



Standard Project Report 2015

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

Food Assistance to Refugees in North - Western Tanzania

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200603
Project Category	Single Country PRRO
Overall Planned Beneficiaries	220,000
Planned Beneficiaries in 2015	220,000
Total Beneficiaries in 2015	188,976

Key Project Dates	
Project Approval Date	August 19, 2013
Planned Start Date	July 01, 2014
Actual Start Date	July 01, 2014
Project End Date	June 30, 2016
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	52,015,240
Capacity Dev.t and Augmentation	N/A
Direct Support Costs	11,452,407
Cash-Based Transfers and Related Costs	N/A
Indirect Support Costs	4,442,735
Total	67,910,383

Commodities	Metric Tonnes
Planned Commodities in 2015	30,505
Actual Commodities 2015	25,826
Total Approved Commodities	63,939

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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 (HDI, 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 recurrent 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

Tanzania has hosted refugees in the north-west of the country since the 1990s. Until April 2015, WFP provided humanitarian food assistance to approximately 65,000 refugees living in Nyarugusu Camp, the majority of whom are from the Democratic Republic of Congo (DRC). However, following the outbreak of electoral-related violence in Burundi in April 2015 and persistent insecurity since then, an influx of Burundian refugees have fled to Tanzania, DRC, Rwanda, and other neighbouring countries.

Between April and the end of December 2015, some 122,626 new Burundian refugees entered Tanzania and were absorbed into protracted relief and recovery operation 200603, bringing the total beneficiary number assisted under this operation to just over 188,000. WFP is currently planning to assist a total of 220,000 refugees in the country until June 2016, in line with the most recent inter-agency Refugee Response Plan.

This new influx meant Nyarugusu Camp reached its capacity and, in October 2015, Nduta Camp was opened to accommodate the increased numbers, along with a new WFP sub-office in Kibondo district. Refugees started transferring from Nyarugusu to Nduta in that same month. A third camp is planned for 2016.

The objectives of PRRO 200603 are to:

- Save lives and protect livelihoods in emergencies, and ensure adequate food consumption among refugees;
- Prevent stunting in children under two; and
- Improve the nutritional status of targeted pregnant and lactating women through a blanket supplementary feeding programme.

These objectives are in line with WFP's Strategic Objectives 1: "save lives and protect livelihoods in emergencies" and 4: "Reduce undernutrition and break the intergenerational cycle of hunger".

Results

Beneficiaries, Targeting and Distribution

In 2015, WFP provided food assistance to approximately 65,000, primarily Congolese, refugees in Nyarugusu Camp, as well as to over 120,000 new Burundian refugees that arrived between April and December 2015.

As an increasing number of refugees entered the country, UN agencies and other development actors in Tanzania updated planning figures as needed. However, as of December 2015, the refugee population had not reached the planned figure of 220,000; hence the percentage of actual beneficiaries reached in 2015 was less than 100 percent.

Additionally, as the demographic profile of the incoming population was not clear at the time, certain groups of beneficiaries in specific activities were overestimated – for example, children 6-23 months in the stunting prevention programme - while others were underestimated, for example pregnant and lactating women in the stunting prevention programme.

Refugees in transit received palm dates and/or High Energy Biscuits (HEB) prior to their arrival at the refugee camps. Due to an initial lack of HEB in-country and within the region at the start of the influx, WFP provided palm dates as a ready-to-eat food item in the initial weeks of the influx. Hence, the tonnage of HEB distributed was much lower than planned. In addition, wet (hot meal) feeding was provided at transit and reception centres.

Once registered and absorbed into the camp setting, all refugees were assisted through the regular general food distributions (GFD) within the camp. The distributions were conducted on a monthly basis for the original refugees residing in Nyarugusu Camp, but GFD was provided to the new Burundian refugees every two weeks due to inadequate storage facilities and congestion in shelters, which risked leading to contamination and potentially causing a public health risk. The GFD food basket consisted of a daily ration of 380 grams of maize meal, 120 grams of beans or split peas (depending on availability), 50 grams of Super Cereal with sugar, 20 grams of fortified vegetable oil and 5 grams of iodized salt per person. The GFD ration was sufficient to meet the minimum daily energy requirement of 2,100 kcal per person. However, the daily ration for Super Cereal within GFD was temporarily reduced in March, June, July, October, November and December due to a shortage of the commodity as a result of supply issues. The maize meal ration was increased during these Super Cereal shortages in order to

maintain the minimum daily calorie requirements.

Food rations were also given to vulnerable target groups for the prevention of stunting, prevention of micronutrient deficiencies, treatment of moderate acute malnutrition, and to hospital in-patients. In addition, patients of a cholera outbreak, which began in May, were assisted. While WFP acknowledges the increased risks of HIV due to conflict and displacement, WFP is not currently implementing any direct food assistance targeted specifically for people living with HIV.

For the prevention of stunting, the target groups included pregnant and lactating women (PLW) and children 6-23 months of age in line with the "First 1,000 Days" concept. These beneficiaries received a fortnightly take-home ration of Super Cereal with sugar and vegetable oil (for PLW) and Super Cereal Plus (for children 6-23 months). An additional Super Cereal ration was provided to children aged 24-59 months to maintain their nutritional status and thereby prevent micronutrient deficiencies.

Treatment of moderate acute malnutrition (MAM) for children aged 6-59 months was introduced in July due to increasing acute malnutrition rates combined with aggravating factors. Statistics gathered since the influx of Burundian refugees revealed increasing rates of acute malnutrition. Additionally, the refugees were from areas in Burundi with high stunting rates and micronutrient deficiencies and were therefore nutritionally vulnerable. Within the camp setting, they lived in crowded conditions, were barely accessing their minimum daily water requirements, and hygiene was poor. There was also evidence of high rates of malaria. In view of the increasing acute malnutrition rates, as well as these aggravating factors, the treatment of MAM within the refugee camps was included in this PRRO. Beneficiaries were provided with a 200g daily ration of Super Cereal Plus.

Hospital in-patients were provided with a ration consisting of maize meal (200g), beans or split peas (100g), Super Cereal with sugar (200g), fortified vegetable oil (30g) and iodized salt (5g). Those admitted at cholera treatment centres in Nyarugusu Camp also received nutrition support with a daily ration of 200g of Super Cereal.

In May 2015, WFP initiated an Immediate Response Emergency Operation (IR-EMOP) 200853 to cater to the immediate emergency food requirements of the incoming refugees. The IR-EMOP was implemented from 11 May 2015 to 10 August 2015 and planned to cover the food needs of 12,000 refugees. However, some 80,000 new refugees entered Tanzania during the 3-month timeframe of IR-EMOP 200853, and the IR-EMOP covered approximately 15,000 of these refugees. The remainder of the new arrivals were absorbed into this PRRO, as were all refugees upon the closure of the IR-EMOP in August.

The influx of Burundian refugees has created new dynamics and challenges. In Nyarugusu Camp, the Congolese and Burundian populations lived on the same available resources, including firewood and land, which remained at pre-influx levels. During the peak of the influx when over 2,000 individuals a day arrived at the camp, the sheer number of refugees combined with the scattered and varying types of shelters used to house them made the targeting and feeding processes a challenge. Feeding approaches adapted to the changing situation and were carried out based on the registration status (not registered, registered at Level I and registered at Level II), shelter locations and other conditions. These conditions necessitated the advent of a mobile dry ration distribution, where rations were distributed to recently arrived refugees at their shelters. This approach was praised by both the refugees as well as by the Tanzanian Ministry of Home Affairs.

Given the large influx of Burundian refugees and given that refugee movement is limited to the camp grounds as per government policy, in-kind food assistance remains the selected transfer modality for this operation to date. However, further to the recommendations of a cash-based transfer (CBT) feasibility study completed in January 2014 and a follow-up study conducted in 2015, WFP is currently working on a CBT implementation plan. This plan will be put in place once the current influx of refugees has stabilized, the Burundian refugees have been relocated from Nyarugusu Camp to the newly identified camps, the market is fully operational, and WFP has identified the most effective modality and ration.

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	107,800	112,200	220,000	89,098	99,878	188,976	82.7%	89.0%	85.9%
By Age-group:									
Children (under 5 years)	21,560	22,440	44,000	28,361	29,926	58,287	131.5%	133.4%	132.5%
Children (5-18 years)	37,840	40,260	78,100	26,437	28,144	54,581	69.9%	69.9%	69.9%

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Adults (18 years plus)	48,400	49,500	97,900	34,300	41,808	76,108	70.9%	84.5%	77.7%
By Residence status:									
Refugees	107,800	112,200	220,000	89,008	99,968	188,976	82.6%	89.1%	85.9%

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)	220,000	-	220,000	188,976	-	188,976	85.9%	-	85.9%
Nutrition: Treatment of Moderate Acute Malnutrition	1,861	-	1,861	2,313	-	2,313	124.3%	-	124.3%
Nutrition: Prevention of Stunting	27,500	-	27,500	25,616	-	25,616	93.1%	-	93.1%
Nutrition: stand-alone Micronutrient Supplementation	26,400	-	26,400	18,610	-	18,610	70.5%	-	70.5%

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	21,560	22,440	44,000	18,520	19,275	37,795	85.9%	85.9%	85.9%
Inpatients receiving food assistance	2,695	2,805	5,500	2,070	2,154	4,224	76.8%	76.8%	76.8%
Total participants	24,255	25,245	49,500	20,590	21,429	42,019	84.9%	84.9%	84.9%
Total beneficiaries	107,800	112,200	220,000	92,616	96,360	188,976	85.9%	85.9%	85.9%

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)	912	949	1,861	1,133	1,180	2,313	124.2%	124.3%	124.3%
Total beneficiaries	912	949	1,861	1,133	1,180	2,313	124.2%	124.3%	124.3%
Nutrition: Prevention of Stunting									
Children (6-23 months)	8,624	8,976	17,600	6,666	6,979	13,645	77.3%	77.8%	77.5%

Table 4: Nutrition Beneficiaries									
Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Pregnant and lactating women (18 plus)	-	9,900	9,900	-	11,971	11,971	-	120.9%	120.9%
Total beneficiaries	8,624	18,876	27,500	6,666	18,950	25,616	77.3%	100.4%	93.1%
Nutrition: stand-alone Micronutrient Supplementation									
Children (24-59 months)	12,936	13,464	26,400	8,933	9,677	18,610	69.1%	71.9%	70.5%
Total beneficiaries	12,936	13,464	26,400	8,933	9,677	18,610	69.1%	71.9%	70.5%

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	5,867	2,289	39.0%
Corn Soya Blend	3,554	1,779	50.1%
Dried Fruits	-	49	-
High Energy Biscuits	245	3	1.3%
Iodised Salt	245	215	87.5%
Lentils	-	62	-
Maize Meal	19,557	17,460	89.3%
Split Peas	-	3,001	-
Vegetable Oil	1,037	968	93.3%
Total	30,505	25,826	84.7%

Story Worth Telling

Nikwigiza walked for three days with his wife and three children to Tanzania from Burundi. “This is not my first time in Tanzania,” explains Nikwigiza. “I have been running for a long time.” This is Nikwigiza's third time fleeing Burundi due to violent unrest. When asked how he felt leaving Burundi, he explained, “I was scared as protesters burned a car outside my house. When that happened, I knew we were no longer safe.”

“When we reached Tanzania I had a feeling of being free.” Having been to Tanzania before, Nikwigiza and his family are no strangers to camp life. When he first came to Tanzania as a child seeking refuge in 1993, he stayed at Mtabila Camp for 19 years. “Camp life can be hard sometimes, it never quite feels like home. When my family and I were at Mtabila Camp, we had our daily stressors but food was never one of them,” he states.

This time around Nikwigiza and his family's first stop in Tanzania was Kagunga, a tiny village on the shores of Lake Tanganyika. From there they were taken to Lake Tanganyika Stadium in Kigoma via MV Liemba, a former German Imperial Navy ship dating from 1913. They stayed at the stadium for a few days before being taken by bus to Nyarugusu Refugee Camp.

“We received hot meals from WFP since arriving in Tanzania until we settled into the camp. Once we arrived at Nyarugusu Refugee Camp, my family and I received non-food items, including utensils from UNHCR,” he adds. Nikwigiza and his family are now part of WFP's general food distribution, where they receive a monthly food basket of dry rations. WFP food assistance is the main source of food for Nikwigiza and his family.

Although it was tough to leave his home, Nikwigiza is content with his decision to flee Burundi. “I feel safe here and I am thankful for the food and security my family and I have been given. We can now live in peace,” he states. Like Nikwigiza, many of the refugees who fled Burundi this year are in fact those who had repatriated from Mtabila in 2012 when conditions in Burundi had improved.

Progress Towards Gender Equality

Achieving gender equality and women's empowerment are central to fulfilling WFP's mandate to end global hunger and save lives. WFP takes gender and protection as cross-cutting issues that must be integrated into all aspects of WFP's work and activities, and programme and interventions must therefore not create, exacerbate or contribute to gender inequalities or discrimination, and mitigate risks of gender-based violence (GBV).

In the refugee camps, WFP has taken measures to encourage the equal participation of men and women in terms of membership and leadership in food committees, through sensitisation with beneficiary groups. In 2015, 46 percent of leadership positions in these committees were held by women.

One of the objectives of WFP's gender policy is to ensure that women and girls have increased decision-making power regarding food security and nutrition in households, communities and societies. In line with this approach, WFP, in collaboration with UNHCR, started issuing food ration cards in the names of women as heads of households in 2013, especially given women in the camps have primary responsibility for food management at the household level. Assessments show that women are now far more likely to be recipients of the food rations, and the 2015 post-distribution monitoring results show that the proportion of households where females make decisions over the use of food is approximately 65 percent. To date, no increase in household tensions have been reported as a result of this shift.

The registration of Burundian refugees took place against this backdrop, and food basket monitoring reports show that up to 70 percent of the food collectors were women. This compares to roughly 40 percent for Burundians in Mtabila Camp, which closed in December 2012.

WFP distributed food to the refugees with the assistance of Food Committee members, crowd controllers and loaders, who assisted in the weighing of food. Eight out of the 26 food committee members (30.8 percent), 50 percent of crowd controllers and 32.8 percent of loaders were women. Some criteria for selection of these members, such as education level and knowledge of Swahili, limited the number of women.

As gender and protection indicators were only added to the logframe in 2014, there are no previous follow up figures available.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
<i>KASULU, General Distribution (GD) , Project End Target: 2016.06 , Base value: 2014.08 , Latest Follow-up: 2015.10</i>	=25.00	12.20		13.80
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>KASULU, General Distribution (GD) , Project End Target: 2016.06 , Base value: 2014.08 , Latest Follow-up: 2015.10</i>	=50.00	72.00		65.10
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>KASULU, General Distribution (GD) , Project End Target: 2016.06 , Base value: 2014.08 , Latest Follow-up: 2015.10</i>	=25.00	12.60		21.00
Proportion of women beneficiaries in leadership positions of project management committees				
<i>KASULU, General Distribution (GD) , Project End Target: 2016.06 , Base value: 2014.08 , Latest Follow-up: 2015.10</i>	>50.00	46.00		46.00
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>KASULU, General Distribution (GD) , Project End Target: 2016.06 , Base value: 2015.10</i>	=60.00	50.00		

Protection and Accountability to Affected Populations

The Joint Assessment Mission (JAM) in September 2015 revealed that food loss at the distribution centres was sporadic and insignificant. The location of the two distribution sites and the paths connecting them to the individual shelters pose little, if any, security threat, and there have been no reported cases of security incidents to date.

More than 98 percent of the surveyed population noted that they did not experience safety concerns travelling to and from WFP programme sites. This is above the recommended target of 90 percent. Security guards are employed by the Ministry of Home Affairs and crowd controllers hired by the Adventist Development and Relief Agency (ADRA) in and around the distribution centres to enforce and ensure law and order. In addition, the distribution exercises end before dark.

To reduce the risk of conflict and 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 was carried out to improve awareness that both groups were receiving the same ration.

The two distribution sites in Nyarugusu Camp have sign boards where the rations are indicated for each distribution cycle. Group leaders are informed of the next distribution cycle when they report to the distribution sites for their card check. In the event of a change in ration, a series of meetings with camp leadership (including village and zone leaders) and the general camp population are convened. WFP has also ensured that a litigation desk is available for the beneficiaries to address any concerns. For example, if a name is missing from the distribution list, details can be verified on the spot.

Leaders from each zone are provided with a printed food distribution plan which contains information on when and where each family is to receive food, as well as the importance of specialized nutritious foods (e.g. Super Cereal Plus for children under two). Information on newly arrived asylum seekers and refugees and where the mobile dry ration distributions were to take place were also communicated to the leaders.

One challenge that has arisen was the decline in the number of Burundian leaders attending the information sessions. The leaders were stretched thin as they represented their zones on activities led by other UN agencies and NGOs. In addition, some of the leaders complained that they received nothing in return for their work and asked for incentives. Efforts are being made to identify the gravity of the issue and to examine the impact of this phenomenon on information reaching the beneficiaries. WFP will continue its awareness campaigns and will make efforts to further increase the involvement of others, in addition to leaders, in these information sessions.

Lastly, although the majority of the refugees were informed about the GFD, the 2015 post-distribution monitoring exercise revealed that only 56 percent of the surveyed population were aware of the other programmes, a significant decrease from the 71 percent reported during the previous follow-up. One of the reasons behind this decline seems to be the delayed arrival of the beneficiaries for the distributions, with many arriving after the information dissemination had taken place.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
KASULU, General Distribution (GD), Project End Target: 2016.06, Base value: 2014.08, Latest Follow-up: 2015.10	=80.00	83.00		70.70
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
KASULU, General Distribution (GD), Project End Target: 2016.06, Base value: 2015.10	=90.00	98.60		

Outputs

WFP was able to meet the minimum food requirements of the refugees through emergency food rations for those in transit, GFD and supplementary feeding programmes. WFP's response was implemented by a number of NGO partners, including NGOs with which WFP and UNHCR have signed tripartite agreements for the implementation of wet feeding at transit and reception centres. Mobile distribution centres were also established for the new Burundian arrivals to ensure that they did not walk long distances to receive their food entitlements.

Newly arrived refugees in transit from Burundi were provided with HEB and/or palm dates as an emergency ration. Refugees relocating from Nyarugusu Camp to Nduta Camp, which opened in October, received wet feeding while at the pre-departure and departure centres and received HEB and/or palm dates upon boarding the buses to Nduta. Upon arrival at Nduta, they were provided with wet feeding for two days before being registered for the dry rations and receiving non-food items.

GFD was executed as planned, with the exception of a shortage of Super Cereal in March, June, July, October, November and December, at which time the maize meal ration was increased.

Stunting prevention activities were implemented as planned. However, the provision of Super Cereal for the prevention of micronutrient deficiencies among children 24-59 months experienced pipeline interruptions as mentioned above. Health workers and beneficiaries continued to be sensitized on the rationale and importance of BSF for the prevention of both stunting and micronutrient deficiencies.

In order to address increased cases of moderate acute malnutrition (MAM) among children 6-59 months, a Targeted Supplementary Feeding Programme (TSFP) was re-introduced. Note that TSFP was implemented under the previous PRRO (PRRO 200325) which ended in June 2014. Treatment of MAM was implemented according to selective feeding guidelines prepared by UNHCR and WFP for refugee settings. In order to ensure continued care for children with acute malnutrition receiving treatment, a referral system between TSFP and the programme for the management of severe acute malnutrition (SAM) was established. Improved coordination with the Tanzania Red Cross Society (TRCS) and Médecins Sans Frontières (MSF) on health and nutrition responses resulted in improved screening and referrals for malnutrition, resulting in increased coverage of TSFP. WFP was thus able to meet the critical nutrition needs of this vulnerable population.

The above-mentioned nutrition programmes, with the exception of the prevention of micronutrient deficiencies, were implemented alongside other programmes offered at the health facilities. These included micronutrient supplementation, deworming, growth monitoring and promotion, and health and nutrition education. UNICEF increased their nutrition support through TRCS, particularly on the management of SAM and promotion of maternal, infant and young child feeding (MIYCF) practices. UNICEF also supported Child Health Days (CHDs) which WFP participated in. This included vitamin A supplementation, deworming and mid-upper arm circumference (MUAC) screenings for acute malnutrition. There were also increased efforts among partners to strengthen social behavioral change communication (SBCC) in order to improve the sub-optimal MIYCF practices. As more women than planned were reached through the stunting prevention programme, and as nutrition messaging is provided during food distribution at WFP-supported health centres, WFP succeeded in spreading important nutrition messaging among more than the planned population.

In order to ensure that refugees received appropriate food and nutrition assistance, WFP and its partners relied on several existing monitoring mechanisms. These included regular on-site distribution monitoring, post distribution monitoring, food basket monitoring, warehouse inspections and a Joint Assessment Mission. Food coordination meetings were held on a monthly basis to discuss issues related to the GFD including any challenges that were faced. For example, when pipeline breaks were foreseen, agencies in the field including the Ministry of Home Affairs were informed in advance during these meetings. On-site monitoring for both GFD and nutrition programmes were conducted to ensure that stipulated guidelines were adhered to and that technical support was provided if needed.

The reporting period witnessed progress in the shift from in-kind food assistance to cash-based interventions. A committee was established to oversee the planning and implementation of cash-based interventions and a tentative roll-out is scheduled for July 2016. WFP and UNHCR are working together on multisectoral cash based interventions in Nyarugusu Camp.

Output	Unit	Planned	Actual	% Actual vs. Planned
SO1: General Distribution (GD)				
Energy content of food distributed (kcal/person/day)	individual	2,145	2,145	100.0
Protein content of food distributed (protein/person/day)	individual	72	72	100.0
SO4: Nutrition: Prevention of Stunting				
Number of women exposed to nutrition messaging supported by WFP	individual	9,900	11,971	120.9

Outcomes

In 2015, WFP collected information on Food Consumption Score (FCS), Household Diet Diversity Score (DDS), coverage and MAM performance through Community Household and Surveillance (CHS), nutrition surveys, Post Distribution Monitoring (PDM) and coverage assessments. With the exception of the MAM performance indicators, all indicators apply to the Congolese refugees due to the fluid situation with the Burundian population and lack of baseline data. At the time WFP was planning for assessments, the influx of Burundian refugees was still active, with most new refugees temporarily residing in mass shelters awaiting relocation to Nduta, while others were at the transit centres. This situation posed challenges in sampling the households of the incoming Burundian refugee population.

Among the Congolese population, the household DDS declined from 4.6 in 2014 to 4.1 in 2015, still indicating medium diet diversity. The percentage of households with a poor FCS also increased during this period, from 1.50 to 12.60. These changes may be attributed to the timing of the PDM exercise, which was carried out in October (delayed due to the influx), while the 2014 data was collected in August. Although the WFP food basket is their primary source of food intake, refugees often supplement their needs through informal means and many additional food crops they consume (including sweet potatoes, cassava, maize grain and beans) had decreased in availability by October, thus a potential cause of the decline in the DDS.

The minimum acceptable diet (MAD) indicator was introduced in 2014 to assess the effectiveness of the stunting prevention programme for children aged 6-23 months. In 2014, MAD – a composite indicator that measures both diet diversity as well as meal frequency – was low (27.3 percent). In 2015, this figure fell further to 24.1 percent. This decline may be at least in part due to the unavailability of certain foods during the study period as mentioned above. The introduction of cash based transfers, planned for 2016, aims to further diversify diets and improve access to locally available nutritious food.

Results from 2014 showed that diet diversity – a component of MAD – was particularly low among children aged 6-11 months, indicating that a limited variety of food was introduced during the initiation of complementary feeding. In contrast to these results, the 2015 data show a slightly higher diet diversity among younger children compared to children 12 – 23 months in age. However, the overall figures for diet diversity and MAD are low as a likely result of issues related to both access and knowledge. Although the refugees do supplement their needs through informal channels, the bulk of their consumption comes from the WFP food basket, which consists of three food groups (from maize, beans and Super Cereal). With regards to knowledge, WFP and its partners will continue to promote appropriate infant and young child feeding practices by improving caregivers' knowledge and practices on complementary feeding.

The Coping Strategies Index (CSI) decreased compared to the baseline, from 10.68 to 5.30 in female headed households; 10.09 to 8.30 in male-headed households, with an overall decrease from 10.52 to 6.80. This improvement was evident despite the decline in other food security indicators. This may be attributed to increased informal movement of Congolese refugees inside and outside the camp following the new influx of Burundians.

A coverage survey was conducted to ascertain the proportion of children 6-23 and 24-59 months that were enrolled in the blanket supplementary feeding (BSF) programmes. Findings showed that overall programme coverage was 95 percent and 86 percent for the stunting prevention and prevention of micronutrient deficiency programmes, respectively. High coverage has been sustained for the stunting prevention programme as a result of regular sensitization by WFP and other partners engaged in nutrition activities. The coverage for children 24-59 months old (for the prevention of micronutrient deficiencies) was slightly lower. This can be attributed to inadequate sensitization and education at the distribution centres, as the food supplements were provided along with GFDs due to staffing and logistical challenges at the health facilities. From 2016, cooperating partners will shift to implementing the micronutrient prevention programme at the health facilities, and there will also be a shift from Super Cereal to a more appropriate specialized nutritious food.

The PDM was conducted to determine the proportion of children who participated in an adequate number of distributions for the two BSF programmes. While the corporate target is 66 percent, 2015 results show that 89 percent of children attended an adequate number of distributions for the stunting prevention programme, while the figure was 90 percent for the programme for the prevention of micronutrient deficiencies. WFP and its partners will ensure that sensitization efforts are sustained.

The MAM treatment performance indicators (e.g. cure rates, death rates, defaults, non-response) remained within the Sphere minimum standards in a refugee setting for both the Congolese and Burundian populations. The data was sourced from UNHCR's Health Information System (HIS) database. To address the risk of programme default given the fluid situation of the incoming Burundian refugee population, increased health staff were assigned and active treatment follow up carried out by UNICEF and the Tanzanian Red Cross. MAM coverage was calculated by desk review.

Finally, a nutrition survey was conducted in December 2014 to determine the levels of malnutrition among refugees living in Nyarugusu Camp. Findings from the nutrition survey revealed a prevalence of Global Acute Malnutrition (GAM) of 1.4 percent among children aged 6-59 months, reflecting a decrease compared to 2012 (2.6 percent). Stunting rates also show a declining trend, declining from 48 percent in 2010 to 46.2 percent in 2012, and down to 40.7 percent in 2014. Anaemia prevalence also declined from 38 percent in 2012 to 33 percent in 2014 for children aged 6-59 months and from 31.2 percent in 2012 to 21.9 percent among women of reproductive age. Further analysis revealed a higher prevalence of anaemia among children aged 6-23 months (44.8 percent) compared to children aged 24-59 months (26.7 percent), indicating a serious public health concern for the former group. WFP has disseminated the findings of the survey to partners as well as to the refugee community and together with the partners, WFP is using these findings to continue addressing stunting and anaemia. The next nutrition assessment is scheduled to be conducted in late 2016.

A number of rapid mid-upper arm circumference (MUAC) assessments were also conducted to monitor the nutrition status of both Congolese and Burundian refugees. The results consistently showed a proxy prevalence of GAM of below 5 percent, with the exception of one assessment conducted by MSF during the oral cholera vaccination (OCV) campaign, which showed a GAM of 5.5 percent among children 12-59 months in age. Children identified with acute malnutrition during these screenings were referred to appropriate treatment.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				
Stabilized or reduced undernutrition among children aged 6–59 months and pregnant and lactating women				
Proportion of eligible population who participate in programme (coverage)				
NYARUGUSU CAMP (MAM TREATMENT) , Project End Target: 2016.06 , Base value: 2015.12 Secondary data	>83.00	83.00	-	-
MAM treatment recovery rate (%)				
REFUGEES CAMPS , Project End Target: 2016.06 , Base value: 2015.08 WFP programme monitoring , Latest Follow-up: 2015.12 WFP programme monitoring	>75.00	100.00	-	99.40
MAM treatment mortality rate (%)				
REFUGEES CAMPS , Project End Target: 2016.06 , Base value: 2015.08 WFP programme monitoring , Latest Follow-up: 2015.12 WFP programme monitoring	<3.00	0.00	-	0.00
MAM treatment default rate (%)				
REFUGEES CAMPS , Project End Target: 2016.06 , Base value: 2015.08 WFP programme monitoring , Latest Follow-up: 2015.12 WFP programme monitoring	<15.00	0.00	-	0.00
MAM treatment non-response rate (%)				
REFUGEES CAMPS , Project End Target: 2016.06 , Base value: 2015.08 WFP programme monitoring , Latest Follow-up: 2015.12 WFP programme monitoring	<15.00	0.00	-	0.00
Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
FCS: percentage of households with poor Food Consumption Score				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=0.30	1.50	-	12.60

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (female-headed)				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=0.34	1.70	-	13.80
FCS: percentage of households with poor Food Consumption Score (male-headed)				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=0.22	1.10	-	11.40
Diet Diversity Score				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>4.60	4.60	-	4.14
Diet Diversity Score (female-headed households)				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>4.60	4.60	-	4.10
Diet Diversity Score (male-headed households)				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>4.60	4.60	-	4.20
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=2.10	10.52	-	6.80
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=2.14	10.68	-	5.30
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
NYARUGUSU CAMP , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	=2.02	10.09	-	8.30
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of target population who participate in an adequate number of distributions				
NYARUGUSU CAMP (MND) , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>66.00	87.00	-	89.90
Proportion of eligible population who participate in programme (coverage)				
NYARUGUSU CAMP (MND) , Project End Target: 2016.06 , Latest Follow-up: 2015.10 WFP programme monitoring	>70.00		-	86.30
Proportion of target population who participate in an adequate number of distributions				
NYARUGUSU CAMP (STUNTING) , Project End Target: 2016.06 , Latest Follow-up: 2015.10 WFP programme monitoring	>66.00		-	88.80
Proportion of eligible population who participate in programme (coverage)				
NYARUGUSU CAMP (STUNTING) , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>92.10	92.10	-	94.60
Proportion of children who consume a minimum acceptable diet				
NYARUGUSU CAMP (STUNTING) , Project End Target: 2016.06 , Base value: 2014.08 WFP programme monitoring , Latest Follow-up: 2015.10 WFP programme monitoring	>70.00	27.30	-	24.10

Sustainability, Capacity Development and Handover

Tanzania has hosted refugees fleeing civil strife and ethnic conflict from neighbouring Burundi, the DRC and Rwanda over the last four decades, serving as a haven of peace in the region. At its height Tanzania hosted approximately one million refugees in 12 camps. As conditions improved, many refugees returned home, including 35,000 Burundian refugees who repatriated in 2012.

The refugee population witnessed a continuous decline and, as of early 2015, roughly 65,000 mainly Congolese refugees remained in Nyarugusu Refugee Camp. An effort by the international community for the resettlement of refugees was also underway as a solution to this protracted situation, with 30,000 refugees expected to be resettled to third countries over the coming years. However, the recent influx from Burundi has reversed this trend. The situation in Burundi continues to be volatile and it is unlikely that the new Burundian refugees will repatriate any time in the near future. There is further potential risk of an influx of refugees associated with the planned elections in the DRC.

The Government of Tanzania relies on UN agencies and civil society to provide humanitarian assistance in the form of food and non-food items, as well as essential services such as water and health care. WFP will continue to provide humanitarian assistance to the refugee population for the foreseeable future.

However, in an effort to diversify the diet of the refugees, provide dignity, and stimulate the local economy, WFP has continued exploring opportunities on cash based transfer. WFP completed a feasibility study in January 2014 and a follow-up analysis in 2015. A common market place in Nyarugusu Camp has also been constructed in consultation with the Ministry of Home Affairs, regional government authorities and UNHCR. Although the recent influx has delayed the progress, WFP intends to leverage the experience gained through a previous cash based transfer pilot (conducted under the Country Programme), along with recent training, to lead other stakeholders in undertaking cash based transfers to the refugees in 2016.

Inputs

Resource Inputs

The project was well resourced with generous contributions from donors. The pipeline was generally healthy and full rations were distributed for all commodities with the exception of Super Cereal, which faced a pipeline break. WFP was given the flexibility to use its internal borrowing mechanism (advance financing) to ensure the timely arrival of food commodities and the smooth implementation of the project.

United Nations agencies and NGOs provided non-food items to targeted beneficiaries, including health and nutrition-related support, and the Government of Tanzania continued to provide overall security and management of the camps.

Donor	2015 Resourced (mt)		2015 Shipped/Purchased (mt)
	In-Kind	Cash	
Belgium	0	1,494	1,358
European Commission	0	2,565	2,562
Germany	0	13,932	1,285
MULTILATERAL	0	6,263	4,283
Saudi Arabia	0	0	54
UN CERF Common Funds and Agencies	0	3,116	2,356
United Kingdom	0	5,923	9,988
USA	310	2,677	2,443
Total	310	35,969	24,327

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

Food Purchases and In-Kind Receipts

Close to two-thirds of the food procured during the reporting period was sourced locally from regular suppliers, smallholder farmer organizations targeted under the Purchase for Progress (P4P) initiative (471.79 mt of beans), and from local purchases through the Global Commodity Management Facility (GCMF). All beans were procured locally, including from one vendor who graduated from the P4P programme in 2012 and who continues to supply beans to WFP. There were some delays in the delivery of beans due to weather conditions which slowed down the re-bagging and cleaning processes, but this did not affect the pipeline as WFP could access commodities from the GCMF. In addition, as previously mentioned, the Super Cereal ration was temporarily reduced due to a shortage of the commodity as a result of supply issues.

Tanzania continues to serve as a hub for GCMF, with 32,088 mt of white maize grain and 2,000 mt of sorghum procured from Tanzania-based vendors for regional demands. The GCMF also allowed WFP to meet immediate needs during the influx from Burundi.

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Beans	1,558	0	0	0
Corn Soya Blend	0	1,494	1,522	154
Dried Fruits	0	0	54	0
Iodised Salt	165	112	0	0

Commodities	Local (mt)	Developing Country (mt)	Other International (mt)	GCMF (mt)
Maize	1,274	0	0	13,167
Split Peas	0	0	210	4,784
Vegetable Oil	0	442	50	1,145
Total	2,997	2,047	1,836	19,250

Food Transport, Delivery and Handling

During the reporting period, commodities were delivered within the planned timeframe and in line with the distribution schedules.

Although the road conditions over the last 245 kilometre leg to Nyarugusu Camp was still unpaved and challenging during the rainy season, the transport rates to the camp sites from Dar es Salaam, Dodoma and Isaka remained stable with almost no changes compared to 2014. The government has started to tarmac this road, and once completed, the turnaround time to the camps will be significantly decreased. However, it should be noted that the completion will depend on the government securing the necessary funds.

The food handling at both the extended delivery point (EDP) and final delivery points (FDPs) at Nyarugusu Camp has been contracted to the Adventist Development and Relief Agency (ADRA). A similar arrangement was made with World Vision Tanzania for the newly opened Nduta Camp. All related activities were closely monitored at both sub-office and country office levels, addressing any emerging matters on a case by case basis.

Post-Delivery Losses

2015 post-delivery losses equalled less than 0.05 percent of the total tonnage, with the majority of these losses due to the short-delivery of commodities by WFP transporters. These amounts were recovered through deductions on transporters' invoices. Other losses were related to multiple internal handling, including disposal, warehouse losses and commodities taken for sampling by the Tanzania Food and Drug Administration (TFDA).

Management

Partnerships

Tanzania has been hosting refugees from neighbouring countries for decades. Therefore, structures for coordination are in place, with overall responsibility falling under the Ministry of Home Affairs. The government also provides overall security and camp management.

As a Delivering as One country, WFP works in close collaboration with other UN agencies including UNHCR, UNICEF, UNFPA and IOM under the Refugee Working Group, jointly designing and implementing activities in the camps and at reception/transit centres. As the mandate holder for refugee protection, UNHCR is the lead agency on multi-sector coordination. WFP leads the food sector.

Prior to the influx of Burundian refugees, the Government of Tanzania and the UN Country Team compiled a Contingency Plan for Mass Population Influx in anticipation of a possible movement of Burundian refugees into Tanzania. In collaboration with other countries in the region (Rwanda, DRC and Uganda), this document was transformed into a Regional Refugee Response Plan as a jointly coordinated effort in response to the influx. In order to facilitate coordination between UN agencies and NGOs (who have increased in number since the recent influx), inter-agency coordination meetings were held on a weekly basis in Dar es Salaam and at field level.

Adventist Development and Relief Agency (ADRA) has been WFP's implementing partner in Nyarusugu since 2014, carrying out GFD for the refugee population. While ADRA is responsible for the overall management of WFP's food stocks in Nyarugusu, WFP entered into an agreement with World Vision Tanzania in late 2015 upon the opening of Nduta Camp.

Wet feeding at transit/reception centres and for new arrivals at Nduta Camp is implemented by the Danish Refugee Council, Caritas, Tanzania Water and Environmental Sanitation (TWESA) and Relief to Development Society (REDESO) under tripartite agreements with WFP and UNHCR.

The Tanzania Red Cross Society (TRCS) continues to implement the Supplementary Feeding Programme at Nyarugusu 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	4	1	4

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
KASULU, General Distribution (GD) , Project End Target: 2015.12 , Latest Follow-up: 2015.12	=100,000.00	231,552.00
Number of partner organizations that provide complementary inputs and services		
KASULU, General Distribution (GD) , Project End Target: 2016.06 , Latest Follow-up: 2015.10	=2.00	2.00
Proportion of project activities implemented with the engagement of complementary partners		
KASULU, General Distribution (GD) , Project End Target: 2016.06 , Latest Follow-up: 2015.12	=100.00	100.00

Lessons Learned

WFP has been operational in north-western Tanzania since the 1990s, providing food and nutrition support to refugees from the DRC, Burundi and other countries in the region. WFP's activities during the reporting period, including the response to the influx of Burundian refugees, drew on lessons that were learned over the course of the past two decades. WFP was also able to capitalize on existing relationships in adapting to the recent influx. For example, closer coordination with TRCS and MSF have led to improved screening and referrals for malnutrition, meeting the immediate needs of a vulnerable population.

The rapid influx of refugees from Burundi, which precipitated the opening of Nduta Camp and the need to provide food for asylum seekers and refugees in transit, demonstrated the importance of a number of preparatory measures. First, there is a need to take stock of existing and potential partners and to assess their capacities and readiness for contracting in case of emergencies. The importance of contingency planning and the need for emergency stock of High Energy Biscuits in the region was also highlighted.

Exposure of WFP staff to emergency programming is another key component in an operation where instability in the region may result in mass displacement of refugees. Internal staff capacity is critical, particularly for locally recruited staff.

WFP was able to respond to the sudden influx and rapid scale-up of operations in north-western Tanzania in part as a result of recruiting former staff who were familiar with WFP's work in the region. Flexibility in recruiting and maintaining records and contacts of outgoing staff facilitated the rapid recruitment and deployment of staff.

The refugee influx also necessitated the re-introduction of a Targeted Supplementary Feeding Programme for the treatment of MAM. This is an important activity, as many of the new arrivals exhibited poor nutrition.

Finally, the reporting period also saw an increased interest in cash-based transfers (CBT) in protracted relief situations, calling for WFP and partners to engage more deeply in this area. CBT is accepted as a complementary option to addressing food and other humanitarian needs where markets are functional and financial services are reliable. WFP, working with partners, intends to introduce cash based transfers in the refugee operations in 2016, as assessments undertaken confirm that CBT is feasible.

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)	49,500	-	49,500	42,019	-	42,019	84.9%	-	84.9%
Nutrition: Treatment of Moderate Acute Malnutrition	1,861	-	1,861	2,313	-	2,313	124.3%	-	124.3%
Nutrition: Prevention of Stunting	27,500	-	27,500	25,616	-	25,616	93.1%	-	93.1%
Nutrition: stand-alone Micronutrient Supplementation	26,400	-	26,400	18,610	-	18,610	70.5%	-	70.5%

Annex: Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
Belgium	BEL-C-00121-01	Maize	0	1,358	1,358
Belgium	BEL-C-00121-01	Vegetable Oil	0	136	0
European Commission	EEC-C-00453-01	Maize	0	0	853
European Commission	EEC-C-00527-01	Maize	0	2,086	1,709
European Commission	EEC-C-00527-01	Split Peas	0	319	0
European Commission	EEC-C-00527-01	Vegetable Oil	0	160	0
Germany		Corn Soya Blend	0	0	990
Germany	GER-C-00458-01	Corn Soya Blend	0	1,710	0
Germany	GER-C-00458-01	Maize	0	10,119	295
Germany	GER-C-00458-01	Split Peas	0	2,103	0
MULTILATERAL	MULTILATERAL	Corn Soya Blend	0	0	19
MULTILATERAL	MULTILATERAL	Maize	0	4,300	0
MULTILATERAL	MULTILATERAL	Split Peas	0	1,364	3,381
MULTILATERAL	MULTILATERAL	Vegetable Oil	0	599	883
Saudi Arabia	SAU-C-00095-06	Dried Fruits	0	0	54
UN CERF Common Funds and Agencies		Corn Soya Blend	0	0	450

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
UN CERF Common Funds and Agencies		Iodised Salt	0	0	27
UN CERF Common Funds and Agencies	001-C-01274-01	Corn Soya Blend	0	469	0
UN CERF Common Funds and Agencies	001-C-01274-01	Iodised Salt	0	60	33
UN CERF Common Funds and Agencies	001-C-01274-01	Maize	0	1,846	1,846
UN CERF Common Funds and Agencies	001-C-01274-01	Split Peas	0	632	0
UN CERF Common Funds and Agencies	001-C-01274-01	Vegetable Oil	0	109	0
United Kingdom		Beans	0	1,187	671
United Kingdom		Corn Soya Blend	0	918	895
United Kingdom		Iodised Salt	0	85	85
United Kingdom		Maize	0	0	4,300
United Kingdom		Vegetable Oil	0	256	256
United Kingdom	UK -C-00173-01	Beans	0	0	190
United Kingdom	UK -C-00173-01	Corn Soya Blend	0	206	630
United Kingdom	UK -C-00173-01	Maize	0	38	431
United Kingdom	UK -C-00173-01	Vegetable Oil	0	97	185
United Kingdom	UK -C-00266-01	Beans	0	97	97
United Kingdom	UK -C-00266-01	Corn Soya Blend	0	383	0
United Kingdom	UK -C-00266-01	Maize	0	1,002	1,000
United Kingdom	UK -C-00266-01	Split Peas	0	366	0
United Kingdom	UK -C-00266-01	Vegetable Oil	0	44	0
United Kingdom	UK -C-00270-01	Iodised Salt	0	99	99
United Kingdom	UK -C-00270-01	Maize	0	1,148	1,148
USA		Corn Soya Blend	0	0	50
USA		Split Peas	0	0	210
USA		Vegetable Oil	0	0	50
USA	USA-C-01007-02	Beans	0	1,144	600
USA	USA-C-01007-02	Iodised Salt	0	33	33
USA	USA-C-01007-02	Maize	0	1,500	1,500
USA	USA-C-01007-03	Corn Soya Blend	50	0	0
USA	USA-C-01007-03	Split Peas	210	0	0

Donor	Cont. Ref. No.	Commodity	Resourced in 2015 (mt)		Shipped/Purchased in 2015 (mt)
			In-Kind	Cash	
USA	USA-C-01007-03	Vegetable Oil	50	0	0
Total			310	35,969	24,327