



WFP/UNHCR
Joint Assessment Mission
Great Lakes Region –Tanzania

8-14 November 2005



Final Report

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ACKNOWLEDGEMENT

The mission would like to express its appreciation for the support received from the Ministry of Home Affairs (MHA), United Nations High Commission for Refugees (UNHCR) and World Food Programme (WFP) staff in Ngara, Kibondo, Kasulu, Lugufu and Kigoma as well as in Dar es Salaam. In particular, the mission is grateful to those who provided briefing materials, organized schedules, provided logistical support, briefed the team and participated in the numerous meetings. This support enabled the relatively large mission to visit many refugee sites within a short period of time and access a wide variety of information.

The mission would also like to thank the donors, NGOs and UN agencies who participated, including Belgium, European Commission, Finland, France, Germany, United States Agency for International Development (USAID)/Food for Peace, UNICEF, and FAO, for their active support of the joint assessment process.

Furthermore, special appreciation goes to the refugees and local communities who took time from their daily lives to discuss issues affecting their camps and communities. Their assistance helped the mission to better understand their daily plight and needs.



The Participants of Joint Assessment Mission

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Anti Retro Viral Drugs
COP	Country Operations Plan
CSB	Corn Soya Blend
CSI	Coping Strategies Index
CTC	Community Therapeutic Care
DRC	Democratic Republic of the Congo
DSM	Dried Skim Milk
EDP	Extended Delivery Point
EPI	Expanded Programme of Immunisation
ECHO	Humanitarian Aid DG of the European Commission
EVI	Extremely Vulnerable Individuals
ECW	Enhanced Commitments to Women
FAM	Food Aid Monitor (WFP)
FBM	Food Basket Monitoring
FDP	Final Delivery Point
FFT	Food for Training
FFW	Food for Work
GoT	Government of Tanzania
HFE	Household Food Economy
HIT	Health Information Team
HIS	Health Information System
HIV	Human Immune-Deficiency Virus
HPI	Human Poverty Index
IGA	Income Generating Activities
IMCI	Integrated Management of Child Illnesses
IP	Implementing Partner
ITN	Insecticide Treated Nets
JAM	Joint Assessment Mission
JAP	Joint Action Plan (specific to JAM recommendations)
Kcal	Kilocalories
Km	Kilometre
LBW	Low Birth Weight
MCH	Mother and Child Health Care
MoH	Ministry of Health
MHA	Ministry of Home Affairs
MT	Metric Tonnes
NFI	Non-Food Item
NGO	Non Governmental Organisation
NMC	National Milling Corporation
OPD	Out Patient Delivery
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
REDESO	Relief and Development Society
SFP	Supplementary Feeding Programme
STI	Sexually Transmitted Infection
SGBV	Sexual Gender Based Violence
TBA	Traditional Birth Attendant
TB	Tuberculosis
TCRS	Tanganyika Christian Refugee Service
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
TRCS	Tanzania Red Cross Society
W/H	Weight for Height
W/A	Weight for Age

**REPORT OF WFP/UNHCR JOINT ASSESSMENT MISSION (JAM)
Great Lakes Region-Tanzania
8 – 14 November 2005**

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This report has been finalized following comments from various stakeholders and JAM participants. It is the hope of the authors of this report that all content is consistent with that endorsed by the complete mission team in the field and subsequent donor debriefing in Dar es Salaam in late November. As such, all content should not necessarily be assumed to be endorsed or agreed by Senior Management of WFP and UNHCR, nor by WFP Headquarters in Rome, or UNHCR Headquarters in Geneva.

Tanzania, January 2006

Executive Summary

The 2005 WFP/UNHCR Joint Assessment Mission (JAM) took place in Northwestern Tanzania from the 8th to 14th November 2005. In accordance with the Terms of Reference (TOR), the Mission carried out a comprehensive needs assessment and a review of on-going programmes covering the issues of protection, registration, nutrition, health, food security, logistics and operational planning. This work was conducted in close consultation with the Ministry of Home Affairs (MHA) on both central and local levels, WFP Tanzania and Sub Offices, UNHCR Tanzania Representative and Sub/Field Offices, implementing partners (IPs), refugees and their representatives. The major findings and recommendations of the mission are presented in the section 4 of this report.

Overall, the Mission concluded that the protracted refugee operation is generally well managed with the refugees achieving a relatively high degree of food security. However, movement restrictions and the constant closure of common external markets used by local Tanzanians and refugees continue to have a deteriorating impact on the food security situation of refugees in Northwestern Tanzania. Malnutrition was more prevalent among children 6-24 months and then stabilized in subsequent age groups. A considerable number of the Tanzanian host population surrounding the refugee camps benefit from health and other services established for the refugee population. The refugee status determination procedures have left a large number of asylum seekers in way stations, with poor living conditions. The registration exercise in the camps has produced very useful results. The downscaling of the operation is inevitable during 2006 and 2007 given the two on-going repatriation programmes for Burundi and the Democratic Republic of Congo (DRC).

The mission proposed a set of wide ranging recommendations which included: the improvement of living conditions (water, shelter, food and cooking) in way stations for refugees; acceleration of the decision-making process for refugee status determination by the Ad-Hoc Committees; an increase in the 'Go and See' visits to Burundi and the DRC for repatriation issues; the implementation of Project Profile in Burundi and the DRC; ensuring a smooth transition to the new Malaria Treatment Protocol for the refugees; maintaining the 2,100 kcal ration for refugees; conducting an in-depth study on the contribution of self reliance activities to food security and market access issues; developing community-based approaches to manage malnutrition and certain diseases; rehabilitation of the Kigoma port; replication of good practices in health coordination for other sectors, deployment of necessary staff to UNHCR and IPs for better leadership and overall coordination of the care & maintenance and repatriation operations, the development of community based approaches to manage malnutrition and certain diseases within the host population and a review of implementation arrangements by mid-2006 to prepare for an operational downscaling in the future.

1. INTRODUCTION

UNHCR and WFP conduct joint assessments for all refugee operations annually provided funds are available. The JAM process allows a review of ongoing programmes and is not an in-depth stand-alone assessment of refugees or their living conditions. The information gleaned from the JAM is used to improve ongoing programmes to fill gaps identified by the mission.

A joint food assessment mission was conducted Northwestern Tanzania in 2004. Therefore, reference will be made to the 2004 JAM as required and to the two major documents used as framework by the mission when considering their findings and recommendations.¹ The mission was conducted in accordance with the July 2002 global Memorandum of Understanding (MoU) between UNHCR and WFP that requires a JAM for all refugee operations.

1.1 Assessment Overview

Unlike in previous years, this year's mission was relatively large with 25 participants comprising the government, major donors, and UN staff. The Mission assessed the overall management of the operation, including supply of food, refugees' living environment, education and health services, and possibilities for the refugees to increase their self-reliance. The Mission also looked into aspects regarding the relationship between the refugees and the surrounding population. Finally, the mission assessed the progress in the search for durable solutions to the refugee crisis in the Great Lakes Region and the levels of assistance required for future support.

During the period of inquiry, 8-14 November 2005, the Mission consulted relevant authorities at national, district and camp levels; and implementing partners in the field and in the camps. The Mission visited nine camps, and discussions were held with relevant camp management staff, health service staff, refugee leaders and women groups. The Mission paid particular attention to the health and nutritional status of the refugee population in general and of vulnerable groups in particular. The Mission also interviewed individual refugee women and refugee families. The Mission held a de-briefing meeting with the government, major donors and implementing partners in the field and in Dar es Salaam.

1.2 Methodology

Two teams (A and B) comprising five thematic groups were created with each group averaging four to seven mission participants. Composition of the teams included expert representation from various sectors such as food security, protection, health, nutrition, logistics, partnership and coordination. The groups' membership changed slightly with members leaving and new members joining in during the course of the mission.

The five thematic groups addressed the following areas: 1) Protection, Refugee Numbers and Demography; 2) Health, Nutrition, HIV/AIDS and Coping Strategies Index (CSI); 3) Food Security and Self-Reliance; 4) Logistics and 5) Partnership and Planning. Other traditional issues covered by the groups included coordination, monitoring and evaluation, and support to refugee hosting areas. Team A was led by WFP and included groups 2 and 3. While team B was led by UNHCR and included groups 1, 4 and 5. Specific terms of reference (TOR) were developed for each group.

¹ These documents include Coping Strategies Index 2005 and Nutrition Survey 2005, both conducted before the Mission.

Team	Group	Terms of Reference	Members
A	2-Health, Nutrition, HIV/AIDS & CSI	Refugee Nutritional and Health Status HIV/AIDS Programmes and Prevention Coping Strategies <i>Group Leader: Tobias Flaemig</i>	Tobias Flaemig Raoufou Makou Lucas Machibya Isaac Manyama
	3-Food Security and Self-Reliance	Food Access and Use Food Aid Targeting, Distribution and Monitoring Selective Feeding Programmes Food Supplies (common markets) Self-Reliance Opportunities (access to land and other productive resources) Food and Self Reliance Strategies Ration Scales of Food/NFIs Refugee Impact on the Physical Environment <i>Group Leader: Al Kehler</i>	Adako Moudiongui Al Kehler Christian Nzeyimana Happygod John Nancy Estes Saana Halinen
B	1-Refugee Number, Demography & Protection	Refugee Registration Protection Issues (sexual and gender based violence, and refugee security) Tanzania Legislation and Application by Local Authorities and MHA Durable Solutions (repatriation, resettlement and integration) Physical Security (in side and outside camps) Movement Restrictions WFP Enhanced Commitments to Women and UNHCR Five Commitments to Refugee Women <i>Group Leader: Angela Pollitzer</i>	M.J. Meiediercks-Popovic Angela Pollitzer Katrien Meersman Josey Mwakasyuka Damien Sindiheburu Maureen B. Latour Emilie Watson Marion Walker
	4-Logistics	NFIs Requirements and Distribution Transport and Food Storage, Handling Problems and Constraints EDP & FDP Management <i>Group Leader: Gon Myers</i>	Gon Myers Elanami Rushatsi William Dalushi
	5-Partnerships & Planning Group	Partnership and Coordination Issues among WFP, UNHCR, MHA, IPs and Refugee Leaders Contingency Planning Budget and Resource Situation Socio Economic Situation in Tanzania & Burundi and the DRC Review of 2004 JAM Recommendations Donor Commitment NGOs and other Funding Activities <i>Group Leader: Faisal Yousaf</i>	Yves Horent Ingo Herbert Faisal Yousaf

(Mission composition, groups/teams, and TORs)

The TORs, however, did not exclude mission participants from gathering other information they deemed relevant. The five groups covered nine camps located in the Ngara District of the Kagera Region, and the Kigoma, Kibondo, Kasulu Districts of the Kigoma Region.

Mission recommendations are highlighted in the Joint Action Plan (JAP) for the 2005 JAM (see Annex I) as well as the Executive Summary. A total of 31 main recommendations were identified in response to the mission findings. Supplementary recommendations of a more operational nature are also noted in the body of this report. The JAP will form the foundation for implementation of the revised 2006 Joint WFP/UNHCR work plan, which will be monitored through quarterly meetings of staff from Dar es Salaam and the field offices. Missions visiting the camps will also be encouraged to assess implementation of the JAM recommendations on an ongoing basis throughout the year.

1.3 Rationale for the 2005 Joint Assessment Mission

In a longstanding Protracted Relief and Recovery Operation (PRRO) such as the Tanzania programme, annual assessments are recommended, especially if any circumstances have changed significantly during the period. A Joint WFP/UNHCR Assessment Mission was conducted in October 2004 during a period where the food pipeline had been at 100 percent, and the mission team still recommended that the ration be increased from 1,857 Kcal per day to the Sphere standard of 2,100 Kcal, due to the lack of self-reliance opportunities and sufficient coping mechanisms for refugees in Northwestern Tanzania. From the completion of the 2004 JAM up through September 2005, however, the ration actually provided to refugees ranged between 1,200 Kcal to 1,947 Kcal, due to severe funding shortfalls resulting in consistent breaks in the pipeline. A detailed nutritional survey completed at the end of September provided the framework for the 2005 JAM.

In order to assess the progress in implementing the recommendations of the 2004 JAM and to re-evaluate the overall food needs of the operation in light of two ongoing repatriation exercises, UNHCR and WFP agreed upon the need to carry out a JAM in 2005. The 2005 JAM focused on nutrition issues and the assessing the impact of the severe ration cuts during the last year. The Terms of Reference (TOR) outlined a two-pronged approach for the JAM, with two teams focusing, respectively, on issues related directly and indirectly to food assistance and on more specific nutrition concerns.

1.4 Purpose and Scope of the 2005 JAM

The aim of the mission was to review and assess the situation of the refugee population that has crossed the north-western border region of Kigoma and Kagera and settled in twelve camps. The mission focused specifically on the food and non-food needs of the refugees and assessed the capacity of WFP and UNHCR to meet these needs with appropriate assistance. The mission also looked into other sectors that directly impact on refugee well being such as shelter, water, sanitation, health, domestic needs, community services, security and education. In addition, the mission attempted to identify the impact of the massive arrival of the refugees on the livelihood system of the host population. The mission examined the extent of the crisis faced by these populations and tried to put forward possible solutions that could be included in the framework of the UN response.

1.5 Objectives

The 2005 JAM was conducted with the following objectives:

- Review the status of recommendations from the previous year's mission and make updated recommendations for 2005-2006;
- Develop or update the strategy for non food related assistance, highlighting the relationship between food and non-food interventions – to determine what new measures are necessary and what continuing assistance is required to ensure that the refugees are able to meet their basic needs and avoid damaging or undesirable coping strategies;
- Review current government policies and practices with regard to movement restrictions, access to markets and the provision of farm land and consider how they may impact on the general well-being of refugees and their prospects for self-reliance;
- Develop or update a strategic plan for self-reliance – to determine what new measures are necessary and what continuing assistance is required to ensure that the refugees achieve the maximum possible level of sustainable self-reliance pending a durable solution, and identify possibilities for the involvement of governmental, UN and NGO development agencies and linkages with development programmes in the area;
- Assess WFP compliance with Enhanced Commitments to Women (ECW) and UNHCR Five Commitments to Refugee Women, including the active participation of refugee women in the management of food and non-food assistance and overall camp management;
- Review the ongoing activities in support to Refugee Host Areas, as well as the remaining challenges and future strategies; this should include exit strategy and possible camp consolidation plan;
- Review the prospects for durable solutions, given the current political climate, and make projections concerning ongoing vs. recently resumed repatriation and/or influx trends over the next 12 to 24 months;
- Review achievements concerning the registration of Burundian and Congolese refugees and identify areas of concern and necessary improvement;
- Analyse cooking and domestic fuel requirements, review the current policies on fuel wood harvesting, review the availability of wood and distances involved; and assess the application of cooking techniques that minimize fuel requirements and promotion of fuel efficient stoves; and
- Review the level and quality of assistance in the camps gauged against the SPHERE standards of assistance.

The Mission focused on addressing the following health and nutrition-related concerns:

General Food Basket/ Rations

Review the current general food ration in light of Nutrition, Coping Strategies, and Beneficiary Contact Monitoring Surveys data from mid-2005, in light of the drastic ration cuts that took place since the last JAM.

Repatriation/Feeding of Returnees

1. Review hand-over-practices of sick and chronically ill patients as well as vulnerable refugees from Health IPs in Tanzania to Burundi.
2. Review food packages provided by all agencies for returning refugees on transit and recommend food rations that consider a level of standardisation while meeting the respective requirements.

Nutritional and Epidemiological Surveillance

1. Review the rates of chronic malnutrition (*as included in Nutrition Survey of 2005*) and consider the contributing factors. Evaluate whether recommendations are needed to ensure reductions in these rates;
2. Confirm that distribution of Insecticide Treated Nets (ITNs), de-worming practices, vaccination of all antigens and in particular measles, multiple micro nutrients and iron supplementation for children and pregnant women conform to WFP and UNHCR protocols as well as WHO standards;
3. Make specific recommendations regarding the organisation and implementation of nutrition surveys in Northwestern Tanzania, particularly with respect to the frequency, methodology, data analysis and variables to be included;
4. Review the current system of targeting for socially vulnerable individual beneficiaries in the general food distribution and recommend how best to streamline its coverage and effectiveness to ensure the most beneficial coverage.

Management of Selective Feeding Programmes

1. Review the organisation and effectiveness of selective feeding programmes, criteria for admission and discharge (especially the inclusion of Weight for Age (W/A)), average mean length of stay, mean weight gain of the clients, implementation of the home based care programme to eligible clients;
2. Review the percentage coverage of selective feeding programmes for both supplementary and therapeutic feeding, as they relate to the prevalence of acute malnutrition in 2005 and 2004;
3. Review the extent to which the complementary nutrition education provided at the Supplementary Feeding Programme (SFP) is adequate or requires improvement. Review the possibility for increased nutrition training for vulnerable groups, targeting especially the importance of supplementing with fresh vegetables and home gardening and discouraging the exchange of maize for cassava;
4. Review growth monitoring practices and determine if modifications in terms of indicators used and frequencies are necessary.

Supplementary Feeding Beneficiary Groups

1. Confirm the percentage participation level of Tanzanian children in the Therapeutic Feeding Programme (TFP) and the Supplementary Feeding Programme (SFP). Review the status of Tanzanian children, as compared to refugee children, and the factors contributing to malnutrition

among them. Consider recommendations for outreach to the local communities through support for nutrition training;

2. Evaluate the need for introducing a school feeding programme among primary school children five days per week and, if so, determine the consequences for the food basket and its possible modifications in the general food distribution; and

3. Review the progress in providing nutritional support to HIV+ persons through direct food assistance before they become ill, through home-based care activities within the camps.

2. BACKGROUND OF REFUGEE SITUATION

2.1 Overview of Refugee Movements and Circumstances

Refugees have been arriving in the Kagera and Kigoma Regions of Northwestern Tanzania in significant numbers for more than thirty years. Some 198,000 refugees from Burundi who arrived in 1972, in fact, still live in three settlements in the Rukwa and Tabora regions, although they no longer receive international assistance.

UNHCR and WFP currently assist nearly 357,208 refugees (as of 31st October 2005) in twelve large camps located in Northwestern Tanzania. The refugee population is comprised of 58 percent Burundians, 41 percent Congolese and 1 percent Rwandans and “mixed” heritage cases. The birth rate is high, and some 20,000 newborns are added each year. Most of the Burundians fled in 1993, following the assassination of the first democratically-elected Hutu president, Melchior Ndadaye, and the start of the civil war. The Rwandan genocide and its aftermath prompted a huge influx of Rwandan refugees the following year. The majority of Rwandans repatriated in 1996, and only a few individuals with specific protection problems remain in Tanzania. The first large wave of refugees from the DRC reached Tanzania in late 1996. Refugees continued to arrive in smaller numbers throughout 2003 and into 2004, as fighting continued in various regions of the country, despite some positive developments in the peace process.

The twelve refugee camps in Northwestern Tanzania are located in the Ngara District in Kagera region and the Kigoma, Kasulu and Kibondo Districts in Kigoma region. The regional administrative centre for Kagera is the town of Bukoba, while the regional administration for Kigoma is located in Kigoma town. Burundian refugees are accommodated in Lukole A and B Camps in Ngara District; Kanembwa, Mtendeli and Nduta Camps in Kibondo District; and Mtabila I and II and Muyovosi Camps in the Kasulu District. Congolese refugees reside in Lugufu I and II Camps in the Kigoma District and Nyarugusu Camp in Kasulu District. Mkugwa Camp in Kibondo District accommodates refugees of various nationalities.

2.2 Operational Environment

The Tanzanian Government’s emphasis on temporary asylum in addition to restrictions on refugee movements has further diminished the possibility of developing or maintaining a significant level of self reliance among the majority of refugees. Refugees are allowed to move within a four kilometer zone around the camps, creating mutual opportunities for economic benefit to both refugees and the host population, although this informal rule is not applied constantly in all Districts.

The protection environment for refugees in Tanzania is difficult due to the Government policy of limiting the movement of refugees and the fact that insecurity in Northwestern Tanzania is attributed to the refugees' presence. The lack of access to basic services and land in Burundi, and the absence of non-agricultural livelihood activities, could become major obstacles to repatriation and sustainable reintegration if not addressed by the international community and the Government. Similarly, in the DRC, while access to property and land does not appear to be a major problem in South Kivu province, the main area of return, the presence of armed groups in some areas, the high number of Sexual Gender Based Violence (SGBV) incidents and the lack of basic services remain severe problems that affect the pace of return.

2.3 Demographic Profile

The following tables show the UNHCR overall population figures for refugees living in the Kagera and Kigoma regions for the month of October 2005:

Table 1: Beneficiary Population by Nationality and Regions

NATIONALITY	KIGOMA	KAGERA	TANGA	Total
BURUNDIANS	145,888	52,460	0	198,348
CONGOLESE	153,954	15	0	153,969
RWANDESE	170	9	0	179
MIXED	2,057	0		2,057
SOMALIS/other	0	0	2,655	2,655
TOTAL	302,069	52,484	2,655	357,208

Table 2: Beneficiary Population by Camps in Northwestern Tanzania as of October 2005

CAMPS	NATIONALITY	POPULATION
Ngara		52,484
Lukole A	Burundians	30,596
Lukole B	Burundians	21,745
Mbuba	Rwandans & Burundians	104
Mwisa	Congolese & Burundians	30
Kibondo		65,945
Mtendeli	Burundians	24,688
Kanembwa	Burundians	13,643
Nduta	Burundians	25,387
Mkugwa	Rwandans and Mixed	2,227
Kasulu		143,569
Muyovosi	Burundians	31,026
Mtabila I	Burundians	15,278
Mtabila II	Burundians	35,866
Nyarugusu	Congolese	61,399
Kigoma		92,555
Lugufu I	Congolese	59,280
Lugufu II	Congolese	33,275
GRAND TOTAL		354,553

2.4 Current Situation

Burundi: UNHCR currently assists 198,348 refugees from Burundi living in eight camps in the Kigoma and Kagera regions. UNHCR has helped 207,749 Burundian refugees to go home from Tanzania since the facilitated voluntary repatriation operation began in March 2002. More than 82,000 refugees returned during 2004, although the numbers declined dramatically from October of that year onward, largely due to uncertainty over the peace process. Seasonal factors, such as the planting seasons and the school year, also have a substantial impact on the pace of return.

Although, the pace of repatriation was slow at the start of 2005, Burundian refugees in Tanzania have shown renewed interest in repatriation over the past several months, following the successful completion of the transitional political process established under the Arusha Peace Accords and the election of President Pierre Nkurunziza in August. A record total of 13,746 refugees returned home with UNHCR's assistance that month. They were followed by 11,499 returnees in September and 10,068 others in October.

Confidence among the Burundian refugees in the new political arrangements is growing, as the new Government consolidates its position. The number of returnees is likely to decline during November and December, with the onset of the monsoon rains and the school term underway. The pace of voluntary repatriation during 2006, however, may equal or exceed the levels of 2005. Currently, UNHCR facilitates the repatriation of refugees who come forward and express the wish to return. UNHCR only actively promotes repatriation where it assesses that conditions are safe for most refugees to go home and return shows good prospects of being durable. A move from facilitation to the promotion of repatriation to Burundi will likely be considered by UNHCR and the Governments of Tanzania and Burundi at the next meeting of the Tripartite Commission, which hopefully will be convened in the not too distant future.

Democratic Republic of Congo: UNHCR in Tanzania is currently protecting and assisting 153,969 refugees from the DRC. The refugees reside in the Nyarugusu and Lugufu I and II Camps in the Kigoma region. UNHCR began facilitating voluntary repatriation to the DRC in October 2005, following a decision by the Tripartite Commission composed of UNHCR and the Governments of Tanzania and the DRC at its 8-9 September meeting in Kinshasa. Ceremonies marking the official launching of the voluntary repatriation operation took place in Kigoma on 9 November. By the time of the JAM mission a total of 3,007 Congolese refugees had returned to the DRC.

UNHCR facilitates repatriation when refugees demonstrate a strong desire to return home or begin doing so at their own initiative, even where general conditions in the country of origin are not yet fully conducive for their safe return. Increasing numbers of Congolese refugees began returning spontaneously to the DRC during July and August 2005, travelling on the same rickety wooden boats they had used to flee. UNHCR agreed to begin facilitating repatriation based upon concerns about their safety and in recognition of the general improvement in security in the territories of Fizi and Uvira. More than 90 percent of the Congolese refugees in Tanzania come from these areas of South Kivu Province.

Attitudes toward voluntary repatriation vary among the Congolese refugees. Many are eager to return and take part in the political life of the country and planned elections. Others are simply weary of the monotony of life in the camps and the inadequate diet. A significant number, however, are wary of returning before peace is consolidated and remain concerned about the lack of schools, health care facilities and food. UNHCR anticipates that the return process will continue at a moderate pace in 2006. "Go and see" visits and information activities are taking place now to assist refugees in making a well-informed decision regarding repatriation

3. FRAMEWORK FOR THE 2005 JOINT ASSESSMENT MISSION

3.1 The Coping Strategies Index (CSI): 2005 Survey

The Coping Strategies Index (CSI) was designed as a rapid household food security assessment and food aid monitoring tool for use in emergencies. During a baseline survey in 2004 the methodology was adjusted towards the protracted refugee setting in Northwestern Tanzania. The CSI follow-up survey in 2005 was conducted in response to prolonged ration cuts in the refugee camps and in order to identify trends of food insecurity of refugee households.²

The CSI generates a score that is derived from the severity and frequency of consumption coping strategies that refugee households apply in times of acute shortages of food. It is a relative measure to compare trends of food insecurity over time as well as cross sectional differences in food insecurity among sub groups.

The results suggest that overall the food insecurity in May 2005 has decreased compared to June 2004 despite the severe problems of WFP to provide a food basket composed of 2,100 Kcal. This observation remains valid for the trend of food insecurity of many subgroups, differentiated by access to markets, sources of income and food, and the size of respective households. The reasons are considered to include seasonality effects (end of harvest season), more relaxed movement of refugees in some districts, repatriation of refugees with limited coping capacity, and an increased level of self-reliance.

In 2005 the percentage of households that utilised coping strategies increased only for three strategies: limiting portion size, purchasing food on credit, and borrowing food or money from neighbours, relatives and friends. All other coping strategies that are included in the survey were utilised by a smaller percentage of households. The survey results, furthermore, indicate that households increasingly utilised crop and livestock production at the household level, the first having significant decreasing effects on the degree of food insecurity.

A strong association remains between food insecurity and the access to external markets. Refugees with access to external markets i.e., in 2005 only Congolese refugees from Lugufu camps, are less food insecure than those who lack access. Movement restrictions and the closure of common external markets used by local Tanzanians and refugees continue to have a negative impact on the food security situation of refugees in Northwestern Tanzania.

The UN agencies and their partners, therefore, should strengthen advocacy efforts with the Government of Tanzania in favour of reopening common markets, further reducing movement restrictions, and providing access to agricultural land.

² The detailed report on CSI 2005 is attached as Annex 1.

Table: Percentage of Households Using Consumption Coping Strategies by Severity; Comparison between 2004 and 2005³

Consumption Coping Strategies Used to Derived the CSI	Percentage of Households Using this Strategy	
	2004	2005
Sell high value, preferred foods to purchase larger quantity of less expensive foods	37.0	26.6
Limit portion size at mealtimes	81.3	82.9
Exchange your labour for food (work for food)	44.6	30.7
Purchase food on credit	52.1	61.6
Reduce number of meals eaten in a day	81.0	78.8
Borrow food or money (which you have to repay) from neighbours, friends, or relatives	75.6	82.8
Restrict consumption of adults in order for small children to eat	70.4	54.8
Send household members to beg	23.5	11.3
Sell household assets or the NFIs the household owns	30.9	17.6
Send household members to eat elsewhere	19.7	7.6
Engage in prostitution or theft of food (illegal activities)	7.6	0.2
Skip entire days without eating	43.8	11.7
Have some members of the household migrate elsewhere or repatriate	11.6	0.2

3.2 Nutrition Survey 2005

Nutrition surveys have been part of the health and nutrition surveillance in the Tanzania refugee operations since 1994. Depending on the conditions and needs, UNHCR, WFP and their partners usually conduct one or two rounds of surveys yearly targeting mainly under-five children and, where indicated pregnant women and school children. The surveys have been serving as tools for monitoring trends of nutritional status of the refugee population.

The main objective of the 2005 nutrition survey was to describe the nutritional status of the refugee children and associated factors, including the assessment of vaccination and breastfeeding coverage in the camps. The traditional anthropometric indices of weight-for-height (wasting), height-for-age (stunting) and weight-for-age (underweight) as well as haemoglobin as an indicator of micronutrient deficiency were used to assess the nutritional status of children. The survey also determined the prevalence of anaemia and worm infestation among school children and pregnant and lactating women. Cluster sampling (30x30) was used for children below the age of five years, while systematic random sampling was used for school children.

A total of 10,318 children were sampled for haemoglobin determination which represented more than 10 percent of all children under-five in the camps. In addition, a total of 576 and 805 pregnant and lactating women, respectively, and 1,087 school children were sampled for haemoglobin and intestinal worm infestation. This sample was drawn from 354,990 (September 2005 statistics) of refugee men and women mainly from Burundi and the DRC who were being provided with humanitarian assistance in the twelve refugee camps.

³ For more details, please see 'Coping Strategy Index: Follow-up Survey 2005', World Food Program. The 2005 CSI is attached as an Annex.

The 2005 results on wasting were somehow surprising considering the prolonged ration reductions in the greater part of the year 2005. Wasting had significantly decreased from 5.1 percent in 2004 to 2.8 percent in 2005, and according to WHO classification it falls in the acceptable category. Underweight (22.0 percent) and stunting (36.0 percent) did not significantly decrease. As in 2004, these two indicators are still high according to relevant WHO categorization. The decrease in wasting could be due to increased illegal coping activities and increased repatriation of vulnerable families. Although, wasting had significantly decreased, the analysis indicated that 18.7 percent of the children were at risk of becoming wasted and the equivalent figure for underweight children was 40.5 percent.

It is important to note that malnutrition was more prevalent among children 6-24 months and the levels of malnutrition stabilised in higher age groups. For example, at the age of 12 to 23 months about 50 percent and more than 27 percent of the children had been stunted and underweight respectively. It was also found that wasting, underweight and stunting were significantly associated with morbidity during the two weeks before the survey.

The prevalence of anaemia among children had numerically increased from 35.3 percent in 2004 to 40.5 percent in 2005. Among pregnant women the prevalence of anaemia remained at 30 percent as in 2004. The survey also found that the prevalence of anaemia among lactating women and school children had remained at the same level at 18.9 percent and 18.0 percent respectively. Anaemia among children and pregnant women and school children decreased with age. The levels were higher among infants than among the older under-fives. Mean haemoglobin levels followed a similar trend.

According to the WHO classification, the anaemia prevalence among under-five children is categorised as severe; that of pregnant women as moderate while that of lactating women and school children as mild. Morbidity (fever) and microscopic malaria parasitaemia were significantly associated with moderate anaemia among under-five children.

Measles vaccination coverage continued to be impressive. About 96 percent of children 9 months and above in the last five years (2001-2005) were vaccinated, the same coverage levels as in 2004. Mean age at vaccination has also been shifting toward the recommended EPI range of 6 to below 12 months. The mean age was 11.5 months in 2001 and had fallen to 9.4 months in 2005.

With respect to breastfeeding coverage, the majority of the infants (90.4 percent) and 76.7 percent of those aged 12-23.9 months were breastfed a day before the survey. It was encouraging to note that about 26 percent of those aged 24-35.9 months were still being breastfed.

The provision and taking (compliance) of multiple micronutrients among pregnant women was also high. The survey found that 91 percent of pregnant women who had attended Antenatal Care (ANC) services were provided with multiple micronutrient supplements. Of those who were supplemented 76.8 percent reported to have taken the supplements a day before the survey indicating high compliance. Taking supplements was significantly associated with low prevalence of anaemia among pregnant women.

The prevalence of intestinal worm infestation among school children was impressively low. The level of *Schistosoma mansoni* was 6.2 percent with other worms found in less than one percent of the children surveyed. Malaria among under-five children and pregnant women was 19.2 percent and 12.8 percent respectively. It was more common among older children than infants mainly because infants were likely to be sleeping under ITNs provided to all pregnant women in the Mother and Child Care (MCH) services.

The survey also interviewed school children to determine how many meals were eaten at home on the Sunday preceding the survey. The results show that (99.2 percent) of the 1,086 school children who responded had at least one meal on that day. About 82 percent of the school children went to school without breakfast. The main type of food consumed as breakfast was a stiff porridge (commonly known as “ugali”), which accounted for about 47 percent of the children. Corn Soya Blend (CSB) accounted for 20.1 percent; maize meal porridge 12.1 percent and other foods (banana, potatoes, etc.) accounted for another 20.1 percent.

Based on results from this survey, the mission made a set of recommendations aiming at improving the nutritional status of women and children in the refugee camps. The measures that should be considered include: supplying fortified rations, micronutrient supplementation, improved management of malnourished children in the selective feeding programmes, capacity building of the staff and specific health and nutrition studies. Given the prevailing nutritional status of refugees in Northwestern Tanzania, the mission urged all stakeholders inside and outside the country to support implementation of the recommendations made for the benefit of vulnerable women and children.

4. ASSESSMENT OF CURRENT SITUATION: FINDINGS & RECOMMENDATIONS

4.1 Protection, Refugee Numbers and Demography

4.1.1 Protection

Contrary to Article 26 of the 1951 Convention relating to the status of refugees, the Tanzanian government restricts the movement of refugees beyond a four kilometre (2.5 miles) zone surrounding the camps. Violation of this policy constitutes a criminal offence.

Although enforcement of the 4 km rule varies, these movement restrictions impact on nearly all refugees and deprive refugees of their freedom of movement and right to engage in wage-earning activities. In order to supplement the food basket and purchase required NFIs, refugees depend on daily labour work in nearby villages and access to local markets. As a result, refugees who leave to trade in local towns, work in nearby villages, or gather firewood (now almost completely unavailable within 4 km), risk interrogation, detention, confiscation of money and goods, and even prison sentences or deportation. Movement restrictions are also seen by refugees as potential push factors, possibly limiting the voluntary nature of return.

The mission observed some apparent relaxation in different locations in enforcement of movement restrictions resulting in relatively increased market access. Even more lenient application of movement restrictions is required, in order to address protection concerns and limit exploitation, theft of money and items, disappearances, as well as cases of arrest, detention and deprivation or refoulement. According to refugee reports, the perpetrators have included local residents, police officials and bandits.

New Status Determination Procedures (introduced in March 2005) have left a large number of asylum seekers living in difficult conditions in way stations, transit and reception centres awaiting decisions. This is particularly the case in the Ngara and Kibondo districts. At the time of the mission, these facilities have the following populations: Mugunzu way station (220 persons); Mtendeli reception centre (346 persons), and Mbuba centre (113 persons). The Ad Hoc Committee

in Kibondo has made negative recommendations on the application of 547 asylum seekers which are under review by the Minister of Home Affairs. The mission noted some variations in the procedures and standards applied by the Committees in different locations. It was also observed that the application of provisions of the Ad Hoc committee varied according to locations and had led to delays in processing asylum claims.

Recommendation:

Improve conditions in all locations receiving new arrivals (water, shelter and food/cooking conditions) and accelerate processing of decisions on asylum claims.

The Tanzanian government officials who briefed the mission team made clear that movement restrictions are considered necessary to ensure the security of refugees. The 4 km limit is an internal guideline and not a part of the Refugee Act or Refugee Policy. The GoT and UN appear to have very different perceptions of refugee involvement in security incidents.

4.1.2 Registration

Project Profile has made good progress, registering 57 percent of the total refugee population in the camps to date. Project Profile provides more accurate information on the exact number of refugees. The Project Profile registration initially captured both photographs and fingerprints. Fingerprinting, however, was discontinued early in the process due to technical problems. The JAM team observed Project Profile has generated valuable data that was being used for food distribution, SGBV statistics and repatriation.

Recommendation:

Resolve technical problems and reintroduce finger printing to provide even more reliable data and to avoid double registration. Project Profile should also be implemented in the DRC and Burundi in order to share data on returns.

4.1.3 Sexual and Gender-based Violence (SGBV)

The JAM found the SGBV centres to be operating effectively, despite some constraints such as under-reporting and limited resources for providing resources and material support to survivors.

Recommendation:

Arrange additional resources for increased material (soap, clothes, supplementary feeding, cooking sets), and psycho-social and legal support to the victims.

4.1.4 Repatriation

The repatriation process has achieved a good standard from the point of registration to departure. However, there has been an obvious lack of cross-border communications among the UN agencies and IPs concerning refugee returns and follow-up.

Recommendation:

Increase Go and See visits to Burundi and the DRC. Increase cross-border meetings in all sectors to achieve effective coordination and information-sharing. Enhance the amount of information on repatriation procedures provided to Congolese refugees.

4.1.5 Resettlement

The Mission noticed a significant improvement in the resettlement facilities at the National Milling Corporation (NMC) transit facility in Kigoma which included construction of a new building at the site. The recurrent shortage of protection and resettlement staff for individual and group processing has slowed down the overall process.

Recommendations:

Improve profiling of potential resettlement cases using the ProGres database system. Additional resources and staff are required from resettlement countries

4.1.6 Legal and Physical Security

There were continuing reports of refugee women being attacked and raped while collecting firewood. There were also reports of violent crimes committed at night. The mission found that the reduction of food and NFI assistance had resulted in increased exposure of refugees to arrest for illegal movements from the camps. This was also noticed that local tribunals in refugee camps were inappropriately being given more recognition.

Recommendations:

A feasibility study for providing lights in all camps should be carried out. The mobility of the Sungusungu and police in the camps should be enhanced with bicycles and motorcycles. Introduce mobile courts to avoid delays in cases being heard. Continue to provide firewood to vulnerable individuals, especially women.

4.2 Logistics

4.2.1 Capacity and Resources

The ongoing refugee repatriation has led to reduction in the refugee caseload. The overall requirements for storage space for food and NFIs has also decreased. The operation has realigned certain aspects of Extended Delivery Point (EDP) management and overall logistics in Northwestern Tanzania including the following: closure of Lumasi EDP, which had a total storage capacity of 14,000 MT. WFP now delivers food directly from the WFP cargo centre in Isaka to FDP in Lukole A and B camps, which has reduced EDP management and overhead costs. Outsourcing of EDP management has also proved to be cost-effective. All EDPs in Northwestern Tanzania, which were previously managed by WFP, have been outsourced to local NGOs, as part of the WFP's overall cost reduction and exit strategy.

Recommendation:

UNHCR and WFP should review the current logistics capacity requirements including the scale of road and lake transport needed to support the ongoing repatriation of the Burundi and Congolese refugees from the camps. Some adjustments to the current system are required.

4.2.2 Kigoma Port

UNHCR relies on the Kigoma Port to facilitate the transportation of the repatriating Congolese refugees. Similarly, WFP uses the port mostly for trans-shipment of food to Burundi and the DRC. The water levels at the Port of Kigoma have been low and falling in recent years due to lower rainfall and a broken sluice gate in the DRC.

Soil erosion from the high lands has also led to accumulation of sediments at the docking area thereby leading into severe reduction in the depth. As a result larger passenger or cargo boats are unable to dock along side without a smaller ship being used as a bridge. This limits the number of Congolese refugees who can be transported at any one time.

Recommendation:

It is recommended that donors be approached to fund a special operation for the rehabilitation of the port of Kigoma.

4.3 Partnership and Planning

4.3.1 Cost Analysis

Knowing the actual cost per refugee per year per sector per camp cluster would allow UNHCR, WFP and the Implementing Partners (IP) to make better informed and more objective decisions on programming and resource allocation. Such a detailed analysis would also support more credible and effective advocacy with donors.

Recommendation:

The UNHCR Country Operations Plan and WFP Protracted Relief and Recovery Operation should be prepared reflecting and integrating a quality cost analysis.

4.3.2 Information Flow

Transparency, feedback and the two-way flow of information between UNHCR and the IPs and at all levels within each agency substantially determines the quality of the programme planning and budget allocation process and impacts on accountability. Where communication has not been sufficient, serious operational challenges, such as the recurrent water shortages in Nyarugusu Camp, or other shortcomings have resulted, such as delays in planning for the introduction of the new malaria treatment protocol.

Recommendation:

The annual programme planning and budget allocation process should proceed on the basis of an agreed calendar and plan for consultations and the timely flow of documents. Revisions to plans and budgets during the implementation period should be made with similar transparency and information sharing.

4.3.3 Sector Coordination

While coordination in the health and primary education sectors are examples of good practices, improvements are needed and possible in other sectors (*i.e.*, water and sanitation, community services and environment).

Recommendation:

Current good practices in coordination in the health sector and primary education should be replicated in other sectors, including regular, well-organised meetings and, where feasible, the use of information technology to facilitate communication and the sharing of data.

4.3.4 Downscaling

With voluntary repatriation progressing, a significant downscaling of the operation is foreseeable during 2006 and 2007. All partners must have a common strategic vision of the process. A review of implementation arrangements – which was last undertaken in 2003 – is needed to ensure that planned camp consolidations proceed smoothly and without unnecessary delay.

The aim should be to retain, support and position the appropriate IPs for the transition period, taking into consideration such factors as the need to avoid dependency on too few partners, minimize overhead costs and ensure efficiency in procurement and rational stock management. Planning for downsizing should take into consideration the relative unpredictability of population movements in the Great Lakes region and the need to maintain sufficient level of preparedness and capacity to respond.

Recommendation:

UNHCR should undertake a thorough review of implementation arrangements by June 2006, in close consultation with the IPs, with the aim of considering and planning for changes in 2007.

4.3.5 Camp Consolidation

Voluntary repatriation during 2005 did not proceed at the pace anticipated during the Country Operations Plan (COP) exercise carried out in early 2004. Programme planning and budgeting were based on projections that two refugee camps would close this year. When only Karago Camp closed, resources came under strain.

Recommendation:

Planning and budgeting should, to the extent possible, take into account potential delays in camp consolidation and other significant contingencies.

4.3.6 Human Resources

UNHCR in Tanzania is managing the largest Care & Maintenance programme in Africa and the largest voluntary repatriation operation, with facilitated returns to both Burundi and the DRC underway at the same time. The human resources of the programme are stretched across these multiple, competing priorities, which has an inevitable impact upon the level of planning, coordination and monitoring, with implications for the quality of implementation. Temporary staffing arrangements and the deployment of staff on mission are not ideal solutions.

Recommendation:

UNHCR should have the key staff required to provide leadership and overall coordination for the Care and Maintenance and Repatriation operations. Strengthening would benefit performance in key sectors, including health, logistics and community services, as well as registration. Human resources planning and decision-making should reflect operational priorities and be carried out in a transparent manner.

4.4 Food Security and Self-Reliance

4.4.1 Food Access and Use

The ability of refugees to complement their food rations remains severely constrained by the lack of access to land and the closure of common markets to address the security concerns of local Tanzanian government authorities. These limitations create the potential for an increase in the “food gap”⁴ being filled by food assistance. Refugees, however, have adopted alternative coping strategies.

During the past year, food distributions were below the 2,100 Kcal recommended by the 2004 JAM exercise. The causes have included funding constraints, logistical obstacles in local food procurement and significant difficulties with over fortification of CSB that resulted in the suspension of CSB distributions from June to November. Distributions during the year averaged 1,579 Kcal.

There is considerable evidence that refugees engage in activities that result in additional income. While the movement restrictions imposed on refugees by local government authorities remained in place, it appears that the restrictions are not rigorously enforced in all locations. Refugees willing to ‘take the risk’ are able to work as share croppers or as day labourers on Tanzanian farms or engage in petty trading. The contributions of these activities make to incomes and food security has not been measured. It is also unclear whether these activities are undertaken by the majority of refugees on an occasional basis, or whether there are particular groups within the refugee community with more sustained and reliable access to these income generating activities.

Recommendation:

It is important that the programme continues the distribution of 2, 100 Kcal for general distribution to the refugees including the provision of CSB. In the meantime, however, a rigorous study on the contribution of self reliance activities to the food security of households should be conducted.

This study should identify primary differences between the various camps, the activities undertaken and the major groups of people who do and do not benefit undertaken. The study should also review what conditions are necessary for such self reliance to be sustained and durable. It would

⁴ “Food Gap” here refers to the difference between food requirements and the amount of food the refugees acquire through self-reliance initiatives.

also be useful if the study could measure the contribution of such activities to the Tanzanian economy, as well as what additional value would accrue to Tanzanians if such activities were to expand. The study should quantify the costs and benefits to both refugees and the host community of these activities.

4.4.2 Firewood

Firewood is an absolute requirement of every household in the refugee camps. Apart from direct provision to the Extremely Vulnerable Individuals (EVIs), all other refugees collect their own firewood for domestic use. Some of the harvesting is facilitated and controlled, which has a mitigating effect on environmental damage; however, the systems are inconsistent and inadequate. There is still considerable harvesting of firewood at the expense of the environment, including areas outside the 4 Km radius. This creates significant vulnerability for women as firewood collection is primarily carried by the women, and they are frequently sexually assaulted in these journeys to the more remote locations.

Recommendation:

A comprehensive strategy needs to be developed to provide firewood to all camp residents. This should include a harvesting plan that provides regular managed access for all camp residents to firewood. It could also utilise underemployed camp labour through food for work to harvest firewood for the EVIs. It must include environmental investment, designed to ensure that environmental rehabilitation is at least equal to the damage caused by the harvesting activities; this should be supported by food for work (or other wages if available). Such a plan would need to be formulated in close consultation with the government authorities, and should include technical expertise that would ensure appropriate standards, including tree selection, planting, and care.

4.4.3 Self-Reliance Opportunities

The results of the Coping Strategies Index indicate that refugees resorted less to compensating coping strategies, but also increased activities in household food production, household animal production, and petty trading. This may reflect increased self reliance and an improved household security, which contributes to lower malnutrition rates.

In general, refugees have access to many initiatives to promote Income Generating Activities (IGA). Activities observed during the mission include raising dairy cows, gardening, and loans to small groups. Some of these activities have been ongoing for up to four years. However, no organised system exists for assessing the effectiveness of the various initiatives, and no evaluation has been undertaken since 2001. Furthermore, it is unclear whether the core strategies are conducted within the guidelines developed in this area over the past decades.

Recommendation:

A recognized expert in income generating activities should be engaged to evaluate the existing programme, including a review of core strategies, and to make recommendations for the way forward in terms of central core approaches and key design features.

4.4.4 Common Markets

Common markets bring refugees in trade contact with the local population, however, with the exception of Lugufu camp, most have been closed by local authorities. The most frequent explanation provided by government authorities is that open markets have unduly facilitated criminal access and activities with unwanted and deleterious repercussions on the Tanzanian host community. There is apparently no agreed protocol for addressing security concerns, and the only recourse to date has been market closures. More relaxed enforcement of movement restrictions, however, makes it possible for refugees to have constrained access to markets outside of the camps. There are clear benefits to greater market access for both Tanzanian traders and the refugee population. The value of market access has not been assessed, so decision makers are unable to make well informed decisions on markets.

Recommendation:

A recognized expert should be engaged to quantify the value to both Tanzanians and the refugee populations of reliable access to common markets. This information should then be used to negotiate agreements for reliable ongoing access to markets. Any such plan should also include recognition and negotiation of remedies to monitor, control, and prosecute criminal activities.

4.4.5 Food and Self-reliance Strategy

Considerable evidence exists that the collection of firewood by refugees results in environmental destruction. Facilitated and controlled harvesting of fuel wood mitigates the impact. Some environmental rehabilitation activities do exist. The project implemented by REDESO in Ngara, is particularly impressive, as it addresses concerns of both landowners and refugees with the same intervention. These efforts are currently on small scale.

Unemployment and under-employment is extremely high among the refugees. Their labour could be utilised to build assets for the host community and to provide services in the camp to other refugees. The possibility of involving refugees in firewood harvesting and environmental rehabilitation has already been noted elsewhere. Another possibility may be to engage refugees in addressing cassava mosaic disease, which will require a significant labour component in propagation, multiplication and replanting of disease free cassava. Other opportunities may exist as well, and could be developed on the basis of consultations with host communities well as within the refugee camps. Payment for such services would ideally be a mix of food and cash, with the food payment replacing a portion of the general food distribution, although at a rate high enough to provide an incentive.

Recommendation:

Other channels of food distribution should be developed to increasingly replace the general food distributions. These channels should be designed based on the principle of employing underemployed camp labour and with the aim of providing services to both host and refugees' communities that would otherwise not be possible, thus adding value to the economy.

4.4.6 Food Aid Targeting & Distribution

Food is distributed using the community group system introduced in 1996. Under the group system, refugee sub-group leaders collect the rations for between 50 to 200 individuals. Food is then divided among group members under shelters at distribution sites. At least one family member per family must participate in the distribution, and additional family members are encouraged to attend the distribution to assist in carrying the food to the household. EVIs, who are assisted under separate distribution shelters and chutes, are also assisted by the Community Services IPs in carrying the food home in some locations. The participation of women in food collection and handling exceeds 50 percent each distribution cycle⁵

Some EDPs have been closed due to camp consolidation. Food and NFIs are being directly delivered to the FDPs in some camps. As the refugee caseload decreases, UNHCR and WFP should work together to consolidate EDPs and FDPs in order to reduce the overhead costs.

The mission observed that the physical infrastructure at some final distribution points was in poor shape. Refugees usually must place their group food ration on an unpaved floor to facilitate distribution to individual families. The distribution sites become very muddy and unpleasant after heavy rains. In such conditions, refugees risk losing part of their food rations. This is very evident in the Muyovosi and Lugufu distribution centres.

Recommendation:

Increase the number of Food Aid Monitors and improve the shelter arrangements at food distribution points and keep permanent Store Keepers at sites when the EDP and the FDPs are combined.

Refugees, especially in the Lugufu common market, exercise their dietary preferences by exchanging distributed food for items they preferred. This results in significant inefficiencies. For example, processed food such as milled maize is sold at low rates (120 Tshs/kg) and cassava is purchased at prevailing local market rates (300 Tshs/kg).

Recommendation:

A food voucher system should be piloted to establish whether such an approach would function more efficiently. A necessary element of the pilot would be to measure the net change in consumption at the household level in particular in its nutritional impact.

⁵ The 2004 JAM Report.

4.5 Health, Nutrition, HIV/AIDS and CSI

4.5.1 Nutrition

A nutrition survey in all camps was conducted in September 2005. Despite the protracted ration cuts, UNHCR and WFP decided to conduct only one survey in 2005, because admissions in supplementary and therapeutic feeding centres and the mortality rate did not indicate alarming trends and other health campaigns prevented an earlier survey. Additionally, a coping strategy index survey was conducted in May 2005, which also looked into the impact of the ration reduction.

The results of the 2005 nutrition survey indicate that global wasting has dropped from 5.1 percent to 2.8 percent, stunting and underweight remain unchanged and relatively high (22 percent stunting and 36 percent wasting). Malnutrition was more critical among children aged 6 to 24 months. Among this group, 4.6 percent were wasted, 27 percent were underweight and 50 percent were stunted. The number of children who can be considered at risk of becoming malnourished is also high. 18.7 percent and 40.7 percent of the children are at risk of becoming wasted and underweight respectively. Nutritional status is measured by a composite of various measures, any one of which alone could provide a misleading picture.

The current methodology of the annual nutrition survey applies 30x30 random cluster sampling for children under five years in each refugee camp. Anthropometrical measurement and haemoglobin values are the most important variables for measuring the prevalence of acute malnutrition (wasting), underweight and chronic malnutrition (stunting) as well as anaemia. Despite the high sample sizes per camp, different environments and involvement of three different agencies in providing health and nutrition services in the camps, the results for those three indices and anaemia indicate only marginal differences between camps.

UNHCR is currently undertaking a verification and registration exercise in all camps. During the process all children are registered with their date of birth, which would enable the survey team to easily select the under-five sampling frame and perform systematic random sampling. Systematic random sampling requires a considerable lower sample size to estimate the prevalence of malnutrition with similar precision to the 30x30 random cluster sampling methodology.

Recommendation:

The mission recommends changing the methodology of the nutrition survey from random cluster to systematic sampling while considering one stratum only, which will reduce the amount of resources required. The training of enumerator and those taking measurements should be enhanced to increase the precision and accuracy of measurements.

4.5.2 Selective Feeding Programmes

In addition to receiving rations through the general food distribution, pregnant and lactating mothers are enrolled in SFPs. Supplementary and therapeutic programmes are available for children under five years with nutritional needs, the chronically ill, and those who meet other admission criteria.

The 2004 JAM recommended substituting 50 grams of maize meal with 50 grams of CSB to boost the nutritional content of premix for SFP food ration. This recommendation was not implemented due to resource constraints. The planned extension of enrolment period of lactating mothers up to six months was also not implemented for the same reason. The recommendation to enrol children of HIV/AIDS positive mothers up to eighteen months post-delivery and the provision of fish to mothers from 3 to 6 months post delivery were implemented in some camps and not in others.

Recommendation:

The mission endorses the 2004 recommendations and calls for their harmonized implementation across all camps in Northwestern Tanzania including the following:

- *Substitution of 50g maize meal by 50g CSB in dry premix*
- *Enrolment of children from the Prevention of Mother to Child Transmission (PMTCT) programme up to 18 months*
- *Enrolment of mothers up to 6 months post delivery*
- *Enrolment of severely underweight children in SFP*

4.5.3 Health Services

Health IPs provides health services including preventive, curative and mother-child that generally meet the standards. The handover of sick, vulnerable and chronically ill patients during repatriation is conducted in accordance with UNHCR guidelines. UNHCR is currently introducing a revised Health and Information System (HIS), which will further harmonise reporting and strengthen the analysis of health indicators. Mortality rates (Crude Mortality Rate and Under Five Mortality Rate) remain within UNHCR standards.

A considerable segment of the Tanzanian host population surrounding the camps benefit from health and other services established for the refugee population. The ratio of malnourished Tanzanian children to refugee children admitted to TFP programmes is particularly high. During the first half of 2005, in Kibondo, for example, around 60 percent of the admissions to the TFP were Tanzanians, while in Ngara the ratio ranges between 35 and 57 percent.

Despite the ongoing repatriation of Burundian and Congolese refugees, the demand for health services and the number of consultations remains high. The high level of participation by the local Tanzanian population and preparations for voluntary repatriation accounts for this. Since the budget of the health implementing partners is based on the number of refugees, the level and quality of services will gradually decline unless programmes are put in place to separately address the genuine needs of the host population.

Recommendation:

UN agencies and IPs should design and develop community based approaches to manage malnutrition and certain diseases within the host population, for example through community therapeutic care (CTC), in order to prepare local communities for a transition period of increased repatriation, consolidation of camps and reduced health services by IPs in the camps.

Another key challenge to maintaining the quality of the general health services is the high turnover of refugee and national staff who repatriate or seek alternative employment opportunities. Some of the camps that run operation theatres do not have post operative wards available and functioning in the camps. In addition, the capacity to respond to health emergencies and epidemics is weak.

Recommendation:

The emergency preparedness and response teams should be established in all camps and post-operative wards should be established in camps where they do not exist.

4.5.4 Growth Monitoring

Some gaps exist in the camp-based growth monitoring coverage for children below five years, which particularly after children have received measles vaccination. The referral system for children with severe underweight and their subsequent admission in the SFP is not functioning at all health centres. In addition, the promotion of growth and development should be strengthened.

Recommendation:

The promotion of growth and development growth at mother and child healthcare (MCH) clinics and the referral system from the growth monitoring centres to SFP needs to be strengthened including the admission of severely underweight children in SFP.

4.5.5 Malaria

Malaria remains the leading cause of morbidity and mortality in all camps which is partly due to resistance to the first line treatment. Most households with children under five years received ITNs. The monitoring of use and retention needs to be improved. ITNs are available in most of the camp markets, although the actual extent of resale is difficult to estimate.

Recommendation:

UNHCR and health partners should ensure the smooth implementation of the new malaria treatment protocol in the camps, while considering measures to improve the monitoring and utilisation of distributed ITNs.

4.5.6 HIV/AIDS

At most of the camps visited by the mission, health agencies and HIV positive refugees expressed the demand for anti retroviral treatment (ARV) for People Living with HIV/AIDS (PLWHA). While the Tanzanian government launched a national ARV programme, refugees are not yet included given the uncertainty of continuous treatment after repatriation. UNHCR is currently studying the possibility of introducing ARV. This should be in close consultation with Burundi and the DRC to ensure that such services will be continue once the refugees repatriate to their countries of origin.

Recommendation:

UNHCR, WHO, the Ministry of Health and health IPs should consider procedures for including refugees in the national ARV programme, while taking into account implications for repatriating refugees.

4.5.7 Food Supply

WFP supplies cereals, vegetable oil, pulses, CSB and iodised salt to the refugees. On several occasions, WFP has been forced by pipeline difficulties to reduce the rations of certain commodities. During October, for example, refugees received on average 1,813 Kcal per person per day. This corresponds to 86 percent of the JAM recommended food ration of 2,100 Kcal/p/d. Due to the shortfall, the pulses component of the ration was reduced to 80 grams from 120 grams per person per day. CSB was excluded from the food basket due to a pipeline break.

The ration reduction did not affect feeding programmes addressing the nutritional needs of extremely vulnerable beneficiaries. These programmes maintain a two-month buffer stock of all commodities required to maintain stable food rations for refugees admitted to the SFP and those categorised as EVIs.

Returnees from Kibondo, Kasulu and Kigoma receive wet food rations, considering the length of the journey and their overnight stay in the departure centres. The food is provided partly by UNHCR and partly by WFP and then prepared by the IPs. The share provided by each organisation varies from location to location as do the types of commodities. In Kibondo UNHCR provides rice and intends to prepare meat. In Kigoma and Kasulu, on the other hand, there is no rice component. WFP provides canned fish in Kigoma.

Recommendation:

The mission recommends to harmonise the rations and shares and to target nutritional high value and scarce commodities such as fish to vulnerable groups in the camps only, instead of returnees.

4.5.8 Non-Food Items

The distribution of NFIs during 2005 has not been up to standard. Further, it has been difficult to establish with accuracy which items have been distributed at what time. The 2004 JAM recommended an analysis of NFI requirements, but this has not been completed. A perception exists that a considerable portion of distributed items are re-sold, particularly plastic sheeting and mosquito nets.

Recommendation:

The 2004 JAM recommendation should be implemented. NFI distributions should be conducted according to agreed standards. NFI distributions should also be at the appropriate times. The distribution of sanitary items for women, for example, should be regular and reliable, and the distribution of plastic sheeting should take place immediately before the rainy season in order to increase the likelihood of households retaining the sheeting for use as roofing.

4.5.9 Water and Sanitation

With the exception of Nyarugusu, which experienced severe water shortages during the year, most of the camps have a sufficient water supply that meets UNHCR standard. The storage capacity and number of containers at the household level, however, often limits both the quantity and quality of water that is actually received at the households, even if it is received appropriately and safely at the distribution point. The reported contamination at the households is also due to poor handling procedures and weak hygiene promotion at the household level.

Despite some differences found at the camp level, the distance between the distribution point and the household as well as sanitary standards, such as the coverage of latrines, garbage pits, dish racks, and bath shelters are in accordance with the UNHCR standards.

Recommendation:

UNHCR and the IPs should ensure a minimum quantity of water supply of 20 litres/per person/per day at all times while promoting hygiene practices at the community level and ensuring that all families have sufficient storage capacity.

Annex I

Joint Action Plan for the 2005 JAM (1 Year Duration)

Recommendations	Priority H/M/L	Action Required	Estimated Cost (USD)	Responsibility	Time-frame	Action Taken
Refugee Numbers, Registration and Protection						
Improve conditions in all locations receiving new arrivals (water, shelter and food/cooking conditions).	H		To be established	UNHCR and GoT	3 months	
Accelerate processing of decisions on asylum claims.	H		Nil	GoT	Immediate	
Resolve technical problems and reintroduce finger printing to provide even more reliable data and to avoid double registration. Project Profile should also be implemented in the DRC and Burundi in order to share data on returns.	M	UNHCR to resolve outstanding technical problems.	To be established	UNHCR	6 months	
Project Profile should be implemented in the DRC and Burundi in order to share data on returns.	L		To be established	UNHCR	During 2006	
Arrange additional resources for increased material (soap, clothes, supplementary feeding, cooking sets), psychosocial and legal support to SGBV victims.	M		To be established	UNHCR, bilateral donors	6 months	
Increase Go and See visits to Burundi and the DRC. Increase cross-border meetings in all sectors to achieve effective coordination and information-sharing. Enhance the amount of information on repatriation procedures provided to Congolese refugees.	H		To be established	UNHCR	Immediate	
Improve profiling of potential resettlement cases, using ProGres database.	M		To be established	UNHCR	6 months	
Additional resources are required from resettlement countries.	M	UNHCR to advocate with respective resettlement countries	To be established	UNHCR/ resettlement countries	3 months	
Feasibility study for providing lights in all camps should be carried out.	M		To be established	UNHCR	3 months	
Increased mobility for Sungusungu and police in the camps, with bicycles and motorcycles.	M		To be established	UNHCR	3 months	
Continued provision of firewood to vulnerable individuals, especially women.	H		To be established	UNHCR	Immediate	

Introduce mobile courts, to avoid delays in cases being heard.	M	UNHCR to check Strengthening Protection Capacity Projects	To be established	UNHCR/ SPC	3 months	
Logistics						
UNHCR and WFP should review the current logistics capacity requirements including the scale of road and lake transport needed to support the ongoing repatriation of the Burundi and Congolese refugees from the camps. Some adjustments to the current system are required.	H	Conduct assessment of logistics capacity. Replacement of non- functional fleets of vehicles.	To be established	WFP and UNHCR	March 2006	
It is recommended that donors be approached to fund a special operation for the rehabilitation of the port of Kigoma.	H	Advocate for resources from donors. Rehabilitate Port docking area.	To be established	WFP and UNHCR	Feb 2006	
Partnership and Planning						
The UNHCR Country Operations Plan and WFP Protracted Relief and Recovery Operation should be prepared to reflecting and integrating a quality cost analysis.	H	Consultations with RING-a network of refugee NGOs. Design methodology Collect and analyse data Disseminate findings	Nil	UNHCR	March 2006	
The annual programme planning and budget allocation process should proceed on the basis of an agreed calendar and plan for consultations and the timely flow of documents. Revisions to plans and budgets during the implementation period should be made with similar transparency and information sharing.	H	Agree on and disseminate timeframe Clarify flow of documents and information systems.	Nil	UNHCR	Feb 2006	
Current good practices in coordination in the health sector and primary education should be replicated in other sectors, including regular, well-organised meetings and, where feasible, the use of information technology to facilitate communication and the sharing of data.	H	Analyse and compare existing health sector coordination mechanisms. Document lessons learnt and develop a plan to improve sectoral coordination.	Nil	UNHCR	June 2006	

UN agencies should undertake a thorough review of implementation arrangements by June 2006, in close consultation with the IPs, with the aim of considering and planning for changes in 2007.	M	Undertake a similar process as in 2003.	Nil	UNHCR	June 2006	
Planning and budgeting should, to the extent possible, take into account potential delays in camp consolidation and other significant contingencies.	M	Consult IPs and identify or allocate jointly additional resources to cover possible delays.	To be established	UNHCR	May 2006	
UNHCR and IPs should have the key staff required to provide leadership and overall coordination for the Care & Maintenance and Repatriation operations. Strengthening would benefit performance in key sectors, including health, logistics and community services, as well as registration. Human resources planning and decision-making should reflect operational priorities and be carried out in a transparent manner.	H	Consult IPs then document and map staffing situation. If necessary consult UNHCR HQs. Create and fill necessary post.	To be established	UNHCR	June 2006	
Food Security and Self Reliance						
It is important that the programme continues the distribution of 2, 100 Kcal for general distribution to the refugees including the provision of CSB. In the meantime, however, a rigorous study on the contribution of self reliance activities to the food security of households should be conducted.	H	Commission and implement study on degree of self reliance, including lessons learned and recommendations. Review ration scale, assess whether GFD can be reduced for particular groups.	To be established	UNHCR and WFP	March 2006	
A recognized expert in income generating activities should be engaged to evaluate the existing programme, including a review of core strategies, and to make recommendations for the way forward in terms of central core approaches and key design features.	M	Identify expertise. Determine TOR. Conduct study. Recommend overall IGA programme strategy.	To be established	UNHCR and WFP	June 2006	
A recognized expert should be engaged to quantify the value to both Tanzanians and the refugee populations of reliable access to common	H	Identify expertise. Determine TOR.	To be established	UNHCR and WFP	June 2006	

markets. This information should then be used to negotiate agreements for reliable ongoing access to markets. Any such plan should also include recognition and negotiation of remedies to monitor, control, and prosecute criminal activities.		Conduct study. Recommend overall strategy				
Other channels of food distribution should be developed to increasingly replace the general food distributions. These channels should be designed based on the principle of employing underemployed camp labour and with the aim of providing services to both host and refugees' communities that would otherwise not be possible, thus adding value to the economy.	M	Local discussions with community and authorities on local public works potential, including Tanzanian technical support and guidance. Review feasibility of using FFW in camps to support services. Identification of large scale programmes with greatest potential for productive asset construction for RHA. Implementation, including recognition (reduction) of effect on GFD.	To be established	WFP	Significant FFW activities in place by end of 2006	
A food voucher system should be piloted to establish whether such an approach would function more efficiently. A necessary element of the pilot would be to measure the net change in consumption at the household level in particular in its nutritional impact.	M	Feasibility study Identify experienced person or agency. Design programme, including clear indicators for measuring impact on efficiency and nutrition.	To be established	WFP and UNHCR	Design and initial implementation started by end of 2006	
Expand REDESO type "win-win" environmental investments.	M	Initiate other camp visits to REDESO environment sites. Identify appropriate implementing partners	To be established	WFP and UNHCR	Expand throughout 2006.	

		in other camps. Identify financing possibilities. Implement.				
Meet minimum distribution standards, including timeliness.	H	Complete NFI study. Conduct distributions at the appropriate times.	To be established	UNHCR	March 2006	
A comprehensive strategy needs to be developed to provide firewood to all camp residents. This should include a harvesting plan that provides regular managed access for all camp residents to fire wood.	H	Discuss and agree on strategy with local government authorities. Invite proposals from NGOs with environmental expertise. Review proposals. Complete agreements.	To be established	UNHCR & WFP	2006	
Improve monitoring of food distributions. Increase the number of Food Aid Monitors and improve the shelter arrangements at food distribution points and keep permanent Store Keepers at sites when the EDP and the FDPs are combined.	H	Review staffing allocations; ensure min two Food Aid Monitors per distribution.	To be established	WFP	March 2006	
Ensure warehouse management is adequately supported.	H	Review staffing allocations for warehouses, especially Lukule A and B.	To be established	UNHCR	March 2006	
Improve shelter in distribution points for scooping, using Ngara standards as the guide.	M	Cover enough areas in distribution points to enable scooping under shelter on dry surfaces during the rains.	To be established	UNHCR	January 2006	

Health, Nutrition, HIV/AIDS & CSI						
The approved level of resources should be ensured in order to maintain the ration of 2,100 kcal for GFD including the provision of CSB in order to provide a balanced food basket and sufficient amount of micronutrients.	H	Advocate for resources from donors	According to PRRO budget	WFP	Early 2006	
The mission endorses the 2004 JAM recommendation for SFP and further recommends a harmonized implementation across all camps in western Tanzania which includes: - Substitution of 50g maize meal by 50g CSB in dry premix, - Enrolment of children from the PMTCT programme up to 18 months, - Enrolment of mothers up to 6 months post delivery, - Enrolment of severely underweight children in SFP.	H	Resource additional CSB to cover the requirement. Update the SFP/TFP protocol and inform partners accordingly	max USD 188,000 based on last year's calculation. However, repatriation might decrease that.	WFP and UNHCR	Early 2006	
UN agencies and IPs should design and develop community based approaches to manage malnutrition and certain diseases within the host population, for example through community therapeutic care (CTC), in order to prepare local communities for a transition period of increased repatriation, consolidation of camps and reduced health services by IPs in the camps.	H	Initiate and coordinate discussion among health partners; Develop TOR for a consultancy and hire experienced consultant to explore possibilities of introducing CTC approaches	USD 15,000 for consultancy and planning of implementation	UNHCR with support from UNICEF and WFP	Early to mid 2006	
The promotion of growth and development at MCH clinics and the referral system from the growth monitoring centres to SFP needs to be strengthened including the admission of severely underweight children in SFP.	M	Coordinate with health IPs and determine gaps and ways how to improve them.	USD 10,000 For training and awareness in the community	UNHCR	Early 2006	
The mission recommends changing the methodology of the nutrition survey from random cluster to systematic sampling while considering one stratum only, which will reduce the amount of resources required. The training of enumerator and those taking measurements should be enhanced to increase the precision and accuracy of measurements.	M	Develop new survey design with new sampling frame and timeline. Develop training curriculum.	If implemented there will be cost savings USD 4,500	UNHCR with the support of UNICEF and WFP	June 2006	
The mission recommends to harmonise the rations and shares and to target nutritional high value and scarce commodities such as fish to vulnerable groups in the camps only instead of returnees.	M	Agree on food contribution from each organisation and	TBD	UNHCR and WFP	early 2006	

		harmonise levels. Exclude fish from the basket to reserve it for the vulnerable				
UNHCR and health partners should ensure the smooth implementation of the new malaria treatment protocol in the camps, while considering measures to improve the monitoring and utilisation of distributed ITNs.	H	Continue discussion at the Dar level. Determine gaps of the monitoring system and alternative ways with health IPs	TBD	UNHCR	ongoing	
UNHCR, WHO, the Ministry of Health and health IPs should consider procedures for including refugees in the national ARV programme, while taking into account implications for repatriating refugees.	H	Continue discussion at the Dar es Salaam level	TBD			
The emergency preparedness and response teams should be established in all camps and post-operative wards should be established in camps where they do not exist.	M		TBD	UNHCR		
UNHCR and IPs should ensure a minimum quantity of water supply of 20 litres/person at all times while promoting hygiene practices at the community level and ensuring sufficient storage capacity at all families.	M	Assess the storage capacity at household level and determine the needs for containers. Develop hygiene awareness campaign.	TBD	UNHCR	early 2005	

Annex 11
Joint Action Plan for the 2004 JAM (1 year Duration)

Primary Recommendations	Priority	Action Required	Est. Cost (USD)	Respons.	Time Frame	Action Taken
Food and Nutrition						
1. Increase food ration to SPHERE standards (2,100 kcs). In actual terms, increase beans from 80g to 120g bringing the total kcs to just under 2,000, and thereby also increasing the relative amount of protein in the food basket.	High	Advocate for additional resources from donors to purchase additional pulses.	2.8 million USD *(inclusive of commodities & all related costs for in-kind or l.p.)	WFP	Early 2005	-This has not been implemented due to resource constraints facing the current PRRO. The current PRRO has experienced a pipeline break as of September 2004 to date. - Provision of 2,100Kcal has been considered in the planning phase of the new PRRO expected to begin from February 2006 to 2008.
2. Increase % of distribution of maize meal to the general populace, and decrease % of maize grain, through expansion of MM for general distribution to a few Burundian camps on a pilot basis.	Med	Determine location for expansion of MM for general distribution and required quantities.	TBD dependent on Isaka Cargo Ctr. Milling capacity and relative cost savings in addit. grain (60g).	WFP	Early 2005	-This has been implemented in Ngara as a pilot as from June 2005. - Efforts to include other Burundian camps in Kibondo and Kasulu are underway.
3. Explore the possibility of obtaining USA fortified MM, and/or the feasibility of locally fortifying hammer milled maize through the Isaka Cargo Centre for the General Food Distribution.	Med	Contact Zimbabwe to determine the success and modalities of the hammer milled maize fortification pilot. Determine cost estimates/ feasibility.	TBD depending on info. Obtained from pilot in Zimbabwe.	WFP	Early 2005	-Availability of fortified maize meals depends on in kind donation from USA which is currently not available. - Efforts are underway to explore possibility of obtaining locally fortified maize meal. Such efforts include arrangements to purchase fortifying

						hammer milling machines to be installed at Isaka Cargo Centre.
4. Discontinue the maize meal component of SFP in favor of 100% CSB. The revised ration scale should be 200g CSB, 20g vegetable oil and 20g sugar.	High	Resource additional CSB to cover the requirement.	USD 39,420 - cost difference between CSB and MM: based on MM/CSB prices up to EDPs at 18,000 addit. Beneficiaries.	WFP	Early 2005	<p>-This has not been implemented due to resource constraints affecting the PRRO since September 2004 to present.</p> <p>-This will be implemented in 2006 subject to availability of resources.</p>
5. Extend the current three months inclusion of post delivery women in SFP up to 6 months post delivery, extend SFP for mothers enrolled in PMTCT up to 18 months post delivery, and extend SFP for children referred from the growth monitoring in MCH clinics presenting weight for age values below 60%.	High	Integrate the new parameter as an addendum to the supplementary feeding protocols and inform all health implementing partners accordingly.	USD 188,000 - based on CSB/Sugar/Voil prices to EDP and at 15,700 addit. Lactating/pregnant women, 300 PMTCT beneficiaries, and 150 additional malnourished children.	UNHCR and WFP	Early 2005	<p>- Extension of post delivery mother up to six months has not been implemented due to lack of resources.</p> <p>- Extension of SFP mothers enrolled in PMTCT up to 18 months has been implemented in some locations. Efforts are underway to implement in other locations.</p>

Non Food Items (NFIs)						
6. Conduct a comprehensive survey of NFI needs in order to identify potential gaps, and with an eye towards minimizing the amount of food exchanged for NFIs.	High	Determine survey design, methodology and timeline. Seek technical advice on "lifespan parameters" of specific items under normal use conditions.	Est survey cost USD 10,000.	UNHCR with support from WFP	Late 2004/early 2005	<p>- Survey was done by UNHCR in December 2004 during the mission of the Senior Desk Officer UNHCR HQs. UNHCR to provide feedback report.</p> <p>-Items such as soap, sanitary materials, blankets, plastic sheeting, cooking sets and water buckets have been or are in the process of being procured for distribution in 2005.</p>
7. Redouble efforts in seeking solutions/exploring funding possibilities regarding the problems related to lack of firewood availability. At minimum provide firewood for EVIs.	High	Continue to follow up on pending proposals already submitted to US Govt. and DANIDA and pursue additional potential funding sources.	Est. USD 300,000 annually for firewood for EVIs only in all locations.	UNHCR with support from WFP	Ongoing	- UNHCR has confirmed on the availability of funds for firewood distribution scheme to EVIS in all locations.
8. Explore use of alternative roofing materials, for example - empty vegetable oil tins - as an alternative to plastic sheeting, including the expanded use of traditional materials.	High	The Ngara Voil tin roofing pilot should be expanded and the applicability to other locations assessed. Sites for collection of thatch and other traditional materials should also be identified.	No cost for voil tins. Cost of nails and poles required should be less than 10 USD per house.	UNHCR w/ support from WFP for Voil tin roofing.	Early 2005	<p>- A pilot project on the use of empty vegetable oil tins for roofing was successful completed in Ngara. UNHCR has been encouraged to expand the project in Ngara and also duplicate the experience to other locations.</p> <p>- In all locations, refugees are encouraged to use thatches for roofing instead of plastic sheeting which is currently not available for general distribution.</p>

Recommendation	Priority	Action Required	Est. Cost (USD)	Respons.	Time Frame	Action Taken
(NFIs continued...)						
9. Adjust UNHCR provided soap rations upwards to conform to SPHERE standards (200g for washing and 250g for personal use p/p/month).	High	Procurement of additional soap.	45% increase in annual soap requirement. Cost estimated at USD 360,000 annually.	UNHCR	Early 2005	-This has been full implemented in all refugee camps in Western Tanzania. 330g is being distributed.
10. Provide minimum twice annual distribution of re-usable sanitary materials for adolescent girls and women ages 12 to 55 years.	High	Procurement for 3 sq. meters per person. Challenges in delayed procurement must be addressed.	Estimated cost USD 500,000.	UNHCR / UNICEF to coordinate inputs	Ongoing	- Sanitary materials were distributed once in all locations. Second distribution is planned before end of 2005 in Ngara. Women wrappers will be distributed in all other offices.
Coping Mechanisms and Quality of Asylum						
11. Continue to engage the GOT in dialogue for more lenient application of movement restrictions to address protection concerns and to ensure the current nature of voluntary repatriation.	High	Continue discussions/advocacy at DSM level. Accurate tracking of protection violations related to 4k limitations should continue.	\$0	UNHCR and MoHA	Ongoing	-Dialogue with the government of Tanzania by International Humanitarian Agencies is ongoing at the country office level. However, no significant success was noted. - To some extent there has been a certain level of relaxation of the movement restrictions though, this is not officially declared by the government.
12. Advocate for continued access to markets/reopening of markets to ensure that the “push factor” of market closures does not diminish the voluntary nature of repatriation.	High	Coordinate efforts with the international community to speak with one voice on the need to lift restriction on refugee movements and ensure access to land.	\$0	UNHCR and WFP	Ongoing	-Despite serious concerns raised by UN agencies and Donor with the local authority, markets in Ngara, Kibondo and Kasulu remained closed since 2003. -During discussions,

						GOT response continued to be that markets were closed in response to security concerns.
13. Develop a strategy to address the Government's environmental concerns and illustrate the mutual benefit to the refugee and local communities derived from allowing the refugees to work on local land, involved in tree plantation activities, while allowing the refugees to cultivate.	Med	Evaluate the benefits derived from the existing sharecropping projects within the 4k zone in the N. Corridor. Advocate for expansion to other locations in the South.	\$0	UNHCR and WFP	Early 2005	<p>- Except in Ngara where sharecropping project is being implemented within 4km radius, it has not been possible in other locations due to GOT policy on the use of land.</p> <p>- Planting of trees to address environmental concerns has been ongoing within and outside the camps through local NGO's with a minimum support from UNHCR.</p>
14. Revisit plot sizes allocated to refugees in order to conform with the GOT policy of minimum plot sizes of 35 x 35m where possible.	Med	During camp consolidation exercises and post repatriation determine mechanism for reallocation of land to increase plot sizes in camps not meeting the minimum standard.	No cost implication, as this will be covered under existing UNHCR programme.	UNHCR and MHA	Ongoing	- Discussions are going on with MHA. However, informally, refugees are using the vacant plots for gardening activities.
15. Enhance advocacy efforts in order to attract more operational partners to engage in post-primary/ secondary education support.	Med	Assess the current level of support against the need and provide funding proposals to donors.	Assessment must be completed in order to determine cost estimation.	UNHCR	Early 2005	-Through advocacy efforts in Kibondo, there has been an increase in support to post primary education from new partners such as Pentecostal Church (School construction), RET, and TCRS. Supported is provided through school construction and scholarships to students to attain secondary and university education.

Recommendation	Priority	Action Required	Est. Cost (USD)	Respons	Time Frame	Action Taken
<u>Food Distribution Modalities</u>						
16. Develop a TOR for Food Distribution to include clear responsibilities of WFP, UNHCR, relevant IPs, group leaders and food committee members.	Med	Draft TOR and circulate for comments among stakeholders. All locations without a TOR for Food Committee members to develop asap	\$0	WFP and UNHCR with relevant IPs	Early 2005	- Ngara has already developed Food Committee TORs as a component of the overall TOR for Food Distribution. Efforts are underway to implement in other locations.
<u>Vulnerability Criteria</u>						
17. Standardize selection criteria for extremely vulnerable individuals (EVIs) in order to ensure uniform categories of beneficiaries across all camps. Streamline the selection criteria and strengthen the capacity of the implementing partners through the provision of additional training in proper targeting of EVIs.	Med		Training costs est. to be USD 20,000 by UNHCR.	UNHCR	Ongoing	UNHCR-sponsored workshop on EVI criteria/targeting was held in Ngara. All locations were represented.
<u>Refugee Host Areas (RHA)</u>						
18. Advocate with GOT for clear determinations of future use of refugee camp infrastructure.	Med	Planning meetings should be held with GOT local and regional representatives.	\$0	UNHCR and GOT	Early 2005	- In Ngara district, the District Commissioner confirmed to have already developed a plan on the future use of camp infrastructures. In other locations, UNHCR is encouraging the local authority to develop determination plans for future use of camp infrastructures.
19. Clarify the funding/resource possibilities for the Kagera and Kigoma regions in a post-refugee environment.	Med	Review level of support from donors for UNCT 2004 "Strategic Framework" document or alternative initiatives. Date to be set for UNDP Mission to W Tz to review refugee host areas.	\$0	UNDP/ UN agencies through UNCT	Ongoing	- No UN mission was done to review to review level of support from donors for UNCT 2004 strategic Framework.
20. Advocate for a nutrition survey in refugee host areas with the respective responsible departments in the GOT and possibly jointly conduct the survey with GOT, UN agencies and NGOs, led by UNICEF.	High		Est. cost USD 10,000.	UNICEF with support from UNHCR and WFP	Early 2005	-UNICEF Kasulu has submitted proposal to the CO in order to conduct nutrition survey in the refugee host areas.

						- In Ngara, UNICEF has conducted training on growth monitoring which also provided a basis to identify malnourished children. The training included participants from the Ministry of Health.
21. Seek additional specialist advice on alternative means of addressing family planning, given the lack of success of previous endeavours to reduce the birth rate.	High	Hire a technical specialist and review "best practices" models in other countries.	\$5,000 est.	UNHCR and UNFPA	Early 2005	- So far no alternative means have been developed apart from the previous methods which involved awareness campaign by health agencies on family planning practices.

* 2.8 mil for additional 40g pulses in food basket over 12 months based on not more than 5,000 persons repatriating per month in 2005 with opening population of 400,000, equivalent to an additional 5,328 MT required. Inclusive of commodity prices for in-kind or local purchase and all associated costs equivalent to USD 539.30 per MT (food costs alone = USD 1.2 mil).