based on weights estimating the severity of coping strategies determined in 2004 through focus group discussion.

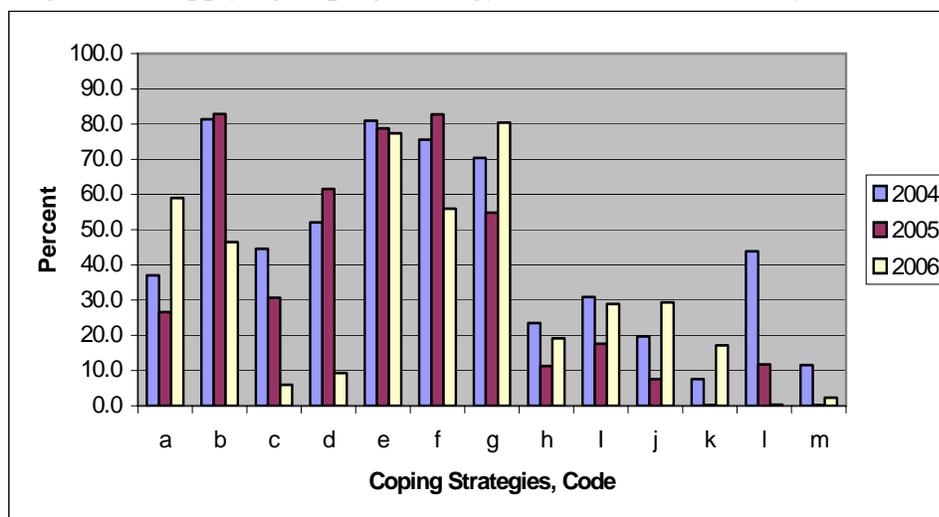
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The table below and related figure that follows illustrates the coping strategies by perceived severity from least to most severe and percentage of households that indicated using each strategy at least once during the two-weeks recall period. 99.7% of the households indicated that they had used one or more coping strategy. Compared to 2005 study, the percentage of households 'limiting the portion size', 'borrowing food or money' and 'skipping meals for the entire day' decreased.

Table: Percentage of Households Using Consumption Coping Strategies by Severity; Comparison between 2004, 2005 and 2006

Consumption Coping Strategies Used to Derived the CSI	Percentage of Households Using this Strategy		
	2004	2005	2006
Sell high Value, preferred foods to purchase larger quantity of less expensive foods	37	26.6	59.0
Limit portion size at mealtimes	81.3	82.9	46.5
Exchange your labour for food (work for food)	44.6	30.7	6.0
Purchase food on credit	52.1	61.6	9.3
Reduce number of meals eaten in a day	81	78.8	77.4
Borrow food or money (which you have to repay) from neighbours, friends, or relatives	75.6	82.8	56.0
Restrict consumption of adults in order for small children to eat	70.4	54.8	80.4
Send household members to beg	23.5	11.3	19.1
Sell household assets or the NFI's the household owns	30.9	17.6	28.9
Send household members to eat elsewhere	19.7	7.6	29.4
Engage in Prostitution or theft of food (illegal activities)	7.6	0.2	17.1
Skip entire days without eating	43.8	11.7	0.3
Have some members of the household migrate elsewhere or repatriate	11.6	0.2	2.3

Percentage of HH Applying Coping Strategy at Least Once in 14 days, 2004-1006



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Code for Coping strategies: a) Sell high Value, preferred foods to purchase larger quantity of less expensive foods; b) Limit portion size at mealtimes; c) Exchange your labour for food (work for food); d) Purchase food on credit; e) Reduce number of meals eaten in a day; f) Borrow food or money (which you have to repay) from neighbours, friends, or relatives; g) Restrict consumption of adults in order for small children to eat; h) Send household members to beg; i) Sell household assets or the NFI's the household owns; j) Send household members to eat elsewhere; k) Engage in Prostitution or theft of food (illegal activities); l) Skip entire days without eating; m) Have some members of the household migrate elsewhere or repatriate.

CSI Comparison Between Sub-Groups and Over Time

The mean CSI score among all refugee households during the assessment is estimated at 35.02 +/- 2.96 CSI points. This was 2.47 CSI points lower than the 2005 mean CSI score of 37.49 +/- 1.69 and significantly lower than the 2004 baseline mean CSI score of 53.02 +/- 2.8 CSI. Since a higher CSI score is related to households coping due to stress, there is an indication that refugee households are coping more to mitigate a particular shock.

Comparison between nationalities

Looking at different nationalities (Congolese vs. Burundians), the CSI scores suggest that Congolese (48.80 CSI points) are more food insecure than Burundians who scored 21.39 CSI points.

CSI and livelihood activities

Households that were engaged in food crop production as the main livelihood activities had a lower CSI score of 19.54 while those that did 'other activities' had the highest (54.76). Refugee households undertaking petty trading, the CSI was 41.26 points. For salaries/wages (employees) and for households exploiting agricultural labour it was 37.18 and 24.80 respectively.

Based on 'Good' or 'Borderline' consumption pattern as classified by the study, households with good consumption have a CSI of 23.90 while those with borderline scored 39.43 CSI points.

Congolese

Congolese refugees with food production as their main livelihood activity have the lowest CSI score of 23.94. The two highest scores came from households with income from salaries/wages (56.46) and 'other activities' (55.95). Based on the 'Good' or 'Borderline' consumption patterns the Congolese, households with good consumption have a mean CSI of 39.80 while households with borderline have a mean of 50.80 CSI points.

Burundians

For the Burundian households, the mean CSI score for households with salaries and wages was lower (12.65) than both households that undertook food crop production (17.77) and engaging in agricultural labour (22.92). Comparing the responses from the 'Good' or 'Borderline' consumption classes among the Burundians indicated a mean CSI of 16.47 for households with a good consumption pattern, compared to a mean of 24.47 CSI points for households with a borderline consumption.

Conclusions

Based on the finding of the report, the current food security in the refugee camps is fair to good. However, in general 70% of the sample is dependent on food. Although for 30% of the sample the food aid basket is supplemented with non-relief food, these foods come from other sources that are acquired from income activities such as agricultural production, salaries, trading and the sale of food, or their own production. However, in total these other activities make up less than 50% of the food consumed in the household's food basket.

For the Congolese camps in particular, the sale of food aid is a recurrent income generating activity as well as a key source for acquiring non-food items. Although it is beyond the scope of this study to suggest causality, the high proportion of Congolese households that have a borderline consumption pattern coupled with the high incidence of the sale of food as an economic activity suggests that a relationship exists. Consequently, care must be taken and alternatives put into place to allow these households to cope if future ration cuts or pipeline disruptions occur.

Similarly, as the results of the study suggest, the sale of food aid by households is used to acquire other food and non-food items. The inclusion of cash based initiatives into the current support to the refugees could reduce the need for households to sell part of their food aid ration. This in turn could allow the households to improve their consumption by consuming the given aid ration and thereby shift their food profile from 'borderline' to 'good'.

For all the profiles, households have very limited access to credit. As noted in the report the dominant source of credit is the household's social network. Although a small percentage of households indicated the use of credit to buy food, it is unlikely, if there is a co-variant shock, that credit would remain available to households for consumption smoothing during the shock.

As a means of measuring coping, the CSI can provide a way to compare through a constructed index how households are addressing their food situation. As indicated in the report, in general, households that employed crop production, agricultural labour or had access to wages and salaries had a lower mean coping score than households that engaged in petty trade or other activities (sale of food aid). The CSI however, is a synthetic indicator that is constructed to estimate how households cope with food stress. Food insecurity, however, is a multi-dimensional concept that requires a broader number of tools to adequately measure.

Income generation is an important component to the self-reliance of households and their food security. However, as addressed in the report, the Government of Tanzania's current policy on the refugees restricts the area where the refugees can work or undertake agricultural production. However, households venture outside the prescribed zone to earn income and food. It was noted in the study that households engaged in income activities indicated that they undertook the risk of harassment or theft, and in specific cases assault or rape to earn income to supplement their livelihoods.

Recommendations

Programming Specific

The following recommendations pertain to the direct findings of the study and discussion among the analysts on means to address the food security situation in the refugee camps.

1. Future rations cuts could lead to a deterioration of the refugees food security. Currently the beneficiaries are receiving a 75% ration. However, over 70% of the sample has a borderline consumption pattern. A reduction in the ration, without programming alternatives, such as cash, could cause household consumption to drop below the borderline consumption profile or force households to adopt erosive coping strategies to adapt to the decreased ration.

Similarly, the high percentage of households that sell food aid for other food and non-food items suggests that the inclusion of cash initiatives may reduce the need for households to sell parts of their food aid ration which, in turn could increase the 'borderline' consumption group to 'good'.

2. According to the study, particularly for the Burundian camps, own production plays an important role in providing income and supplementing the house diet. NGOs and UN organisation involved in agricultural support to refugees should be encouraged and if possible expanded. However, as addressed in point 5, the Government of Tanzania's current policy on the movement of the refugees around the camp limits the ability of agricultural programmes to be expanded.
3. Large proportions of households use food aid as a means to acquire soap, firewood and salt. If other UN agencies, responsible for non-food assistance, could provide a reliable supply of these non-food items to the refugees, it should reduce the incidences of households that exchange their food aid for these goods.

If it is not possible for non-food interventions, then a cash initiative should be considered by the agencies assisting the refugees. By allowing households to directly purchase items such as soap and fuel wood, which households are currently relying on the sale of food aid to meet, could allow borderline households, who have a higher incidence of selling their food aid, shift their consumption profile from 'borderline' to 'good'.

4. Households have very little access to credit. The refugees that do have access to credit rely on their social network. However, during co-variant shocks these sources may become exhausted. NGOs that are involved in micro-credit should expand their activities in the camps providing alternatives source of credit to the refugee households for consumption smoothing during lean periods, ration cuts or shocks.
5. Economic activities play an important role for households as a source of income to acquire food and non-food. The results from the study indicate that there is a high risk of harassment or theft if households undertake economic activities outside the mandated 4km camp buffer. It would be beneficial to the refugee population if these risks could be reduced and/or expansion of the buffer camp area.

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6. Markets are an important source of income and food for different groups in the sample. Currently, however, refugee households are not able to access the surrounding common markets that allow trade and interaction between the residents and the refugees. A recent report by a consultant for WFP³ outlines recommendations to address this issue

General

1. Presently WFP undertakes a Beneficiary Contact Monitoring (BCM) study every six months. It would be germane to expand the study's instruments to include questions pertaining to consumption, expenditure and income sources. These questions can be adapted from the questionnaire employed in this study.
2. Household food security is dynamic. Monitoring is an important tool that allows the negative changes in household food security to be identified and mitigated before erosive coping mechanisms are undertaken. A refugee food security monitoring system should be implemented by the agencies and organisation working in the camps.
3. In future needs assessments be undertaken by WFP employing the EFSA tools used in this study, further training prior to the survey should be undertaken. Moreover, if feasible, the next refugee study should consider integrating both the nutrition and food security into one study. This would allow the incidence of malnutrition in the camps to be estimated as well as the shed light on the relationship between the food security pillars of utilization, access and availability within the refugee camps.
4. The CSI although a useful tool for emergency situations, should be integrated into a broader toolkit that is used in future assessments. As mentioned earlier, no single indicator, composite or not, can either accurately measure the degree of food insecurity, or possible causation. WFP's regional bureau should provide guidance to the CO on possible indicators to be included in future studies, the integration of the CSI into these tools and assistance on securing budgetary resources for future studies.

³ Rutachokozibwa, Vedasto "A Report on the Review of Common Food Markets in Refugees Host Areas in Northwestern Tanzania"

Annex 1: Consumption Classes

Food Consumption Class	Pct of Sample	# HHs	Description
Borderline	72%	TBC	<p>This category consists of four subgroups. In general the household diet is dominated by food aid from WFP. Food aid contributes between 99% and 95% of the maize, CSB, legumes, and oil consumed over the study's reference period. The average number of meals per days for children and adults is 1.7 and 2 respectively. In general cereals are consumed every day. This is principally maize (6-7 days per week) and CSB (5 days per week). In the previous seven days, for proteins, the household consumed beans and peas 6 days, which was complemented by fish 2 days per week. Oil was consumed on average 5 days per week. Aside from the basic staples, the household diet of this group is supplemented by vegetables (3 days per week),</p> <p>64% of estimated household expenditure is on food with non-food and services contribution the remaining 36 percent (25% and 10% respectively). The dominant contributing source to the household food basket is food aid with 75% of the total household food basket coming from food aid. However, the market and own production contribute 19% and 5% respectively. 15% of the households in this group are able to borrow money. Which is principally from relatives and friends. 78% of the household income comes from self-generation with remainder made up with sale of food aid (15%) and remittances (3%). Households in this category have both a slightly higher mean number of members and dependents than the "Good Consumption" category of dependents. 82% of the Congolese households classified in the category</p>
Good Consumption	28%	TBC	<p>This category consists of four subgroups. In general the diet, as identified by the respondents, has both a high frequency and broad diversity. As with the borderline group, between 99 and 93 percent of the maize, CSB, oil and legumes are provided for by WFP food aid.</p> <p>Households responded that children ate 2.5 meals and adults 2 meals per day. In general cereals are consumed every day. The principal components are maize (6 days per week) and CSB (6 days per week). The staples in the household diet are supplemented by tubers (3-4 days/week) and bread (2 days/week). In the previous seven days the households consumed beans and peas 6 days, fish 4 days, meat once per week. Oil is consumed 6-7 days per week and groundnuts 2 days per week. The household's diet is supplemented by vegetables (5 days per week), bananas (2-3 days/week), and both fruits and sugar (2 days per week)</p> <p>62% of estimated household expenditure is on food with non-food and services contribution the remaining 36 percent (28% and 9% respectively). The principal contributing source to the total household food basket is food aid (49%). However, the market and own production contribute 33% and 16% respectively.</p> <p>27% of the households in this group are able to borrow money. 87% of the household income comes from self-generation with remainder made up with sale of food aid (9%). Households, on average, are composed of 6 members. Less than 3% of households in this group are parented by a minor. 39% of the Burundian households are in this category.</p>

Annex II General Output Tables

Report

How many people are currently living in your HH?

Nationality	Mean	N	Std. Deviation
Congolese	7.46	198	3.968
Burundians	5.66	200	2.298
Total	6.56	398	3.357

What is the marital status of the HH head? * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
What is the marital status of the HH head?	0	Count	1	0	1
		% within Nationality	.5%	.0%	.3%
	Married	Count	153	162	315
		% within Nationality	77.3%	81.8%	79.5%
	Partner	Count	0	7	7
		% within Nationality	.0%	3.5%	1.8%
	Divorced	Count	6	1	7
		% within Nationality	3.0%	.5%	1.8%
	Living apart not divorced	Count	2	3	5
		% within Nationality	1.0%	1.5%	1.3%
	Widow or widower	Count	25	17	42
		% within Nationality	12.6%	8.6%	10.6%
	Single	Count	11	8	19
		% within Nationality	5.6%	4.0%	4.8%
Total	Count	198	198	396	
	% within Nationality	100.0%	100.0%	100.0%	

Head of the household age groups * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Head of the household age groups	Child headed HHold	Count	5	3	8
		% within Nationality	2.5%	1.5%	2.0%
	Productive adult headed HHold	Count	179	188	367
		% within Nationality	90.4%	94.0%	92.2%
	Elderly headed HHold	Count	14	9	23
		% within Nationality	7.1%	4.5%	5.8%
Total	Count	198	200	398	
	% within Nationality	100.0%	100.0%	100.0%	

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Report

Nationality		DepChild	DepOld	DepTot
Congolese	Mean	4.6497	.1364	4.7868
	N	197	198	197
	Std. Deviation	2.96479	.38578	3.03302
	Median	4.0000	.0000	4.0000
Burundians	Mean	3.2450	.0500	3.2950
	N	200	200	200
	Std. Deviation	1.89815	.21849	1.90159
	Median	3.0000	.0000	3.0000
Total	Mean	3.9421	.0930	4.0353
	N	397	398	397
	Std. Deviation	2.57987	.31567	2.63212
	Median	4.0000	.0000	4.0000

Can the HH read and write a simple message in any language? * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Can the HH read and write a simple message in any language?	0	Count	0	1	1
		% within Nationality	.0%	.5%	.3%
	Yes	Count	163	153	316
		% within Nationality	82.3%	76.5%	79.4%
	No	Count	35	46	81
		% within Nationality	17.7%	23.0%	20.4%
Total	Count	198	200	398	
	% within Nationality	100.0%	100.0%	100.0%	

Can the Spouse read and write a simple message in any language? * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Can the Spouse read and write a simple message in any language?	0	Count	43	26	69
		% within Nationality	21.7%	13.0%	17.3%
	Yes	Count	108	99	207
		% within Nationality	54.5%	49.5%	52.0%
	No	Count	47	75	122
		% within Nationality	23.7%	37.5%	30.7%
Total	Count	198	200	398	
	% within Nationality	100.0%	100.0%	100.0%	

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Nationality * HH own or have access to farm-animal Crosstabulation

			HH own or have access to farm-animal		Total
			Yes	No	
Nationality	Congolese	Count	106	92	198
		% within Nationality	53.5%	46.5%	100.0%
	Burundians	Count	105	95	200
		% within Nationality	52.5%	47.5%	100.0%
Total		Count	211	187	398
		% within Nationality	53.0%	47.0%	100.0%

Do you borrow land from the local community * Nationality Crosstabulation

				Nationality		Total
				Congolese	Burundians	
Do you borrow land from the local community	0	Count	142	77	219	
		% within Nationality	71.7%	38.5%	55.0%	
	Yes	Count	39	98	137	
		% within Nationality	19.7%	49.0%	34.4%	
	No	Count	17	25	42	
		% within Nationality	8.6%	12.5%	10.6%	
Total		Count	198	200	398	
		% within Nationality	100.0%	100.0%	100.0%	

Report

IF YES, ha

Nationality	Mean	N	Std. Deviation
Congolese	.21	198	.519
Burundians	.79	200	1.951
Total	.50	398	1.458

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Does your HH have access to agriculture/farming land? * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Does your HH have access to agriculture/farming land?	Yes	Count	79	61	140
		% within Consumption Classes Regrouped	64.2%	79.2%	70.0%
	No	Count	44	16	60
		% within Consumption Classes Regrouped	35.8%	20.8%	30.0%
Total		Count	123	77	200
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

When do you work in your fields * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
When do you work in your fields	0	Count	77	61	138
		% within Consumption Classes Regrouped	62.6%	79.2%	69.0%
	1	Count	46	16	62
		% within Consumption Classes Regrouped	37.4%	20.8%	31.0%
Total		Count	123	77	200
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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Main HH's livelihood activity * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Main HH's livelihood activity	0	Count	0	2	2
		% within Nationality	.0%	1.0%	.5%
Food crop production		Count	25	62	87
		% within Nationality	12.6%	31.0%	21.9%
Growing Non-Food crops		Count	1	1	2
		% within Nationality	.5%	.5%	.5%
Livestock production		Count	12	7	19
		% within Nationality	6.1%	3.5%	4.8%
Animal products		Count	0	1	1
		% within Nationality	.0%	.5%	.3%
Trading in Food Crop or Non-Food Crops, Animal		Count	2	5	7
		% within Nationality	1.0%	2.5%	1.8%
Seller, commercial activity		Count	7	5	12
		% within Nationality	3.5%	2.5%	3.0%
Petty trading		Count	25	10	35
		% within Nationality	12.6%	5.0%	8.8%
Unskilled wage labour		Count	10	13	23
		% within Nationality	5.1%	6.5%	5.8%
Agricultural labour		Count	2	46	48
		% within Nationality	1.0%	23.0%	12.1%
Skilled labour (artisan)		Count	10	9	19
		% within Nationality	5.1%	4.5%	4.8%
Handicrafts		Count	5	2	7
		% within Nationality	2.5%	1.0%	1.8%
Brewing		Count	0	6	6
		% within Nationality	.0%	3.0%	1.5%
Remittance/kinship		Count	0	3	3
		% within Nationality	.0%	1.5%	.8%
Salaries, wages (employees)		Count	28	22	50
		% within Nationality	14.1%	11.0%	12.6%
Rental of property		Count	0	1	1
		% within Nationality	.0%	.5%	.3%
Government allowance		Count	1	0	1
		% within Nationality	.5%	.0%	.3%
Begging, assistance		Count	7	1	8
		% within Nationality	3.5%	.5%	2.0%
Others		Count	63	4	67
		% within Nationality	31.8%	2.0%	16.8%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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Main HH's livelihood activity * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Main HH's livelihood activity	0	Count	2	0	2
		% within Consumption Classes Regrouped	.7%	.0%	.5%
Food crop production		Count	53	34	87
		% within Consumption Classes Regrouped	18.6%	30.1%	21.9%
Growing Non-Food crops		Count	2	0	2
		% within Consumption Classes Regrouped	.7%	.0%	.5%
Livestock production		Count	11	8	19
		% within Consumption Classes Regrouped	3.9%	7.1%	4.8%
Animal products		Count	1	0	1
		% within Consumption Classes Regrouped	.4%	.0%	.3%
Trading in Food Crop or Non-Food Crops, Animal products		Count	2	5	7
		% within Consumption Classes Regrouped	.7%	4.4%	1.8%
Seller, commercial activity		Count	8	4	12
		% within Consumption Classes Regrouped	2.8%	3.5%	3.0%
Petty trading		Count	31	4	35
		% within Consumption Classes Regrouped	10.9%	3.5%	8.8%
Unskilled wage labour		Count	20	3	23
		% within Consumption Classes Regrouped	7.0%	2.7%	5.8%
Agricultural labour		Count	33	15	48
		% within Consumption Classes Regrouped	11.6%	13.3%	12.1%
Skilled labour (artisan)		Count	14	5	19
		% within Consumption Classes Regrouped	4.9%	4.4%	4.8%
Handicrafts		Count	6	1	7
		% within Consumption Classes Regrouped	2.1%	.9%	1.8%
Brewing		Count	1	5	6
		% within Consumption Classes Regrouped	.4%	4.4%	1.5%
Remittance/kinship		Count	2	1	3
		% within Consumption Classes Regrouped	.7%	.9%	.8%
Salaries, wages (employees)		Count	34	16	50
		% within Consumption Classes Regrouped	11.9%	14.2%	12.6%
Rental of property		Count	1	0	1
		% within Consumption Classes Regrouped	.4%	.0%	.3%
Government allowance		Count	1	0	1
		% within Consumption Classes Regrouped	.4%	.0%	.3%
Begging, assistance		Count	7	1	8
		% within Consumption Classes Regrouped	2.5%	.9%	2.0%
Others		Count	56	11	67
		% within Consumption Classes Regrouped	18.6%	11.6%	20.2%

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HH own a Hoe * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Hoe	No	Count	109	27	136
		% within Consumption Classes Regrouped	38.2%	23.9%	34.2%
	Yes	Count	176	86	262
		% within Consumption Classes Regrouped	61.8%	76.1%	65.8%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own an Axe * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own an Axe	No	Count	183	37	220
		% within Consumption Classes Regrouped	64.2%	32.7%	55.3%
	Yes	Count	102	76	178
		% within Consumption Classes Regrouped	35.8%	67.3%	44.7%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Sicke/Machete * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Sicke/Machete	No	Count	120	26	146
		% within Consumption Classes Regrouped	42.1%	23.0%	36.7%
	Yes	Count	165	87	252
		% within Consumption Classes Regrouped	57.9%	77.0%	63.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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HH own a Plough/Ox Plough * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Plough/Ox Plough	No	Count	269	105	374
		% within Consumption Classes Regrouped	94.4%	92.9%	94.0%
	Yes	Count	16	8	24
		% within Consumption Classes Regrouped	5.6%	7.1%	6.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Radio (only) * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Radio (only)	No	Count	144	38	182
		% within Consumption Classes Regrouped	50.5%	33.6%	45.7%
	Yes	Count	141	75	216
		% within Consumption Classes Regrouped	49.5%	66.4%	54.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Tape/CD player * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Tape/CD player	No	Count	259	83	342
		% within Consumption Classes Regrouped	90.9%	73.5%	85.9%
	Yes	Count	26	30	56
		% within Consumption Classes Regrouped	9.1%	26.5%	14.1%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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HH own a Fishing net * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Fishing net	No	Count	280	105	385
		% within Consumption Classes Regrouped	98.2%	92.9%	96.7%
	Yes	Count	5	8	13
		% within Consumption Classes Regrouped	1.8%	7.1%	3.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Treadle pump * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Treadle pump	No	Count	284	110	394
		% within Consumption Classes Regrouped	99.6%	97.3%	99.0%
	Yes	Count	1	3	4
		% within Consumption Classes Regrouped	.4%	2.7%	1.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Television * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Television	No	Count	283	110	393
		% within Consumption Classes Regrouped	99.3%	97.3%	98.7%
	Yes	Count	2	3	5
		% within Consumption Classes Regrouped	.7%	2.7%	1.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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HH own a VCR/DVD Player * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a VCR/DVD Player	No	Count	284	110	394
		% within Consumption Classes Regrouped	99.6%	97.3%	99.0%
	Yes	Count	1	3	4
		% within Consumption Classes Regrouped	.4%	2.7%	1.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Satellite Dish * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Satellite Dish	No	Count	284	111	395
		% within Consumption Classes Regrouped	99.6%	98.2%	99.2%
	Yes	Count	1	2	3
		% within Consumption Classes Regrouped	.4%	1.8%	.8%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Grinding Mill * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Grinding Mill	No	Count	283	109	392
		% within Consumption Classes Regrouped	99.3%	96.5%	98.5%
	Yes	Count	2	4	6
		% within Consumption Classes Regrouped	.7%	3.5%	1.5%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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HH own a Canoe/fishing boat * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Canoe/fishing boat	No	Count	284	110	394
		% within Consumption Classes Regrouped	99.6%	97.3%	99.0%
	Yes	Count	1	3	4
		% within Consumption Classes Regrouped	.4%	2.7%	1.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Cell phone * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Cell phone	No	Count	268	90	358
		% within Consumption Classes Regrouped	94.0%	79.6%	89.9%
	Yes	Count	17	23	40
		% within Consumption Classes Regrouped	6.0%	20.4%	10.1%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own a Motorized Vehicle * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Motorized Vehicle	No	Count	283	110	393
		% within Consumption Classes Regrouped	99.3%	97.3%	98.7%
	Yes	Count	2	3	5
		% within Consumption Classes Regrouped	.7%	2.7%	1.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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HH own a Bicycle * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own a Bicycle	No	Count	168	46	214
		% within Consumption Classes Regrouped	58.9%	40.7%	53.8%
	Yes	Count	117	67	184
		% within Consumption Classes Regrouped	41.1%	59.3%	46.2%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

HH own or have access to farm-animal * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own or have access to farm-animal	Yes	Count	144	67	211
		% within Consumption Classes Regrouped	50.5%	59.3%	53.0%
	No	Count	141	46	187
		% within Consumption Classes Regrouped	49.5%	40.7%	47.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Report

Nationality		Number Fowls	Number Rabbits	Number Goats	Number Sheep	Number Pigs	Number Bulls
Congolese	Mean	2.40	.00	.86	.00	.04	.00
	N	198	198	198	198	198	198
	Std. Deviation	4.382	.000	2.153	.000	.502	.000
Burundians	Mean	2.23	.06	.68	.01	.14	.04
	N	200	200	200	200	200	200
	Std. Deviation	3.948	.569	2.098	.071	.665	.281
Total	Mean	2.31	.03	.77	.00	.09	.02
	N	398	398	398	398	398	398
	Std. Deviation	4.165	.404	2.125	.050	.591	.200

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HH own or have access to farm-animal * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
HH own or have access to farm-animal	Yes	Count	144	67	211
		% within Consumption Classes Regrouped	50.5%	59.3%	53.0%
	No	Count	141	46	187
		% within Consumption Classes Regrouped	49.5%	40.7%	47.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Report

Consumption Classes Regrouped		Number Fowls	Number Rabbits	Number Goats	Number Sheep	Number Pigs	Number
Borderline	Mean	2.01	.04	.58	.00	.03	
	N	285	285	285	285	285	
	Std. Deviation	4.043	.477	1.629	.000	.243	
Good	Mean	3.08	.00	1.26	.01	.24	
	N	113	113	113	113	113	
	Std. Deviation	4.384	.000	2.990	.094	1.029	
Total	Mean	2.31	.03	.77	.00	.09	
	N	398	398	398	398	398	
	Std. Deviation	4.165	.404	2.125	.050	.591	

HH own a Hoe * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Hoe	No	Count	107	29	136
		% within Nationality	54.0%	14.5%	34.2%
	Yes	Count	91	171	262
		% within Nationality	46.0%	85.5%	65.8%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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HH own an Axe * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own an Axe	No	Count	134	86	220
		% within Nationality	67.7%	43.0%	55.3%
	Yes	Count	64	114	178
		% within Nationality	32.3%	57.0%	44.7%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Sicke/Machete * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Sicke/Machete	No	Count	96	50	146
		% within Nationality	48.5%	25.0%	36.7%
	Yes	Count	102	150	252
		% within Nationality	51.5%	75.0%	63.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Plough/Ox Plough * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Plough/Ox Plough	No	Count	194	180	374
		% within Nationality	98.0%	90.0%	94.0%
	Yes	Count	4	20	24
		% within Nationality	2.0%	10.0%	6.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Radio (only) * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Radio (only)	No	Count	105	77	182
		% within Nationality	53.0%	38.5%	45.7%
	Yes	Count	93	123	216
		% within Nationality	47.0%	61.5%	54.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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HH own a Tape/CD player * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Tape/CD player	No	Count	166	176	342
		% within Nationality	83.8%	88.0%	85.9%
	Yes	Count	32	24	56
		% within Nationality	16.2%	12.0%	14.1%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Fishing net * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Fishing net	No	Count	191	194	385
		% within Nationality	96.5%	97.0%	96.7%
	Yes	Count	7	6	13
		% within Nationality	3.5%	3.0%	3.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Treadle pump * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Treadle pump	No	Count	198	196	394
		% within Nationality	100.0%	98.0%	99.0%
	Yes	Count	0	4	4
		% within Nationality	.0%	2.0%	1.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Television * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Television	No	Count	196	197	393
		% within Nationality	99.0%	98.5%	98.7%
	Yes	Count	2	3	5
		% within Nationality	1.0%	1.5%	1.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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HH own a VCR/DVD Player * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a VCR/DVD Player	No	Count	197	197	394
		% within Nationality	99.5%	98.5%	99.0%
	Yes	Count	1	3	4
		% within Nationality	.5%	1.5%	1.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Satellite Dish * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Satellite Dish	No	Count	198	197	395
		% within Nationality	100.0%	98.5%	99.2%
	Yes	Count	0	3	3
		% within Nationality	.0%	1.5%	.8%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Grinding Mill * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Grinding Mill	No	Count	197	195	392
		% within Nationality	99.5%	97.5%	98.5%
	Yes	Count	1	5	6
		% within Nationality	.5%	2.5%	1.5%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Canoe/fishing boat * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Canoe/fishing boat	No	Count	197	197	394
		% within Nationality	99.5%	98.5%	99.0%
	Yes	Count	1	3	4
		% within Nationality	.5%	1.5%	1.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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HH own a Cell phone * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Cell phone	No	Count	175	183	358
		% within Nationality	88.4%	91.5%	89.9%
	Yes	Count	23	17	40
		% within Nationality	11.6%	8.5%	10.1%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Motorized Vehicle * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Motorized Vehicle	No	Count	196	197	393
		% within Nationality	99.0%	98.5%	98.7%
	Yes	Count	2	3	5
		% within Nationality	1.0%	1.5%	1.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

HH own a Bicycle * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
HH own a Bicycle	No	Count	136	78	214
		% within Nationality	68.7%	39.0%	53.8%
	Yes	Count	62	122	184
		% within Nationality	31.3%	61.0%	46.2%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

Report

Consumption		pctop	pctgat	pctexc	pctbor	pctmkt	pctgft
Borderline	Mean	.0583	.0005	.0010	.0036	.1874	.0015
	N	285	285	285	285	285	285
	Std. Deviation	.12109	.00846	.01728	.03095	.13504	.01742
Good	Mean	.1632	.0005	.0009	.0000	.3334	.0051
	N	113	113	113	113	113	113
	Std. Deviation	.17968	.00495	.01008	.00000	.18300	.04604
Total	Mean	.0881	.0005	.0010	.0026	.2289	.0025
	N	398	398	398	398	398	398
	Std. Deviation	.14777	.00763	.01556	.02622	.16381	.02860

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Report

Nationality		pctop	pctgat	pctexc	pctbor	pctmkt	pctgft	pctfa
Congolese	Mean	.0337	.0010	.0000	.0032	.2455	.0036	.713
	N	198	198	198	198	198	198	19
	Std. Deviation	.09054	.01080	.00000	.02543	.17026	.03776	.1584
Burundians	Mean	.1420	.0000	.0020	.0019	.2125	.0014	.640
	N	200	200	200	200	200	200	20
	Std. Deviation	.17202	.00000	.02194	.02704	.15587	.01475	.1707
Total	Mean	.0881	.0005	.0010	.0026	.2289	.0025	.676
	N	398	398	398	398	398	398	39
	Std. Deviation	.14777	.00763	.01556	.02622	.16381	.02860	.1684

Borrow money from relatives/friends * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Borrow money from relatives/friends	No	Count	169	170	339
		% within Nationality	85.4%	85.0%	85.2%
	Yes	Count	29	30	59
		% within Nationality	14.6%	15.0%	14.8%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

Borrow money from charities/NGOs * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Borrow money from charities/NGOs	No	Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

Borrow money from local lender - loan account * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Borrow money from local lender - loan account	No	Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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Borrow money from SACCOS/SACA * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Borrow money from SACCOS/SACA	No	Count	197	200	397
		% within Nationality	99.5%	100.0%	99.7%
	Yes	Count	1	0	1
		% within Nationality	.5%	.0%	.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

Borrow money from Other sources * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Borrow money from Other sources	No	Count	188	181	369
		% within Nationality	99.5%	100.0%	99.7%
	Yes	Count	1	0	1
		% within Nationality	.5%	.0%	.3%
Total		Count	189	181	370
		% within Nationality	100.0%	100.0%	100.0%

Doesn't borrow money * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Doesn't borrow money	No	Count	35	39	74
		% within Nationality	17.7%	19.5%	18.6%
	Yes	Count	163	161	324
		% within Nationality	82.3%	80.5%	81.4%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

Are you currently in debt? * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Are you currently in debt?	0	Count	168	167	335
		% within Nationality	84.8%	83.5%	84.2%
	Yes	Count	14	20	34
		% within Nationality	7.1%	10.0%	8.5%
	No	Count	16	13	29
		% within Nationality	8.1%	6.5%	7.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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Borrow money from relatives/friends * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Borrow money from relatives/friends	No	Count	250	89	339
		% within Consumption Classes Regrouped	87.7%	78.8%	85.2%
	Yes	Count	35	24	59
		% within Consumption Classes Regrouped	12.3%	21.2%	14.8%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Borrow money from charities/NGOs * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Borrow money from charities/NGOs	No	Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Borrow money from local lender - loan account * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Borrow money from local lender - loan account	No	Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Borrow money from SACCOS/SACA * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Borrow money from SACCOS/SACA	No	Count	284	113	397
		% within Consumption Classes Regrouped	99.6%	100.0%	99.7%
	Yes	Count	1	0	1
		% within Consumption Classes Regrouped	.4%	.0%	.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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Borrow money from Other sources * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Borrow money from Other sources	No	Count	269	100	369
		% within Consumption Classes Regrouped	100.0%	99.0%	99.7%
	Yes	Count	0	1	1
		% within Consumption Classes Regrouped	.0%	1.0%	.3%
Total		Count	269	101	370
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Doesn't borrow money * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Doesn't borrow money	No	Count	44	30	74
		% within Consumption Classes Regrouped	15.4%	26.5%	18.6%
	Yes	Count	241	83	324
		% within Consumption Classes Regrouped	84.6%	73.5%	81.4%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

Are you currently in debt? * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
Are you currently in debt?	0	Count	247	88	335
		% within Consumption Classes Regrouped	86.7%	77.9%	84.2%
	Yes	Count	20	14	34
		% within Consumption Classes Regrouped	7.0%	12.4%	8.5%
	No	Count	18	11	29
		% within Consumption Classes Regrouped	6.3%	9.7%	7.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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Consumption Classes Regrouped * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
Consumption Classes Regrouped	Borderline	Count	162	123	285
		% within Nationality	81.8%	61.5%	71.6%
	Good	Count	36	77	113
		% within Nationality	18.2%	38.5%	28.4%
Total	Count		198	200	398
	% within Nationality		100.0%	100.0%	100.0%

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
csiB	398	.00	172.97	35.0226	29.99502
Valid N (listwise)	398				

Report

csiB

Nationality	Mean	N	Std. Deviation
Congolese	48.7952	198	32.76907
Burundians	21.3876	200	18.87542
Total	35.0226	398	29.99502

Report

csiB

Consumption	Mean	N	Std. Deviation
Borderline	39.4316	285	30.71491
Good	23.9024	113	24.95362
Total	35.0226	398	29.99502

csi1

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .00	163	41.0	41.0	41.0
1.00	235	59.0	59.0	100.0
Total	398	100.0	100.0	

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csi2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	213	53.5	53.5	53.5
	1.00	185	46.5	46.5	100.0
Total		398	100.0	100.0	

csi3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	374	94.0	94.0	94.0
	1.00	24	6.0	6.0	100.0
Total		398	100.0	100.0	

csi4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	361	90.7	90.7	90.7
	1.00	37	9.3	9.3	100.0
Total		398	100.0	100.0	

csi5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	90	22.6	22.6	22.6
	1.00	308	77.4	77.4	100.0
Total		398	100.0	100.0	

csi6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	175	44.0	44.0	44.0
	1.00	223	56.0	56.0	100.0
Total		398	100.0	100.0	

csi7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	78	19.6	19.6	19.6
	1.00	320	80.4	80.4	100.0
Total		398	100.0	100.0	

csi8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	322	80.9	80.9	80.9
	1.00	76	19.1	19.1	100.0
Total		398	100.0	100.0	

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csi9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	283	71.1	71.1	71.1
	1.00	115	28.9	28.9	100.0
Total		398	100.0	100.0	

csi10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	281	70.6	70.6	70.6
	1.00	117	29.4	29.4	100.0
Total		398	100.0	100.0	

csi11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	330	82.9	82.9	82.9
	1.00	68	17.1	17.1	100.0
Total		398	100.0	100.0	

csi12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	397	99.7	99.7	99.7
	1.00	1	.3	.3	100.0
Total		398	100.0	100.0	

csi13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	389	97.7	97.7	97.7
	1.00	9	2.3	2.3	100.0
Total		398	100.0	100.0	

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csi1 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi1	.00	Count	61	102	163
		% within Nationality	30.8%	51.0%	41.0%
	1.00	Count	137	98	235
		% within Nationality	69.2%	49.0%	59.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi2 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi2	.00	Count	82	131	213
		% within Nationality	41.4%	65.5%	53.5%
	1.00	Count	116	69	185
		% within Nationality	58.6%	34.5%	46.5%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi3 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi3	.00	Count	182	192	374
		% within Nationality	91.9%	96.0%	94.0%
	1.00	Count	16	8	24
		% within Nationality	8.1%	4.0%	6.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi4 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi4	.00	Count	180	181	361
		% within Nationality	90.9%	90.5%	90.7%
	1.00	Count	18	19	37
		% within Nationality	9.1%	9.5%	9.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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csi5 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi5	.00	Count	26	64	90
		% within Nationality	13.1%	32.0%	22.6%
	1.00	Count	172	136	308
		% within Nationality	86.9%	68.0%	77.4%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi6 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi6	.00	Count	82	93	175
		% within Nationality	41.4%	46.5%	44.0%
	1.00	Count	116	107	223
		% within Nationality	58.6%	53.5%	56.0%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi7 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi7	.00	Count	23	55	78
		% within Nationality	11.6%	27.5%	19.6%
	1.00	Count	175	145	320
		% within Nationality	88.4%	72.5%	80.4%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi8 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi8	.00	Count	145	177	322
		% within Nationality	73.2%	88.5%	80.9%
	1.00	Count	53	23	76
		% within Nationality	26.8%	11.5%	19.1%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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csi9 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi9	.00	Count	131	152	283
		% within Nationality	66.2%	76.0%	71.1%
	1.00	Count	67	48	115
		% within Nationality	33.8%	24.0%	28.9%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi10 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi10	.00	Count	175	106	281
		% within Nationality	88.4%	53.0%	70.6%
	1.00	Count	23	94	117
		% within Nationality	11.6%	47.0%	29.4%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi11 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi11	.00	Count	148	182	330
		% within Nationality	74.7%	91.0%	82.9%
	1.00	Count	50	18	68
		% within Nationality	25.3%	9.0%	17.1%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi12 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi12	.00	Count	197	200	397
		% within Nationality	99.5%	100.0%	99.7%
	1.00	Count	1	0	1
		% within Nationality	.5%	.0%	.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

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csi13 * Nationality Crosstabulation

			Nationality		Total
			Congolese	Burundians	
csi13	.00	Count	190	199	389
		% within Nationality	96.0%	99.5%	97.7%
	1.00	Count	8	1	9
		% within Nationality	4.0%	.5%	2.3%
Total		Count	198	200	398
		% within Nationality	100.0%	100.0%	100.0%

csi1 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi1	.00	Count	90	73	163
		% within Consumption Classes Regrouped	31.6%	64.6%	41.0%
	1.00	Count	195	40	235
		% within Consumption Classes Regrouped	68.4%	35.4%	59.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi2 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi2	.00	Count	140	73	213
		% within Consumption Classes Regrouped	49.1%	64.6%	53.5%
	1.00	Count	145	40	185
		% within Consumption Classes Regrouped	50.9%	35.4%	46.5%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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csi3 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi3	.00	Count	265	109	374
		% within Consumption Classes Regrouped	93.0%	96.5%	94.0%
	1.00	Count	20	4	24
		% within Consumption Classes Regrouped	7.0%	3.5%	6.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi4 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi4	.00	Count	250	111	361
		% within Consumption Classes Regrouped	87.7%	98.2%	90.7%
	1.00	Count	35	2	37
		% within Consumption Classes Regrouped	12.3%	1.8%	9.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi5 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi5	.00	Count	47	43	90
		% within Consumption Classes Regrouped	16.5%	38.1%	22.6%
	1.00	Count	238	70	308
		% within Consumption Classes Regrouped	83.5%	61.9%	77.4%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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csi6 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi6	.00	Count	119	56	175
		% within Consumption Classes Regrouped	41.8%	49.6%	44.0%
	1.00	Count	166	57	223
		% within Consumption Classes Regrouped	58.2%	50.4%	56.0%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi7 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi7	.00	Count	45	33	78
		% within Consumption Classes Regrouped	15.8%	29.2%	19.6%
	1.00	Count	240	80	320
		% within Consumption Classes Regrouped	84.2%	70.8%	80.4%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi8 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi8	.00	Count	216	106	322
		% within Consumption Classes Regrouped	75.8%	93.8%	80.9%
	1.00	Count	69	7	76
		% within Consumption Classes Regrouped	24.2%	6.2%	19.1%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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csi9 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi9	.00	Count	193	90	283
		% within Consumption Classes Regrouped	67.7%	79.6%	71.1%
	1.00	Count	92	23	115
		% within Consumption Classes Regrouped	32.3%	20.4%	28.9%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi10 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi10	.00	Count	204	77	281
		% within Consumption Classes Regrouped	71.6%	68.1%	70.6%
	1.00	Count	81	36	117
		% within Consumption Classes Regrouped	28.4%	31.9%	29.4%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi11 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi11	.00	Count	232	98	330
		% within Consumption Classes Regrouped	81.4%	86.7%	82.9%
	1.00	Count	53	15	68
		% within Consumption Classes Regrouped	18.6%	13.3%	17.1%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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csi12 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi12	.00	Count	284	113	397
		% within Consumption Classes Regrouped	99.6%	100.0%	99.7%
	1.00	Count	1	0	1
		% within Consumption Classes Regrouped	.4%	.0%	.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

csi13 * Consumption Classes Regrouped Crosstabulation

			Consumption Classes Regrouped		Total
			Borderline	Good	
csi13	.00	Count	277	112	389
		% within Consumption Classes Regrouped	97.2%	99.1%	97.7%
	1.00	Count	8	1	9
		% within Consumption Classes Regrouped	2.8%	.9%	2.3%
Total		Count	285	113	398
		% within Consumption Classes Regrouped	100.0%	100.0%	100.0%

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	<i>individuals in each age category. Make sure to differentiate between males and females.</i>	g – 18 – 59 years	_ _	_ _			
		h - 60 +	_ _	_ _			
1.7	Can the Household Head / Spouse read and write a simple message in any language?	Household Head			Spouse (if any)		
		1 Yes	2 No	1 Yes	2 No		

SECTION 2 – HOUSEHOLD ASSETS AND PRODUCTIVE ASSETS

2.1-	Does your household have access to agriculture / farming land?		1	Yes	2	No	→ 2.4									
2.2	Do you borrow land from the local community		1 Yes	IF YES _____ ha			2 No									
2.3	When do you work in your fields	Do not work in Fields	J	F	M	A	M	J	J	A	S	O	N	D	%	%
															Consumed	Sold
2.4	When do you fish	Do not fish	J	F	M	A	M	J	J	A	S	O	N	D	%	%
															Consumed	Sold
2.5	When do you hunt/gather	Do not hunt/gather	J	F	M	A	M	J	J	A	S	O	N	D	%	%
															Consumed	Sold
2.6 -	Does your household own any of following items?		Asset						Tic	Asset						Tic
			1.Hoe							9. Television						
			2. Axe							10. VCR/DVD Player						
			3. Sickle/Machete							11. Satellite Dish						
			4. Plough/Ox Plough							12. Grinding Mill						
			5. Radio (only)							13. Canoe/fishing boat						
			6. Tape/CD player							14. Cell phone						
			7. Fishing net							15. Motorized Vehicle						
		8. Treadle pump							16. Bicycle							
2.7 -	Does your household own or have access to any farm-animal?		1	Yes	2	No										
2.8 -	If yes, please how many of each of the following animals do you own? (<i>write 00 if none</i>)															
		Owned			Owned											
a	Fowls	_ _	e	Pigs	_ _											
b	Rabbits	_ _	f	Bulls	_ _											
c	Goats	_ _	g	Cows	_ _											
d	Sheep	_ _														

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SECTION 3 – INPUTS TO LIVELIHOOD

a. - What are your household's main livelihood activities throughout the year? (use activity code, up to three activities)		b. – Which activity gives your household the MOST income in a year? (use activity code)	c. -When do you undertake this activity?												d. – Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each activity %	e. - What are the main risks associated with this activity
3.1	<u>Main</u>	_ _ _	J	F	M	A	M	J	J	A	S	O	N	D	_ _ _	_ , _
3.2	<u>Second</u>	_ _ _	J	F	M	A	M	J	J	A	S	O	N	D	_ _ _	_ , _
3.3	<u>Third</u>	_ _ _	J	F	M	A	M	J	J	A	S	O	N	D	_ _ _	_ , _

<p>01 = Food Crop production (e.g. cereals, tubers)</p> <p>02 = Growing Non-Food crops (e.g. coffee growers)</p> <p>03 = Livestock production (e.g. animal husbandry)</p> <p>04 = Animal products (e.g. herders with milk, cheese, butter)</p> <p>05 = Trading in Food Crop or Non-Food Crops, Animals products</p> <p>06 = Seller, commercial activity</p> <p>07 = Petty trading</p> <p>08 = Unskilled wage labour</p> <p>09 = Agricultural labour</p>	<p>13 = Skilled labour (artisan)</p> <p>14 = Handicrafts</p> <p>15 = Brewing</p> <p>16 = Sale of nat.</p> <p>17 = Remittance / kinship</p> <p>18 = Salaries, wages (employees)</p> <p>19 = Rental of property (parcels, building)</p> <p>20 = Government allowance</p> <p>22 = Begging, assistance</p> <p>24 = Others, specify _____</p>
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<p>Risks</p> <p>1 Assault/rape</p> <p>2 Imprisonment</p> <p>3 Theft</p> <p>4 Fines</p> <p>5 Harassment</p> <p>6 Death</p>
--

3.4 -	Do you have access to a place to borrow money? circle all that apply	1 Yes – relatives / friends 2 Yes – charities / NGOs 3 Yes - local lender – loan account 4 Yes – SACCOS/SACA 5 Yes – Other (Specify) _____ 6 No → 4.1
3.5-	Are you currently in debt?	1 Yes 2 No

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SECTION 4 – EXPENDITURE

Did you buy the following items in last month for your own consumption?	Did you Purchase this good (tick for yes)	What was the source of the money for the purchase			Did you Purchase this good (tick for yes)	What was the source of the money for the purchase
4.1 Maize/ Maize meal/flour			4.12	Oil, fat, butter		
4.2 Rice			4.13	Sugar		
4.3 Other cereals -Millet, Sorghum			4.14	Salt		
4.4 Roots & tubers (potatoes, cassava)			4.15	Milk		
4.5 Cassava meal/flour			4.16	Water		
4.6 Bread			4.17	Alcohol/Tobacco		
4.7 Banana			4.18	Soap		
4.8 Beans and peas			4.19	Transport		
4.9 Other vegetables			4.20	Firewood/Charcoal/Paraffin		
4.10 Groundnuts, sim sim			4.21	Fresh fruits		
4.11 Eggs			4.22	Fish/Meat		

Sources of Income for food

1. Own generated income	2. Borrow / loan	3. Cash donation / remittances	4. Sale of Food Aid	5. Barter labour for food,
6. Other				

	Did you Purchase this good (tick for yes)	What was the source of the money for the purchase		Did you Purchase this good (tick for yes)
4.23 Equipment, tools, seeds, animals			4.25	Celebrations, social events
4.24 Clothing, shoes			4.26	Debts

4.27 Using proportional pilling what is the proportion of your household expenditures on:

Food: |_|_|_|

Non-Food |_|_|_|

Services |_|_|_|

Total 100%

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SECTION 5 – FOOD SOURCES AND CONSUMPTION

Read : I would now like to ask you a few questions about food consumption in your household

5.1	Yesterday, how many times did the <u>adults</u> in this household eat?	□□ times
5.2	Yesterday, how many times did the <u>children</u> in this household eat?	□□ times
5.3	Is this unusual <u>at this time of year</u> ?	1 Yes 2 No

5.3b If YES or NO why: (ration cuts, drought effect, poor harvest, inadequate or inappropriate commodities):

Could you please tell me how many days in the past ONE WEEK your household has eaten the following foods and what the source was (*use codes below, write 0 for items not eaten over the last 7 days and if several sources, write up to two*)

For Food Recall in last 7 days (check box if consumed)							Food Item	1. # of days eaten last 7 days (total of boxes on left)	2. Food Source (write all)	
1	2	3	4	5	6	7			Primary	Secondary
							5.4- Maize (e.g. Ugali, Kande)	□□	□□	□□
							5.5- Rice	□□	□□	□□
							5.6- CSB	□□	□□	□□
							5.7- Other cereals (Sorghum, millet)	□□	□□	□□
							5.8- Roots and tubers (cassava potatoes,)	□□	□□	□□
							5.9- Mandazi / Chapatti / Bread	□□	□□	□□
							5.10- Banana	□□	□□	□□
							5.11- Beans and Peas	□□	□□	□□
							5.12- Other vegetables	□□	□□	□□
							5.13- Ground nuts	□□	□□	□□
							5.14- Fresh fruits	□□	□□	□□
							5.15- Fish	□□	□□	□□
							5.16- Meat (domestic or wild)	□□	□□	□□
							5.17- Eggs	□□	□□	□□
							5.18- Oil, fat, butter	□□	□□	□□
							5.19- Sugar	□□	□□	□□
							5.20- Milk	□□	□□	□□

Food Source codes

1 = Own production (crops, animals) 4 = borrowed 7 = food aid/subsidized food (NGOs, government...)
 2 = hunting, fishing, gathering 5 = purchases
 3 = exchange labour/items for food 6 = gift (food) from family/relatives

SECTION 6 – COPING STRATEGIES

6.1- Due to not having enough food or money to buy food, in the past 2 weeks (14 days), how many days has your household had to:

	All the time	Pretty often	Once in a while	Hardly at all	Never
	13 - 14 days	6 - 12 days	2 - 5 days	1 day	0 days
a. Borrow food or money (you have to repay) from neighbors, friends, or relatives?					
b. Purchase food on credit?					
c. Send household members to eat elsewhere?					
d. Send household members to beg?					
e. Limit portion size at mealtimes?					
f. Restrict consumption of adults in order for small children to eat?					
g. Reduce number of meals eaten in a day?					
h. Skip entire days without eating?					
i. Sell high value, preferred foods to purchase larger quantity of less expensive foods					
j. Exchange your labour for food (work for food)					
k. Sell Household Assets or the NFI's the household owns					
l. Engage in prostitution or theft of food (illegal activities)					

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m. Have some members of the household migrate elsewhere or repatriate					
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<p style="text-align: center;">TERMS OF REFERENCE OF THE JOINT WFP/UNHCR ASSESSMENT MISSION NORTH WESTERN TANZANIA REFUGEE OPERATION NOVEMBER 2006</p>

Background of the Operation

According to UNHCR report of 20 October, Western Tanzania hosts some 301,000 refugees. They include 165,500 Burundians, 130,700 Congolese (DRC), 2,200 Somalis and 2,600 of different nationalities. This figure excludes some 200,000 Burundian refugees who came in 1972 and settled elsewhere in Tanzania (Tabora region). Refugees in camps continue to depend on food aid supplied by WFP in addition to non-food and protection assistance provided by UNHCR and its implementing partners.

The UNHCR/WFP Joint Assessment Mission (JAM), conducted in November 2005 in collaboration with the Government of Tanzania, UN Agencies and donor representatives, including the European Commission and USAID/FFP, highlighted the issues of food security, kilocalorie requirements, food aid distribution modalities, self-reliance and income-generating activities, registration and partnership, in the context of an operation focus on ongoing care and maintenance and simultaneously promoting voluntary repatriation to Burundi and the DRC. The 2005 JAM Report recommendations were incorporated into the WFP/UNHCR joint action plan for Tanzania.

Rationale for the WFP/UNHCR Joint Assessment Mission

Annual assessments are essential in a continuous protracted relief and recovery operation such as the operation in Tanzania especially if any significant changes took place during the preceding year. From the completion of the 2005 JAM up through September 2006, the ration provided to refugees has resulted in the range between 1342 Kcals to 1,843 Kcals due to funding shortfalls

UNHCR and WFP have agreed to carry out a JAM in November 2006, in order to assess the progresses in implementing the recommendations of the 2005 JAM to re-evaluate the overall food needs of the operation in light of ongoing voluntary repatriation. Therefore, the November 2006 JAM will also focus on nutrition issues and assessing the impact of the severe ration cuts during the year, making the linkages between food assistance, household food security, refugee self reliance and nutrition status. As recommended in the 2005 JAM Report, the preparatory work and framework for the 2006 JAM includes: a detailed nutritional survey completed on 05th October 2006, a combined Emergency Food Security Assessment (EFSA) and Coping Strategies Index (CSI) survey completed on 24th October, the market impact analysis completed first week of November, the feasibility study of food voucher system completed in early October, the Income Generating Activity (IGA) study and the FFW desk reviews and win-win activities in mid-October 2006.

The UNHCR, WFP and UNICEF Country Offices in Tanzania and the Government of Tanzania will designate officials with relevant expertise and functional responsibilities to serve as members of the 2006 JAM Mission, including staff members of the UN Agencies in Burundi and the

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Democratic Republic of Congo (DRC). Representatives from bilateral and multilateral donors with relevant technical expertise and committed to the full itinerary of the mission will be invited to participate as observers in the mission. Implementing partners including local NGOs who are involved in the day-to-day implementation of the operation will also contribute their expertise and observations to the JAM.

Key areas to be reviewed

The Mission will focus on the following key areas:

I: Protection, Refugee Numbers and Repatriation

II: Food Security, (Coping strategies¹, common markets, Food-for-Work)

III: Self Reliance (Income-generating activities, Assistance to Hosting Communities)

IV: Nutrition, Health and HIV/AIDS²

V: Logistics²

- Impact of performance of the Tanzania railway corporation on PRRO operation.
- Kigoma port status.
- Trucking capacity in North Western Tanzania.

Assess cost effective management of the EDPs in view ongoing refugee repatriations. Mission Composition (to be confirmed)

WFP:

Taban Lokonga, PRRO Coordinator and Head of Kigoma Sub-Office

Carlos Melendez, Logistic Officer

Juvenal Kisanga, VAM Officer

Assumpta Rwechungura, Programme Assistant (HIV/AIDS)

Melanie Rubavu, Programme Assistant, WFP Burundi

UNHCR:

M. J. Meierdiercks-Popovic, Sr. Programme Officer

Irfan Mohammad Adil, Resource Mobilisation and Donor Reporting Officer

Lucas Machyiba, Health and Nutrition Officer

Dr. Raoufou Makou, Health Co-ordinator

Government of Tanzania:

¹ Main focus will be on food access and use, food aid targeting distribution and monitoring, Selective Feeding Programmes, food supplies (common markets), self-reliance opportunities (access to land and other productive resources), food and self-reliance strategies, coping strategies, ration scales of food/NFI, and refugee impact on the physical environment.

³ Main focus will be on NFI requirements and distribution, transport & food handling and storage, and EDP & FDP management.

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Donor representatives:

Objectives

The main objectives of the 2006 JAM are:

1. Review the status of the implementation of the main recommendations of the 2005 JAM, results of implemented recommendations and propose updated recommendations for 2006-2007.
2. Assess the current situation and project refugee repatriation trends for 2007 for operation planning purposes.

The specific objectives are:

1. Review the status of the implementation of 2005 JAM recommendations and reassess the need to pursue those that remain uncompleted (*see annex 1 for main 2005 JAM recommendations*).
2. Review the prospects of Burundian and Congolese refugees to achieve durable solutions through voluntary repatriation, given the current political climate and developments in their countries of origin, establish realistic repatriation and new influx forecasts over the next 12 to 24 months.
3. Review the effectiveness and impact of "Go and See" and "Come and Tell" visits of Burundian (and Congolese?) refugees on in making informed decisions on voluntarily returning home.
4. Review the ongoing activities in support of Refugee Host Areas, address remaining challenges and consider a possible "exit strategy" for the humanitarian operation. For example, replicating the UN Joint Programme, currently being implemented and funded by the Human Security Trust Fund, the potential alternative uses for refugee camp infrastructure by the Tanzanian Government and the local population, and review and building Government capacities and formulating strategies for gradual Government taking over of Refugee Host Areas assistance in northwestern Tanzania.
5. Re-assess the recommendation to implement a "food voucher system" on a pilot basis to replace the direct distribution of food to refugee beneficiaries, given the evident constraints in the Tanzanian context and taking into consideration the findings of the desk review (available and can be attached) and field experience elsewhere with such systems.
6. Review current government policies and practices with regard to movement restrictions, access to markets and the provision of land for cultivation or opportunities for share-cropping and consider how they may impact on the general well-being of refugees and their prospects for self-reliance.
7. Gain an understanding of the level of refugee self-reliance and review the linkages between household coping mechanisms, the level of food security, provision of food

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- assistance and its ration size and nutritional status based on the findings of the nutrition survey and the EFSA/CSI survey.³
8. Confirm the amount of cultivable land officially (if any) accorded to refugees in acreage, the acreage actually planted by refugees, income generating activities and the sale of labor outside the camps, in order to determine the real level of access and contribution of refugee self-reliance projects, income generation activities and labor opportunities.⁴
 9. Review the market transactions between refugees and host communities and between refugees themselves (cash and barter)⁵.
 10. Review the technical feasibility of combining an in-depth nutrition survey and the household food security study aimed at establishing differences in nutrition status existing between camps in north-western Tanzania.⁶
 11. Review the rates of chronic malnutrition and analyze contributing factors. Make specific recommendation on possible ways to ensure reductions in these rates, if appropriate.
 12. Review achievements and areas of concern regarding the registration of Burundian and Congolese refugees using the project profile technique and develop the strategy for improvement.
 13. Review any logistic constraints and propose measures to increase capacity and efficiency, where possible, and provides cost estimates for those measures.

Methodology

- Field visits to the refugee camps: Direct observation of the ongoing programmes including general food distribution, supplementary and therapeutic feeding programmes, income generation activities, repatriation and registration exercises and market activities within and outside the camps.
- Individual or group (i.e. community leaders) interviews with refugees, key informants and various stakeholders.
- Review of the existing reports/studies/surveys.

The key sources of information for desk review will include:

1. The November 2005 JAM Report.
2. The Final March 2006 JNA Report.
3. The 2007-2008 WFP Tanzania PRRO 10529.0 document; and the 2007 UNHCR Country Operation Plan.

³ A comprehensive Household Food Security Study will not be conducted in 2006 – the study findings will thus not be available to inform the 2006 JAM but rather the 2007 JAM.

⁴ Assessment will be complemented by the findings of the IGA study, and the IGA and Self-reliance desk reviews, which will be undertaken prior to the 2006, JAM. However, since most of the refugee activities outside the camps are illegal, there might be difficulties in confirming all the cultivable land, labour and income.

⁵ Review based on the findings of the market impact analysis on refugee livelihoods.

⁶ As per JNA recommendation following the results of the 2005 Nutrition survey results which indicated existing differences from one camp to another.

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4. The September/October 2006 Nutrition survey Report.
5. The May/June 2006 Beneficiary Contact Monitor (BCM) Reports.
6. The November 2006 Market Impact Analysis Report.
7. The October 2006 IGA study Report
8. The October 2006 EFSA/CSI Report.
9. The October Desk Review Findings: Win-win activities, FFW, Food Voucher System.
10. The Briefing Package for the Mission: Various documents and Statistics on health, nutrition, voluntary repatriation, registration and operational activities.
11. The Human Security Project for Western Tanzania: The October Progress Report for Phase I
12. Other documentations as available.

Required Outputs

The Mission members will discuss and agree to the provisional findings/conclusions and recommendations of the JAM prior to leaving the north-western Tanzania. In Dar e Salaam, the Mission members will convene a wrap-up meeting with the Government of Tanzania counterparts, donor representatives UN agencies and NGO partners in the country, present preliminary conclusions and recommendations for constructive comments and views on, feedback to be incorporated in the final report document.

The JAM will result in a concise report that:

- Summarizes the findings and analysis, specifying any uncertainties due to data limitations;
- Summarize the changes that have occurred in the general situation since the 2005 JAM;
- Describes the outcomes of implemented 2005 JAM recommendations and determine why certain recommendations were not implemented;
- Analyses the particular problematic issues identified in the TOR, and any that may have been identified during the review and re-assessment process, and proposes solutions;
- Describes the prospects for realistic voluntary repatriation and the most likely scenarios for the next 12 to 24 months;
- Presents the pros, cons and implications of various possible measures and interventions that could improve the food security and self-reliance of the refugees, address any problems related to malnutrition in the next 12 to 24 months;
- Describes any logistic constraints and proposes measures to increase capacity and efficiency, where possible;
- Food assistance:
 - Agree on caseload estimates and targeting mechanism and identify estimate specific groups of refugees that require differentiated food assistance during the next 12 to 24 months;
 - Agree on the types of food required, the ration sizes for different groups, if

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applicable, the total quantities of each commodity ;

- Review feasibility of reducing ration size during harvest seasons; and
- Agree on provisions of non-food input (e.g., utensils, water containers, cooking fuel, efficient stove, etc.) necessary to ensure that the food supplied can be efficiently used by the refugees.