

BUDGET REVISION 7 TO TANZANIA PROTRACTED RELIEF AND RECOVERY OPERATION 200603

Food Assistance for Refugees

Start date: 1 July 2014 End date: 30 June 2016

Extension/Reduction period: six months New end date: 31 December 2016

Total revised number of beneficiaries	240 000		
Duration of entire project	1 July 2014 – 31 December 2016		
Extension/Reduction period	6 months		
Gender marker code	1		
WFP food tonnage	91,932 mt		
Cost (United States dollars)			
	Current Budget	Increase	Revised Budget
Food and Related Costs	52,015,240	22,767,392	74,782,633
Cash and Vouchers and Related Costs	-	661,763	661,763
Capacity Development & Augmentation	-	-	-
DSC	11,452,407	4,593,307	16,045,714
ISC	4,442,735	1,961,572	6,404,308
Total cost to WFP	67,910,383	29,984,035	97,894,418

NATURE OF THE INCREASE

1. Since the early 1970s, Tanzania has been host to refugees fleeing into the country's Kigoma and Kagera regions as a consequence of civil strife and ethnic conflict in neighbouring countries. Until recently, Nyarugusu Refugee Camp in Kigoma's Kasulu district was the only remaining camp, hosting approximately 65,000 refugees mainly from the Democratic Republic of the Congo (DRC). The camp is also home to a small number of refugees from Burundi who were found to be in need of international protection as a result of a status determination exercise conducted in 2012.
2. Since April 2015, renewed political instability in Burundi has triggered an influx of additional Burundian refugees into eastern DRC, Rwanda, Tanzania, Uganda and Zambia. The Government of Tanzania has allocated three former camps to accommodate this new influx (at Nduta, Mtendeli and Karago), and Nyarugusu remains at maximum capacity. According to the Office of the United Nations High Commissioner for Refugees (UNHCR) the total refugee population in Tanzania currently stands at almost 200,000 people.
3. This seventh budget revision to Tanzania Protracted Relief and Recovery Operation (PRRO) 200603 extends the operation from 1 July 2016 to 31 December 2016, and increases the number of planned beneficiaries to 240,000 people in accordance with the 2016 Regional Refugee Response Plan. During the course of this budget revision WFP will:
 - Introduce cash based transfers (CBT) for 10,000 refugees at Nyarugusu Camp who have been identified to have special needs,¹ using mobile money transfers;
 - Replace Super Cereal with micronutrient powders (MNPs) to address micronutrient deficiencies in children aged 24-59 months, in accordance with latest international standards; and
 - Continue on-going food assistance activities already implemented under this PRRO.

JUSTIFICATION FOR BUDGET INCREASE

Summary of Existing Project Activities

4. PRRO 200603 was initially approved for a period of two years, starting 1 July 2014 and scheduled to end 30 June 2016. Through this operation, WFP meets the food and nutrition needs of refugees residing in camps in Tanzania through:
 - Monthly general food distributions (GFD) of maize meal, beans or split peas, Super Cereal, fortified vegetable oil and iodised salt;
 - Distributions of Super Cereal Plus to children aged 6-23 months to prevent stunting;²
 - Take-home rations of Super Cereal with sugar and vegetable oil for pregnant and lactating women (PLW) to support stunting prevention and address acute malnutrition;

¹ Refugees identified to have special needs are the most vulnerable of the refugee population in the Nyarugusu refugee camp who are faced with physical and structural barriers that hinder their access to essential humanitarian services. The refugees with special needs have been systematically identified and documented jointly with UNHCR to inform appropriate programme design and assistance consistent with their vulnerabilities.

² This activity is accompanied by a social behavioural change communication (SBCC) component to convey nutritional messages. The SBCC is managed by the Tanzania Red Cross Society.

- Distributions of Super Cereal to children aged 24-59 months to prevent micronutrient deficiencies; and
- Rations of maize meal, beans or split peas, Super Cereal with sugar, fortified vegetable oil and iodised salt, for hospital in-patients.

Conclusion and Recommendations of the Re-Assessment

5. A 2015 WFP Tanzania country portfolio evaluation (CPE) recommended that WFP increasingly shift its focus in the country to the provision of technical assistance for social protection interventions, with particular emphasis on exploring the use of cash-based transfers (CBT) where feasible. Furthermore, the evaluation highlighted that WFP's support to refugees in Tanzania should be reviewed and justified based on WFP's role and comparative advantages in medium- and long-term food assistance.
6. Due to government-enforced restrictions on refugee movement beyond camp borders and limitations on the extent to which refugees are permitted to engage in income-generating activities, the refugee population in Tanzania remains highly dependent on WFP assistance to meet their basic food and nutrition needs.
7. In 2014, WFP completed a CBT feasibility study³ in the Nyarugusu Refugee Camp,⁴ which determined that the use of CBT would be possible given positive market functionality in areas surrounding the camp. A follow-up study was conducted in 2015 to explore different delivery mechanisms, which recommended the use of mobile money transfers.
8. In 2016, following approval by the Government and with the support of an NGO,⁵ the Nyarugusu Common Market was established within the camp to enable Tanzanian vendors to supply basic food and non-food items to refugees. In May of the same year, WFP conducted a comprehensive supply chain and market assessment⁶ in Kasulu and Nyarugusu. This determined that Kasulu – an area of high agricultural production – is food surplus and has the capacity to supply markets both within and beyond the district. Local markets were found to be functional and competitive; characterized by a large number of traders with adequate short-term supply capacity, though limited access to both storage and credit to support more medium-term supply.
9. Supplied by markets in Kasulu, the assessment further concluded that the Nyarugusu Common Market would be able to support CBT for refugees, though found it *currently* underutilized owing to a combination of factors. Challenging market responsiveness in the short-term, these include: the absence of an organized supply chain; the ubiquity of informal traders supplying the market; limited purchasing power among refugees; challenges to physical access (resulting largely from poor road infrastructure in the area); inadequate storage capacity; and hygiene concerns. The Government's encampment policy, which limits refugee movement beyond camp borders, further restricts access to food to those items available on the Nyarugusu Common Market and at the price the market dictates. As such, the assessment noted a key risk in suppliers offering poorer quality foods at high cost within the camp.
10. In 2012, WFP conducted a CBT pilot in Tanzania to determine the feasibility of using the transfer modality when linked to community-based maternal and child health to address

³ Nyarugusu Cash and Voucher Feasibility Study Report, 2014

⁴ A CBT feasibility study has not yet been conducted in the three former refugee camps - Nduta, Mtendeli and Karago that are accommodating the influx of the new Burundi refugees.

⁵ Good Neighbours International

⁶ Cash-Based Transfer Market Assessment, May 2016, WFP

food insecurity in rural locations. Lessons from the pilot demonstrated the need to conduct comprehensive assessments of mobile network coverage in target locations and to assess beneficiary capacity to utilize mobile money platforms. In addition, it was found vital to sensitize beneficiaries to both the project and the use of a mobile money platform as a means of receiving assistance.

11. While no comprehensive nutrition survey has been conducted among refugee populations in Tanzania since December 2014, recent rapid Mid-Upper Arm Circumference (MUAC) assessments have shown a proxy Global Acute Malnutrition (GAM) prevalence of less than five percent among Burundian and Congolese populations in the Nyarugusu Camp. Findings from the previous nutrition assessment showed: GAM prevalence of 1.4 percent among Congolese refugee children aged 6-59 months; and prevalence of anaemia among children in the same age group at 33 percent,⁷ and at 21.9 percent among women of reproductive age. A new comprehensive nutrition survey led by UNCHR is planned to take place in all camps in August 2016.

Purpose of Budget Increase

12. As refugees in Tanzania remain heavily reliant on WFP to meet their food needs, and in order to align with the UNHCR-led 2016 Regional Refugee Response Plan, this budget revision will extend PRRO 200603 by six months to December 2016. During this period, WFP will continue to provide food and nutrition assistance for up to 240,000 planned beneficiaries (increased from a current plan of 220,000 in accordance with the 2016 Regional Refugee Response Plan) and to explore options for extending and modifying the provision of assistance to refugees in Tanzania thereafter.
13. Through this budget revision, WFP will introduce CBT for an initial target of 10,000 refugees (some 2,000 households) in the Nyarugusu Refugee Camp. In an effort to harmonise transfer modalities, the target group will be jointly selected with UNHCR. Mobile money is the preferred delivery mechanism, as cash delivery is not feasible amid security concerns within and around the camp. Banks are not available close to the camp, and many refugees are already using mobile money services offered by agents within the camp setting.
14. Considering the findings of the 2016 market assessment, the programme will initially be implemented at a small scale, with a view to expanding in a future revision to the operation. In preparation, WFP will work with the Government and partners to address challenges and pursue key recommendations outlined by the assessment. WFP will support joint advocacy efforts with the Government to promote greater ease of movement by refugees outside camp borders, thereby allowing access to other markets in Kasulu and easing pressure on the Nyarugusu Common Market as the sole provider of diverse food items at an affordable cost.
15. As of June 2016, WFP and UNHCR are co-chairing a CBT Working Group, which will be used to coordinate infrastructure upgrades to the Nyarugusu Common Market, including construction of additional storage capacity and improvements to the drainage system. WFP will also conduct weekly food price monitoring within the camp and surrounding markets. In accordance with the findings of an ICT sectoral capacity assessment, WFP will engage mobile money service providers to ensure that mobile network coverage is adequate within the camp to support a reliable service to large numbers of beneficiaries. Implementation and learning from this initial phase of the programme will inform the planned future scale up.

⁷ Further analysis showed a higher prevalence of anaemia among children aged 6-23 months at 44.8 percent compared to 26.7 percent among children aged 24-59 months.

16. In accordance with new international standards, WFP will replace the use of Super Cereal with MNPs to address micronutrient deficiencies among children aged 24-59 months.⁸ To accompany this change, WFP will scale-up its general nutrition Social Behaviour Change Communication (SBCC) messaging and activities. This will complement the stunting prevention activities that are pursued under this PRRO. SBCC for the CBT will be anchored in the larger SBCC activities for nutrition, including the SBCC for MNPs and for the stunting prevention programme. Deliberate SBCC around dietary diversity and nutrition will take place to increase the likelihood of nutritional improvements with the provision of CBT.
17. During the period of this budget revision, WFP will partner with an INGO to jointly target an initial 5,000 households with WFP food assistance and complementary non-food inputs (including animal pens, vegetable planting supplies, and related training) to support small-scale income generating opportunities.⁹ These complementary activities have the potential to improve dietary diversity, by providing animal source protein and iron-rich foods to supplement WFP's food basket. WFP will further strengthen SBCC activities for these households and explore the potential to link partner activities with CBT transfers in the future.
18. Through sensitization of beneficiary groups, WFP will continue to encourage the equal participation of men and women in the membership and leadership of food committees. In 2015, 46 percent of leadership positions in these committees were held by women.
19. Recognizing the primary role of women in food management at the household level, WFP, in collaboration with UNHCR, has been issuing food ration cards in the names of women since 2013. This ensures that women and girls have increased decision-making power of food and nutrition security in households. 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.
20. In line with recommendations from the 2015 CPE, WFP will support a gender assessment in the refugee camps. This will also enable the articulation of activities to support the implementation of the 2015-2020 gender policy.

TABLE 1: BENEFICIARIES BY ACTIVITY

Activity	Category of beneficiaries	Current			Increase*			Revised		
		Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
General Food Distribution**	All	107 800	112 200	220 000	9800	10200	20 000	117600	122400	240 000
Prevention of Stunting***	PLW	0	9 900	9 900	0	900	900	0	10800	10800
General Food	PSN	0	0	0	4900	5100	10000	4900	5100	10000

⁸ In July 2015, new regulations regarding the use of Super Cereal were agreed upon through the Codex Alimentarius Commission. Owing to the presence of DON (a mycotoxin) in cereals such as maize, these preclude the use of Super Cereal for children aged 6-59 months. In December 2015, WFP adopted these new standards and from June 2016 WFP is providing Super Cereal to adults only.

⁹ Vulnerable women headed households will be targeted, especially those with children who are suffering from acute malnutrition as the complementary activities have the potential to improve dietary diversity.

Distribution – CBT										
Prevention of Stunting****	6-23 months	8 624	8 9076	17 600	784	816	1600	9408	9792	19200
Prevention of Micronutrient Deficiencies	24-59 months	12 936	13 464	26 400	1176	1224	2400	14112	14688	28800
Hospital patients	All	2 257	3 243	5 500	205	295	500	2462	3538	6000
Treatment of MAM	6-59 months	912	949	1 861	313	326	639	1225	1275	2500
HEB provided to new arrivals*****	All	63 700	66 300	130 000	9800	10200	20 000	73500	76500	150 000
TOTAL¹⁰		107 800	112 200	220 000	9800	10200	20 000	117600	122400	240 000

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

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

*** Supplementation for PLW will contribute to the prevention of stunting by ensuring sufficient nutrient intake, thereby promoting the healthy growth of the unborn and breastfed children.

****Incoming refugee children will benefit from the established stunting prevention

***** Only new arrivals going forward will receive HEB

21. As this operation targets refugees, a full 2,100kcal/person/day ration is provided. The CBT value is estimated at US\$10/person/month and was calculated based on a similar food gap as the in-kind food basket. The transfer value is equivalent to the cost of the food basket which meets the dietary habits of refugees, calculated based on average retail prices in surrounding markets. What can be bought within typical dietary habits with the transfer value meets the household nutrient requirements, with slight limitations on vitamin C, iron, calcium and riboflavin, based on OMEGA modeling with preferred foods.
22. Market prices will be regularly monitored during the implementation, taking into consideration seasonality to ensure that the transfer value will be adjusted to reflect changes in local retail prices. Plans are underway to design an SBCC strategy to ensure optimal intake by influencing the purchase patterns. The actual household, women, and child food diversity and dietary intake will be monitored and evaluated during the period of implementation.

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

	General Food Distribution	Prevention of Stunting (PLW)	Prevention of Stunting (6-23 months)	Prevention of Micronutrient Deficiencies (24-59 months)*	Hospital patients	Treatment of MAM (6-59 months)	HEB (for new arrivals)
Cereals	380				200		
Pulses	120				100		
Super Cereal with sugar	50	100			200		
Super Cereal Plus			100**			200	
Oil	20	20			30		

¹⁰ Beneficiaries of other activities all receive GFD and therefore there is a 100% overlap.

Salt	5				5		
High Energy Biscuits							500
Micronutrient Powders (MNPs)				0.5			
Cash/voucher (USD/person/day)	0.33						
TOTAL	575	120	100		535		500
Total kcal/day	2 145	558	394		2 080		2 300
% kcal from protein	12.3	11.1	16.6		14.23		11.1
% kcal from fat	13.2	45.5	23.2		21.72		30
Number of feeding days per year or per month (as applicable)	365	365	365	365	365	90	Up to 3 days

* Children aged 24-59 months receive a total of 1g of MNPs for 2 days MNPs through the “prevention of micronutrient deficiencies (24-59 months)”

**The recommended ration for the prevention of stunting is 200g of Super Cereal Plus to accommodate sharing.

FOOD REQUIREMENTS

TABLE 3: FOOD/CASH AND VOUCHER REQUIREMENTS BY ACTIVITY*				
Activity	Commodity / Cash & voucher	Food requirements (mt) Cash/Voucher (USD)		
		Current	Increase	Revised total
General Food Distribution	Commodity	59 642	26 717	86 359
General Food Distribution – CBT	Cash / Voucher	-	600,000	600,000
Prevention of Stunting (PLW)	Commodity	540	238	778
Prevention of stunting (6-23 months)	Commodity	795	353	1 148
Prevention of Micronutrient Deficiencies (24-59 months)	Commodity	1 313	3	1 316
Treatment of MAM	Commodity	102	92	194
Hospital patients	Commodity	1 333	591	1 924
HEB (new arrivals)	Commodity	215	-	215
TOTAL MT	Commodity	63 939	27 994	91 934
US \$	Cash	-	600,000	600,000

* Figures rounded

Hazard / Risk Assessment and Preparedness Planning

- The scale of the revision proposed herein is aligned to the Regional Refugee Response Plan. However, the situation remains volatile. The risks are in line with the 2016 Risk Register and mitigation actions for the country office. Should the situation change or deteriorate,

further revisions to this PRRO will be required in accordance with an updated assessment of needs.

24. The success of both the CBT programme and the partnership with an INGO to promote complementary income-generating opportunities, will largely depend on a review of the Government's refugee encampment policy which limits refugee movement beyond the camp setting and discourages refugees from engaging in livelihood activities. WFP will continue to work with partners to advocate for the importance of complementary interventions that move beyond a perpetual care and maintenance approach for the refugees.

Approved by:

Ertharin Cousin
Executive Director, WFP

Date

ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity (mt)	Value (USD)	Value (USD)
<i>Food Transfers</i>	-	-	22,767,392
Cereals	18,326	6,696,223	
Pulses	5,410	3,478,186	
Oil and fats	956	805,465	
Mixed and blended food	3,073	1,745,768	
Others	229	87,216	
Total Food Transfers	27,994	12,812,858	
External Transport		1,841,962	
LTSH		7,225,526	
ODOC Food		877,047	
Food and Related Costs ¹¹			
C&V Transfers		600,000	661,763
C&V Related costs		61,763	
Cash and Vouchers and Related Costs			-
Capacity Development & Augmentation			-
<i>Direct Operational Costs</i>			23,429,156
Direct support costs (see Annex I-B)			4,593,307
Total Direct Project Costs			28,022,463
Indirect support costs (7,0 percent) ¹²			1,961,572
TOTAL WFP COSTS			29,984,035

¹¹ This is a notional food basket for budgeting and approval. The contents may vary.

¹² The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (USD)	
WFP Staff and Staff-Related	
Professional staff *	1,584,945
General service staff **	611,006
Danger pay and local allowances	-
Subtotal	2,195,951
Recurring and Other	411,275
Capital Equipment	823,300
Security	465,877
Travel and transportation	634,905
Assessments, Evaluations and Monitoring¹	62,000
TOTAL DIRECT SUPPORT COSTS	4,593,307

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

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

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

MAP



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GAM	Global Acute Malnutrition
GFD	General Food Distribution
HEB	High Energy Biscuits
MAM	Moderate Acute Malnutrition
MUAC	Mid-upper arm circumference
PLW	Pregnant and lactating women
SAM	Severe Acute Malnutrition
UNHCR	Office of the United Nations High Commissioner for Refugees
WFP	World Food Programme