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Standard Project Report 2015

World Food Programme in Tanzania, United Republic of (TZ)

Emergency Food Assistance to Burundian Refugees in Tanzania

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200853
Project Category	Single Country IR-EMOP
Overall Planned Beneficiaries	12,000
Planned Beneficiaries in 2015	12,000
Total Beneficiaries in 2015	15,535

Key Project Dates	
Project Approval Date	May 08, 2015
Planned Start Date	May 11, 2015
Actual Start Date	May 11, 2015
Project End Date	August 10, 2015
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	643,039
Capacity Dev.t and Augmentation	N/A
Direct Support Costs	183,004
Cash-Based Transfers and Related Costs	N/A
Indirect Support Costs	57,823
Total	**883,866**

Commodities	Metric Tonnes
Planned Commodities in 2015	715
Actual Commodities 2015	740
Total Approved Commodities	715

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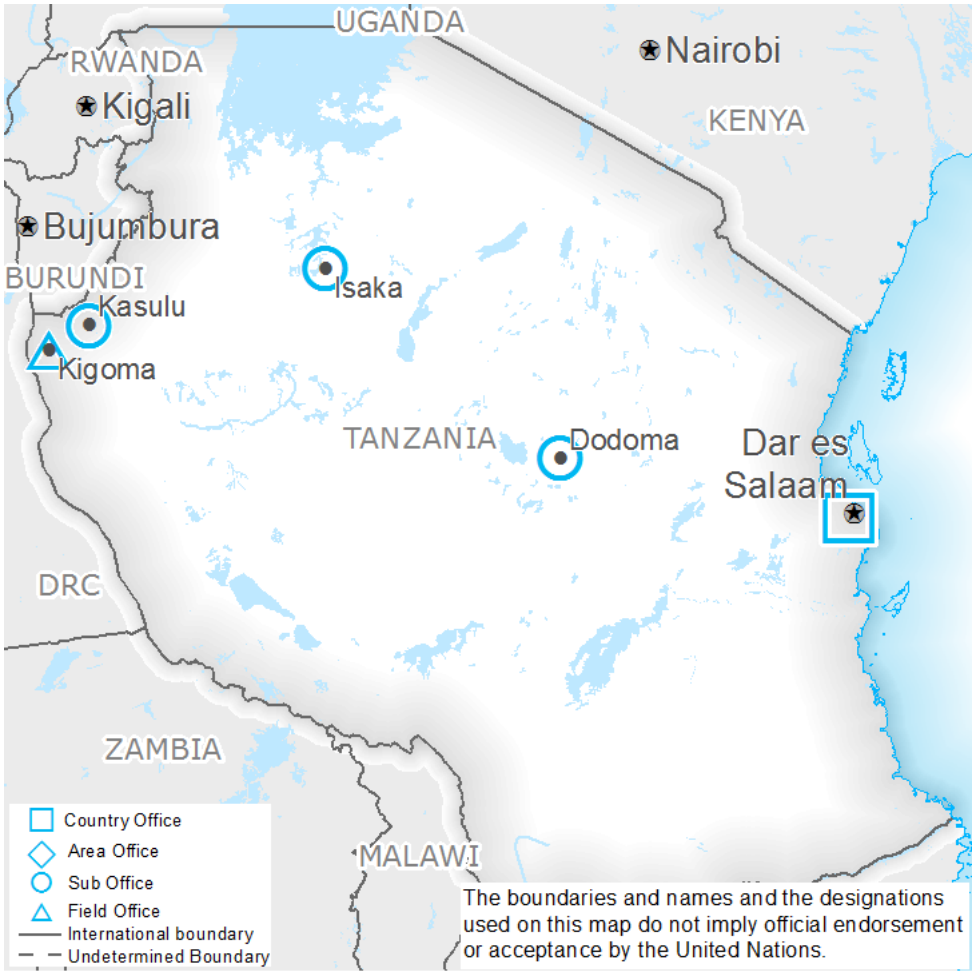
COUNTRY OVERVIEW



Country Background

Tanzania's long-standing ruling party Chama Cha Mapinduzi (CCM) was re-elected in October 2015, with its new leader, Dr. John Magufuli, as President. With an average growth rate of 7 percent per year over the last decade, President Magufuli has inherited one of Africa's fastest growing economies. However, Tanzania also has high population growth of 2.7 percent per year. As a result, per capita growth rates are modest. Tanzania is among the countries with the lowest levels of human development, ranking 155 among 188 countries in the Human Development Index (HDR, 2015). An imminent challenge facing President Magufuli and Tanzania's fifth phase government is that economic growth is not translating into corresponding improvements in living standards of ordinary Tanzanians.

The level of poverty in Tanzania is high with almost one third[1] of the population considered poor against the Millennium Development Goal (MDG) target of 19.5 percent[2]. Eighty percent of Tanzanians depend on agriculture for their livelihood. Most agricultural production takes place on smallholder farms where the pace of technological change is slow. With an increasing population, agricultural growth at 4.3 percent is not sufficient to bring Tanzanians out of poverty (THDR 2014). However, given its broad based participation, agriculture can be a key growth factor to help combat poverty.

In 2009, to boost the agriculture sector, the government embarked on the Kilimo Kwanza initiative to modernize agriculture. As part of this, the Southern Agricultural Growth Corridor of Tanzania (SAGCOT) was launched in 2010 as a public-private partnership to catalyze private investment and reduce poverty. The government also embarked on two other initiatives: (i) “Big Results Now” (BRN) focused on supporting the implementation of the MDGs by

strengthening delivery in key sectors – agriculture, water, education, transport, energy and natural gas, and mobilization of resources; and (ii) Tanzania Social Action Fund (TASAF) III: Productive Social Safety Net (PSSN) initiated in 2014 to increase incomes, opportunities and consumption for poor households.

Tanzania is a food secure country. However, localized deficits prevail at the regional, district and household levels associated with extreme weather effects such as drought, floods, as well as land degradation and low productivity. High post-harvest losses (30-40 percent) and periodic high food prices reduce food availability for poor households. The government owns adequate emergency food stocks under the National Food Reserve for interventions in deficit areas.

Malnutrition remains a significant issue for children under five and women of reproductive age. One of the challenges is repetitive young pregnancies. The National Nutrition Survey (2014) found that 35 percent of children under five are chronically malnourished compared to 42 percent reported in 2010. Chronic malnutrition is prevalent in both food insecure and food secure areas. High rates of chronic malnutrition among children are driven by poverty and food insecurity, but also by poor infant and young child caring and feeding practices at the household level.

Child health has recorded some progress. Under-five mortality has declined from 191 deaths per 1,000 live births in 1990 to 81 per 1,000 in 2010. However, the maternal mortality rate (MMR) remains a major challenge. Over half of the expectant women deliver at home. As such, they may not be attended by skilled personnel or have access to emergency care. MMR declined from 578 deaths per 100,000 live births in 2004 to 454 deaths per 100,000 live births in 2012. The MDG target for 2015 of 133 per 100,000 live births by 2015 has not been achieved.

The education situation in Tanzania is mixed: an almost equal number of boys and girls are enrolled in school, but the quality of education is of low quality. Net enrollment ratio at the primary level is 89 percent having dropped from 97 percent in 2007[3]. Completion rates are below the MDG target and the sector has increasing drop outs, lack of teachers, low secondary school enrolment and a disconnect with employment opportunities. The main gender disparities are in retention and performance of girls. Provision of education to children with disabilities was reported at 3 percent[4]. Only 35 percent of the children attend pre-school.

The HIV/AIDS prevalence rate has reduced from 9.4 percent in 2000 to 5.1 per cent in 2012. Tuberculosis treatment has improved, however from 81.3 percent in 2003 to 88 percent in 2008, exceeding the MDG target.

On the humanitarian front, Tanzania has been host to refugees from neighbouring countries for many decades. At one point there were one million refugees in Tanzania hosted in 12 camps. As conditions in their countries improved, many refugees returned home. However, some 65,500 Congolese refugees remained in one camp in Tanzania until the Burundian crisis which began in April 2015, which led to an additional 120,000 refugees by December 2015. The government has since re-opened three additional camps to accommodate the influx Burundian refugees.

[1] Poverty is at 28.2 percent (Tanzania Human Development Report, 2014)

[2] Country Report of Millennium Development Goals (URT, 2014)

[3] URT (2014)

[4] A civil society review of progress towards the MDGs in Commonwealth countries: National Report: Tanzania (Commonwealth Foundation, 2013)

Summary Of WFP Assistance

The major development challenges facing Tanzania are poverty, employment, malnutrition and maternal mortality. Given its broad based participation, the agriculture sector provides huge investment opportunities for Tanzania's poverty reduction, food security and growth. However, harnessing agriculture's potential in Tanzania requires an improvement in smallholder competitiveness and an investment in infrastructure. WFP's investment into the agriculture sector is channeled through two avenues: market access initiatives and rural community infrastructure.

Under its market access initiatives, WFP engages with private and public sectors. Through its Patient Procurement Platform (PPP), WFP helps farmers transition from subsistence farming to market oriented agriculture. WFP does this by connecting the demand for crops with commercial markets and providing access to fair contracts before planting. These contracts help farmers access credit and agricultural inputs necessary to plant and harvest quality crops, which in turn boosts farmer incomes and helps build long term resilience. With the public sector, on the other hand, WFP has an agreement with the National Food Reserve Agency (NFRA) which provides WFP-supported farmers with a potentially sustainable market.

WFP's food assistance for asset programmes in farming communities are aimed at developing community assets to stimulate economic growth at the household level. Investment in irrigation schemes, dams, and market access roads strengthen farmers' resilience to climate change, improve productive potential of the farmland, link farmers to markets and increase household incomes. In addition, under its climate change initiative, WFP works with local government to provide access to information on climate and weather to enable farmers and livestock keepers to determine the best agronomic options to pursue to mitigate the effects of climate change.

On the nutrition front, WFP is the only agency in the country to provide supplementary food rations to pregnant and lactating women (PLW) and children under five. To treat moderate acute malnutrition (MAM), WFP provides a monthly take home ration of fortified blended food to PLW and children under five through its Supplementary Feeding Programme (SuFP). To prevent stunting, PLW and children under two receive a monthly take home ration of Super Cereal under the Mother and Child Health and Nutrition (MCHN) programme. WFP's nutrition interventions are focused in Dodoma and Singida regions, both of which have high rates of stunting and wasting, which are reccurent in deficit areas.

The political crisis in Burundi, since April 2015, has led to over 120,000 Burundians to flee into Tanzania. Prior to the Burundian influx, Tanzania was hosting 65,500 Congolese refugees in one camp. Under its refugee operation, WFP assists Burundian and Congolese refugees with general food distribution and supplementary feeding. Meeting and maintaining the food and nutritional needs – including micronutrient needs of the refugees – is critical. No other agency provides assistance to meet the refugees' basic food needs.

Beneficiaries	Male	Female	Total
Children (under 5 years)	46,942	50,360	97,302
Children (5-18 years)	219,473	225,905	445,378
Adults (18 years plus)	51,721	75,797	127,518
Total number of beneficiaries in 2015	**318,136**	**352,062**	**670,198**

Distribution (mt)						
Project Type	**Cereals**	**Oil**	**Pulses**	**Mix**	**Other**	**Total**
Country Programme	5,235	256	1,129	1,101	0	7,721
Single Country IR-EMOP	493	27	152	61	6	740
Single Country PRRO	17,460	968	5,352	1,782	263	25,826
Total Food Distributed in 2015	**23,189**	**1,250**	**6,634**	**2,944**	**270**	**34,287**

OPERATIONAL SPR

Operational Objectives and Relevance

In April 2015, following the announcement by Burundi's President Pierre Nkurunziza of his intention to run for a third term, violent protests erupted in Burundi and instability has since engulfed the country. This has triggered an influx of refugees into the Democratic Republic of Congo (DRC), Rwanda and Tanzania. In preparation, UNHCR and partners in Tanzania developed a Contingency Plan for a possible influx of refugees from both the DRC and Burundi. The Plan envisioned a best case scenario of up to 1,000 new Burundian arrivals into the country, and a worst case scenario of up to 35,000 in the space of two months. However, by August 2015, an estimated 82,000 Burundians had fled to Tanzania, far exceeding the worst case scenario. New arrivals were accommodated at Nyarugusu Refugee Camp in Kigoma Region, north western Tanzania, the only refugee camp existing at the time and hosting mainly Congolese refugees. WFP's existing operations in Nyarugusu Camp are carried out through Protracted Relief and Recovery Operation (PRRO) 200603. According to UNHCR, the majority of Burundians arriving in Tanzania during this period were women and children.

In May 2015, WFP initiated Immediate Response Emergency Operation (IR-EMOP) 200853 to cater to the immediate emergency food requirements of 12,000 refugees, designed in line with WFP's Strategic Objective 1: save lives and protect livelihoods in emergencies.

The IR-EMOP was implemented from May-August 2015, guided by the Contingency Plan and PRRO 200603. Upon closure, the IR-EMOP was consolidated under the PRRO through a budget revision.

Results

Beneficiaries, Targeting and Distribution

WFP reached 100 percent of targeted beneficiaries under this IR-EMOP, despite receiving more beneficiaries than planned and a shortage of Super Cereal in the region.

While some 80,000 new refugees entered Tanzania in the period between May and August 2015, this IR-EMOP reached only approximately 15,000. The remainder of the new arrivals were therefore absorbed into the existing PRRO through a budget revision. These 15,000 Burundian refugees entered Tanzania through over 30 different border entry points, with the majority arriving in Kagunga, a small Tanzanian village on Lake Tanganyika which has little access apart from via boat. This village underwent a substantial and rapid influx of refugees in a short space of time therefore becoming the focal point of a humanitarian crisis. The inaccessibility of the village also made the delivery of humanitarian assistance extremely challenging.

An initial assessment coordinated by UNHCR showed that the primary needs of the refugees upon arrival in Tanzania were water, sanitation and hygiene (WASH). Given the chaotic nature of the refugees' habitation at Kagunga, it was agreed by the government, UNHCR and WFP that General Food Distribution (GFD) was not an immediate priority as it had the potential to cause unrest and raised protection concerns. Additionally, Kagunga's close proximity (two kilometres) to the Burundian border posed problems for GFD, as it could potentially become a pull factor for more Burundians to cross. The priority was therefore to arrange the boat transport of refugees from Kagunga to Kigoma Port, as a transit point to Nyarugusu Camp, in order to alleviate the poor WASH situation which eventually led to an outbreak of cholera in the village.

High Energy Biscuits (HEB) were provided to refugees upon arrival and in transit. However, due to an initial lack of HEB in-country and within the region at the start of the influx, WFP provided palm dates in Kagunga to the most vulnerable, as well as to refugees in transit from Kagunga to Lake Tanganyika Stadium en route to Nyarugusu Camp, for an initial period of one month, until more HEB were available for distribution.

UNHCR also made arrangements to move refugees from Kagunga by water to Lake Tanganyika Stadium in Kigoma which served as a transit centre while Nyarugusu Camp was being prepared to accommodate the newly arrived refugees. At Lake Tanganyika Stadium, WFP supported refugee wet (hot meal) feeding through the provision of food to NGO partners who carried out the distribution. Due to a significant number of refugees hospitalized as a result of an outbreak of Acute Watery Diarrhea (AWD), WFP also provided rations of maize meal (200g), pulses (100g), Super Cereal with sugar (200g), oil (30g) and salt (5g) to Kigoma Hospital in-patients.

WFP provided dates and HEB to UNHCR and IOM for refugees in transit to Nyarugusu Refugee Camp from Lake Tanganyika Stadium and other transit points. Upon their arrival at the camp, refugees received hot meals until their registration was complete and they had received non-food items (NFIs), including cooking utensils, from UNHCR. Once registered, refugees were absorbed into WFP's regular GFD activities.

GFD was provided to new Burundian refugees every two weeks rather than monthly due to inadequate food storage facilities around the camp, and congestion in temporary refugee shelters which had the potential to lead to food contamination. The GFD consisted of a daily ration of 380g of maize meal, 120g of beans or split peas, 50g of Super Cereal with sugar, 20g of fortified vegetable oil and 5g of iodized salt per person per day, meeting the minimum daily energy requirement of 2,100 kcal per person per day. Through the IR-EMOP, WFP had planned to provide an additional 100g of Super Cereal to children aged 24-59 months for the prevention of micronutrient deficiencies. However, this was not possible due to a shortage of the commodity in the region, and the Super Cereal available was prioritised for GFD, hospital in-patients, cholera patients, and pregnant and lactating women (PLW) under the Blanket Supplementary Feeding (BSF) programme. The commodity arrived after the closure of the IR-EMOP and was distributed under the ongoing PRRO.

The food support provided to in-patients in Nyarugusu Hospital was managed by Tanzania Red Cross Society (TRCS). A hospital ration, the same as that given to in-patients of Kigoma Hospital, was given to all in-patients. In addition, WFP provided nutritional support to cholera patients admitted in Cholera Treatment Centres (CTCs) in the camp with a ration of 200g of Super Cereal.

The treatment of moderate acute malnutrition (MAM) was not planned during the development of the IR-EMOP as it is not an existing activity under the PRRO. However, during implementation of the IR-EMOP, data from mid-upper arm circumference (MUAC) screenings conducted in the refugee camp revealed high cases of MAM among newly arrived refugees, thereby necessitating the re-establishment of the MAM treatment programme.

Blanket Supplementary Feeding (BSF) for the prevention of acute malnutrition was targeted at pregnant and lactating women (PLW) and children 6- 23 months of age, and provided a ration of 100 g of Super Cereal Plus per day for children, and 100 g of Super Cereal and 20 g of oil per day for PLW.

UNHCR provided monthly data for each beneficiary category to facilitate planning and the distribution of food commodities. In nearly all categories, actual beneficiaries far outnumbered planned beneficiaries due to ongoing influx from Burundi.

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	**5,676**	**6,324**	**12,000**	**7,426**	**8,109**	**15,535**	**130.8%**	**128.2%**	**129.5%**
By Age-group:									
Children (under 5 years)	1,512	1,572	3,084	1,258	1,227	2,485	83.2%	78.1%	80.6%
Children (5-18 years)	1,824	1,944	3,768	3,387	3,495	6,882	185.7%	179.8%	182.6%
Adults (18 years plus)	2,340	2,808	5,148	2,781	3,387	6,168	118.8%	120.6%	119.8%
By Residence status:									
Refugees	5,676	6,324	12,000	7,426	8,109	15,535	130.8%	128.2%	129.5%

Table 2: Beneficiaries by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
General Distribution (GD)	12,000	-	12,000	15,535	-	15,535	129.5%	-	129.5%
Nutrition: Treatment of Moderate Acute Malnutrition	-	-	-	400	-	400	-	-	-

Table 2: Beneficiaries by Activity and Modality									
Activity	**Planned**			**Actual**			**% Actual v. Planned**		
	Food	**CBT**	**Total**	**Food**	**CBT**	**Total**	**Food**	**CBT**	**Total**
Nutrition: Prevention of Acute Malnutrition	1,920	-	1,920	2,210	-	2,210	115.1%	-	115.1%
Nutrition: stand-alone Micronutrient Supplementation	1,200	-	1,200	-	-	-	-	-	-

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)									
Beneficiary Category	**Planned**			**Actual**			**% Actual v. Planned**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
General Distribution (GD)									
People participating in general distributions	5,880	6,120	12,000	7,426	8,109	15,535	126.3%	132.5%	129.5%
Total participants	**5,880**	**6,120**	**12,000**	**7,426**	**8,109**	**15,535**	**126.3%**	**132.5%**	**129.5%**
Total beneficiaries	**5,880**	**6,120**	**12,000**	**7,426**	**8,109**	**15,535**	**126.3%**	**132.5%**	**129.5%**

The total number of beneficiaries includes all targeted persons who were provided with WFP food/cash/vouchers during the reporting period - either as a recipient/participant or from a household food ration distributed to one of these recipients/participants.

Table 4: Nutrition Beneficiaries									
Beneficiary Category	**Planned**			**Actual**			**% Actual v. Planned**		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (under 5 years)	-	-	-	192	208	400	-	-	-
Total beneficiaries	**-**	**-**	**-**	**192**	**208**	**400**	**-**	**-**	**-**
Nutrition: Prevention of Acute Malnutrition									
Children (6-23 months)	470	490	960	549	571	1,120	116.8%	116.5%	116.7%
Pregnant and lactating women (18 plus)	-	960	960	-	1,090	1,090	-	113.5%	113.5%
Total beneficiaries	**470**	**1,450**	**1,920**	**549**	**1,661**	**2,210**	**116.8%**	**114.6%**	**115.1%**
Nutrition: stand-alone Micronutrient Supplementation									
Children (24-59 months)	588	612	1,200	-	-	-	-	-	-
Total beneficiaries	**588**	**612**	**1,200**	**-**	**-**	**-**	**-**	**-**	**-**

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	131	118	90.2%
Corn Soya Blend	78	54	70.1%
High Energy Biscuits	30	7	22.8%
Iodised Salt	5	6	113.5%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Maize Meal	448	493	110.2%
Split Peas	-	34	-
Vegetable Oil	24	27	112.6%
Total	**715**	**740**	**103.4%**

Progress Towards Gender Equality

Implementation of the IR-EMOP was guided by the existing PRRO 200603. Therefore, information related to gender was collected and is reported under the PRRO.

Protection and Accountability to Affected Populations

The short duration of the IR-EMOP did not allow for data collection of protection indicators. However, data was later collected and is reported under PRRO 200603.

To ensure the well-being of refugees in transit to the refugee camp, transport was managed by UNHCR and IOM and WFP provided ready to eat items in the form of HEB and palm dates where necessary. WFP initiated awareness raising on refugee food entitlements through messages and posters placed at all distribution sites.

To reduce the risk of conflict or unrest between the newly arrived Burundian refugees and the existing Congolese refugee population in Nyarugusu Camp, and to enable crowd management, GFD was implemented separately for the two groups and sensitization carried out to improve awareness that both groups were receiving the same ration. Mobile distribution sites were set up for those refugees stationed far from main distribution centres, to receive dry rations without having to walk long distances.

Outputs

WFP provided food assistance to 100 percent of the planned beneficiaries, despite the increase in refugee numbers compared to originally planned figures. WFP engaged non-governmental organizations (NGOs) to implement different components of the response. New tripartite agreements were signed with UNHCR and three co-operating partners to distribute ready-to-eat and wet feeding (hot meals) to refugees at transit and reception centres in different locations. The existing field level agreement (FLA) under PRRO 200603 with the Adventist Development and Relief Agency (ADRA), WFP's co-operating partner for food distribution in Nyarugusu Refugee Camp, was amended to accommodate increased refugee numbers as a result of the Burundian influx.

GFD was implemented separately for the new Burundian refugees and existing Congolese refugees at Nyarugusu Refugee Camp for purposes of crowd management and mitigation of conflict between the two populations. In addition, both populations were sensitized to improve awareness that the same rations were being provided to each group.

BSF was implemented by TRCS at Nyarugusu Refugee Camp with food and staff provided by WFP. The BSF programme was one of the avenues through which UNHCR, TRCS, UNICEF and WFP delivered nutrition messaging to the refugees in order to address barriers to proper child nutrition. Furthermore, hygiene messages related to AWD and cholera were disseminated to caregivers attending BSF distribution to help prevent water borne disease, which were a public health concern at the time.

Efforts were made to ensure that the BSF programme was linked to the provision of other vital health services, such as, Vitamin A supplementation and de-worming. This included referral to beneficiary health facilities which provided these services. Unlike the existing refugee population at Nyarugusu Camp, the new Burundian refugees were not familiar with the commodities provided under BSF. Emphasis was therefore put on the sensitization of beneficiaries on the rationale of BSF, including preparation and storage of specialized nutritious foods.

Several mechanisms were put in place to ensure that refugees received their entitlement, including on-site distribution monitoring and food basket monitoring conducted during every GFD cycle. Food rations were displayed on notice boards to sensitize refugees of their entitlement. In addition, food distribution committee (FDC) members were involved in the planning and food distribution process to increase transparency. The food committee had equal representation from both the existing and newly arrived populations. Before every distribution, coordination

meetings were held to discuss any food-related concerns observed in the previous distribution.

A joint WFP and UNICEF nutrition mission was conducted in July 2015 to assess the nutrition response and undertake a gap analysis. The major findings of this mission revealed that infant and young child feeding (IYCF) and nutrition information systems needed to be strengthened. A tool was therefore developed to address the challenges of reporting nutrition information.

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: General Distribution (GD)				
Energy content of food distributed (kcal/person/day)	individual	2,148	2,148	100.0
Number of feeding days	instance	91	91	100.0

Outcomes

Although WFP has a number of outcome monitoring mechanisms for the refugee population under PRRO 200603, these were not applied to the IR-EMOP due to the fluidity of the situation and short duration of the project. However, WFP was able to conduct food basket monitoring (FBM) to assess whether the entitlements were provided as planned and to determine the efficiency of the food distribution. Results from the FBM conducted during the IR-EMOP showed that, on average, people received just 2 percent less than their entitlement in terms of kilocalories, despite the unplanned higher beneficiary numbers which put pressure on commodity availability.

Findings from a Mid Upper Arm Circumference (MUAC) screening exercise, conducted by MSF during the oral cholera vaccination (OCV) campaign, showed a proxy prevalence of global acute malnutrition (GAM) among children aged 12-59 months at 5.5 percent (Severe Acute Malnutrition, or SAM, of 0.8 percent and Moderate Acute Malnutrition, or MAM, of 4.7 percent). This data was not broken down between Congolese and Burundian refugees; however, the nutritional situation of the existing Congolese refugee population was assessed in December 2014 during a nutrition survey and showed GAM at 1.4 percent, SAM 0 percent and MAM 1.4 percent. It can therefore be reasoned that the nutritional status of the newly arrived Burundian population was poor, which was confirmed by the WFP country office in Burundi.

Inputs

Resource Inputs

The IR-EMOP was well resourced due to advance financing through the Immediate Response Account (IRA). This loan was initiated to ensure smooth operation and allow for sufficient lead time. There were no pipeline breaks. All commodities were distributed at full ration.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
MULTILATERAL	0	836	743
Total	**0**	**836**	**743**

See Annex: Resource Inputs from Donors for breakdown by commodity and contribution reference number

Food Purchases and In-Kind Receipts

WFP Tanzania procured all cereals through the Global Commodity Management Facility (GCMF), formerly the Forward Purchase Facility (FPF), in Tanzania. Of the total commodities procured for the IR-EMOP, 89 percent was sourced from different GCMF locations. Maize procured through GCMF in Tanzania accounted for 69 percent of this

procurement. The remaining commodities were beans, Super Cereal Plus, HEB and vegetable oil, which were procured through GCMF in Tanzania, Mombasa and Dubai.

Regional procurement accounted for 11 percent and included salt and Super Cereal with sugar from Kenya and South Africa respectively. HEBs were procured through GCMF having been pre-positioned in the UN Humanitarian Response Depot (UN HRD) in Dubai, and a loan of HEB was acquired from DRC, the repayment of which was according to schedule. The GCMF greatly assisted this emergency operation as it ensured the timely distribution of food to the refugees.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	0	0	0	131
Corn Soya Blend	0	90	0	9
High Energy Biscuits	0	0	0	30
Iodised Salt	0	5	0	0
Maize	0	0	0	508
Vegetable Oil	0	0	0	64
Total	**0**	**95**	**0**	**741**

Food Transport, Delivery and Handling

At the onset of the IR-EMOP, WFP had food pre-positioned at Nyarugusu Refugee Camp. WFP was also able to retrieve food from its storage hubs in Isaka and Dodoma. WFP utilised its milling facilities in Isaka for the immediate supply of maize meal to the camp. Stocks of HEB were re-directed from the Dar es Salaam port in transit to DRC. Additional HEBs were airlifted from Dubai. With support from the Government of Tanzania, the customs clearance process was expedited.

WFP's presence in Kigoma Port ensured the efficient supply of food to the refugee operation. The Tanzania Ports Authority (TPA) at Kigoma provided additional space for the storage of HEB; as a large number of refugees disembarked vessels arriving from Kagunga at the Kigoma port, the storage at the port greatly enhanced the efficiency with which food items were distributed.

WFP also provided storage facilities and expertise in logistics and supply chain to NGOs and UN agencies who were supporting the emergency.

Post-Delivery Losses

WFP has a well established logistics network and storage facilities which helped to minimise losses. Minor transit losses (0.031mt) occurred on poor road leading to Nyarugusu Camp, when drivers were forced to off-load and reload cargo if trucks became stuck. The transporters responsible were charged for the losses. Mitigation measures were taken to avoid post-delivery losses, mainly ensuring adherence to food storage and movement guidelines by all staff working in the food supply and delivery chain.

Management

Partnerships

During the IR-EMOP, WFP's co-operating partner, Adventist Development and Relief Agency (ADRA) carried out GFD at Nyarugusu Refugee Camp.

To implement the wet feeding programme at transit and reception centres, WFP signed tripartite agreements with UNHCR and three co-operating partners: Caritas, Tanzania Water and Environmental Sanitation (TWESA) and

Relief to Development Society (REDESO).

Tanzania Red Cross Society (TRCS) implemented the BSF programme for the prevention of acute malnutrition in the camp with food and human resources provided by WFP. WFP works with TRCS and UNICEF to deliver nutrition messaging in order to address barriers to proper child nutrition, such as inappropriate infant and young child feeding practices.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total	2	2	1	2

Lessons Learned

A well-coordinated rapid nutrition assessment (RNA) is crucial in determining the nutrition situation at the onset of a large emergency. Such an assessment was not done at the commencement of the IR-EMOP, due to the fluidity (in terms of the continuing influx) and the volatility of the situation, and because MUAC screenings were being conducted by partners. However, it was learned that the MUAC screenings were uncoordinated and did not provide reliable data which therefore meant that decision making and determination of activities based on the nutritional status of incoming refugees was challenging.

Refugee reception centers are best placed at a distance from existing refugee camps. This is because there is a risk of refugees cross the border simply to acquire food assistance and return back to the country of origin.

Palm dates, while not being a replacement for HEB, were useful in that they were available, were able to be distributed quickly, and provided energy as a ready-to-eat food item. They were well packaged, so they could easily be distributed to refugees and carried across the long distances that refugees had to travel to the camp via boat, bus and on foot.

Despite the large influx of refugees arriving in Kagunga village, WFP and partners deemed the location too volatile to start GFD due to tensions with the local population and the risk of drawing more refugees across the border, in addition to an outbreak of cholera due to overcrowding and poor sanitation. Instead, HEB and palm dates were distributed and WFP and partners worked together to ensure refugees were transported away from this location to safer locations where crowd management was possible, before commencing general food distribution or wet feeding. In hindsight, this was agreed as the right decision to have taken to avoid security risks and protection issues.

Operational Statistics

Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
General Distribution (GD)	12,000	-	12,000	15,535	-	15,535	129.5%	-	129.5%
Nutrition: Treatment of Moderate Acute Malnutrition	-	-	-	400	-	400	-	-	-
Nutrition: Prevention of Acute Malnutrition	1,920	-	1,920	2,210	-	2,210	115.1%	-	115.1%
Nutrition: stand-alone Micronutrient Supplementation	1,200	-	1,200	-	-	-	-	-	-

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
MULTILATERAL	MULTILATERAL	Beans	0	131	131
MULTILATERAL	MULTILATERAL	Corn Soya Blend	0	99	99
MULTILATERAL	MULTILATERAL	High Energy Biscuits	0	30	0
MULTILATERAL	MULTILATERAL	Iodised Salt	0	5	5
MULTILATERAL	MULTILATERAL	Maize	0	508	508
MULTILATERAL	MULTILATERAL	Maize Meal	0	0	0
MULTILATERAL	MULTILATERAL	Vegetable Oil	0	64	0
		Total	**0**	**836**	**743**