



**Assistance to Refugees and Asylum Seekers in
Osire Camp, Namibia**

UNHCR / WFP Joint Assessment Mission

23-27 April, 2006

Team Members

	Name	Title
WFP	Ms. Mutinta Hambayi*	Regional Programme Advisor & Nutritionist
	Mr Chimwemwe Msukwa	Monitoring and Evaluation Officer -Malawi
	Ms Ami Nagamune	Programme Officer - Namibia
UNHCR	Mr Antonius Kamerika	Programme Assistant - Namibia
	Mr David Banda	Field Assistant - Osire, Namibia

* *Mission leader*

Acknowledgements

COR	Mr Paulus Haikali	Camp Administrator - Osire, Namibia
UNHCR	Mr Tobias Tjivirura	Registration Clerk (Database) - Osire, Namibia
AHA	Mr Epafra Anyolo	Project Officer
JRS	Ms Francesca Campolongo	Country Director
WFP	Mr. Eric Kenefick	Household survey analysis
	Mr. Patrick McKay	Household survey

Table of Contents

List of acronyms	4
Executive summary	5
I. Objectives of the assessment	6
II. Methodology	7
▪ Data collection	7
▪ Household survey team – methodology	7
▪ Review of secondary data	7
▪ Focus group discussions	8
▪ Transect walks through the camps	8
▪ Data analysis	8
III. Historical background	8
IV. Implementation structures	9
V. Population and camp profile	10
VI. Main findings	11
▪ Repatriation and implications for UNHCR/WFP funding levels	11
▪ Relations with host communities	13
▪ Registration	13
▪ Food security	14
▪ General food distribution	15
▪ Supplementary feeding centre	15
▪ Own production	15
▪ Market purchase	16
▪ Health and nutritional status	16
▪ HIV/AIDS	18
▪ Health services and referral system	18
▪ Water and sanitation	18
▪ Protection	18
▪ Education	19
▪ Gender	19
▪ Logistical arrangements	20
▪ Distribution arrangements	20
▪ Monitoring and evaluation of food assistance	20
VII. Conclusions	20
VIII. Recommendations	21
Annex 1 – Household & Nutrition Questionnaires	23
Annex 2 – Sampling table	31
Annex 3 – Map	32

List of Acronyms

AHA	Africa Humanitarian Action
ARV	Anti retroviral drugs
CHS	Community Household Surveillance
CI	Confidence Interval
COR	Commissioner of Refugees
CSB	Corn Soy Blend
DRC	Democratic Republic of Congo
EDP	Extended Delivery Points
EU	European Union
FAO	Food and Agricultural Organization
GRN	Government of Namibia
JAM	Joint Assessment Mission
JRS	Jesuit Refugee Services
MHAI	Ministry of Home Affairs and Immigration
MoU	Memorandum of Understanding
NFI	Non-food Item
NRC	Namibian Refugee Committee
PDA	Personal Digital Assistant
PDM	Post Distribution Monitoring
PPS	Population Proportional to Sample
RSD	Refugee Status Determination
SADC	Southern Africa Development Community
SGBV	Sexual Gender Based Violence
SPSS	Statistical Package for the Social Sciences
UNHCR	UN High Commissioner for Refugees
UNITA	National Union for the Total Independence of Angola
UNTAG	UN Transitional Authority Group
USAID	US Agency for International Development
WFP	UN World Food Programme

Executive Summary

The first UNHCR/WFP multidisciplinary joint assessment Mission in Osire camp since the start of the operation in 1992¹ was conducted from 23 to 27 April 2006. The Mission focused on food security and self-reliance for refugees, as well as protection issues. In particular the Mission assessed options for: durable solutions, sources of food, access to land, income-generating activities, employment and other trading opportunities for self-reliance. In addition, health and nutritional status as well as services and assistance within the camp, such as education, water and sanitation were examined.

The Joint Assessment Mission was comprised of two teams: 1) a household survey team, which administered a questionnaire to 230 households, and 2) an assessment team that reviewed secondary data and conducted focus group discussions and key informant interviews (both women and men). A consultation forum was also held with the NGOs to assess levels of service provision. Furthermore, the team observed the camp situation through transect walks. Prior to the camp level assessment, information-sharing meetings were held with the Permanent Secretaries in the Ministry of Home Affairs and Immigration, Ministry of Foreign Affairs, and Commissioner for Refugees and the Osire Camp Administrator. USAID and the EU were also consulted.

It is recommended that while negotiations are ongoing between GRN and UNHCR on durable solutions for the refugee caseload, UNHCR and WFP should revise their budgets and plan for the continuation of food assistance, care and maintenance of refugees until end of 2007. Furthermore, on-going discussions with government to take over and/or consider possibility for alternative status or local integration should be continued. This would be in line with the Southern Africa Development Community (SADC) protocol which encourages member states to ease reservations on legal instruments limiting freedom of movement², in order to support increased refugees' self-reliance while waiting to return. Member States are expected to report on progress made on the recommendation³ of the International Refugee law, Human Rights and Humanitarian Law Instrument by 1 August 2006.

¹ UNHCR has been present in Namibia since 1990, during the first influx of refugees. Osire camp, however, was only established in 1992 by the Government of Namibia. WFP has been present in the camp since 2003.

² SADC meeting of 22-24 August 2005, held in Gaborone.

³ *ibid*

I. Objectives of the assessment

The repatriation programme effectively came to an end in December 2005. In order to provide operational direction, this study focused on: (i) reviewing the food security and livelihood of the Angolan refugees and non-Angolan asylum seekers/refugees; (ii) identification of durable solutions for the chronic caseload of Angolan refugees; (iii) identifying ways to improve the ongoing delivery of both food and non-food assistance. This JAM specifically reviewed the aspects of the operation listed below in order to make clear strategic recommendations for future support by all stakeholders.

- a) Assess the food security and self-reliance situation among refugees & asylum seekers, resident in Osire camp, at the household level taking into account relevant factors such as: the food and non-food assistance being provided; land availability and cultivation opportunities; nutritional status; food availability; access to markets; availability of cooking utensils; fuel and milling facilities; access to income generating activities and labour markets.
- b) Assess the appropriateness and acceptability of the current food basket provided to the refugees.
- c) Assess the adequacy of non-food assistance to refugees in terms of availability of water and sanitation, milling facilities, cooking utensils, soap, fuel and other non-food items.
- d) Collect and analyze data on health/nutrition indicators such as anthropometric measurements including malnutrition and mortality rates, as well as major causes of morbidity and mortality among the refugees and review their health and nutritional status.
- e) Assess the effectiveness of selective feeding programmes and HIV/AIDS interventions and programming.
- f) Review the numbers of refugees registered as resident in Osire camp, the reliability of the verification exercises that have been carried out in recent years and estimate the projected caseload (including expected new arrivals) in need of food assistance after June 2006 taking into account future potential for; self-sufficiency among certain groups; any plans for organized voluntary repatriation; spontaneous repatriation, resettlement; and local integration.
- g) Review and suggest a strategic approach to identify durable solutions for the caseload of refugees / asylum seekers resident in Osire.
- h) Review the extent to which women are involved in the management of food and non-food support at the planning, distribution, collection and household levels, and their involvement in income-generating activities.
- i) Review the education programme and its overall impact in the refugee camp.
- j) Review the efficiency, reliability and transparency of food and non-food management at all levels including arrangements for the distribution of food and non-food items between UN agencies, IPs, refugee leaders and camp/food management committees.
- k) Review the adequacy of post distribution, food basket and household utilization monitoring as well as the reporting on commodity management and distribution figures.
- l) Assess the effectiveness of the co-ordination arrangements in place for the general management of the operation and the distribution of food and non-food items between UN agencies, NGO partners, GRN, refugee leaders and food committees, both at the camp and national level.

II. Methodology

Data collection

The fieldwork for Joint Assessment Mission (JAM) lasted 4 days and comprised two teams: 1) household survey team and 2) the main JAM team. The household survey team mainly collected quantitative information and the main JAM team collected qualitative information. Data were collected on the same themes by the two teams for triangulation purposes. The methodologies used for the different parts of the Mission are described in detail in the section below.

Household survey team - Methodology

The household survey was designed to provide empirical data on the food security and vulnerability status of refugees and to assess the nutritional status of women aged 15-49 years and children 6-59 months. Data were collected through use of a structured household questionnaire that included a module on health and nutritional status of women and children (see Annex 1). The data were collected by a team of eight enumerators who were chosen from a list of enumerators previously engaged by the Namibian Planning Commission for similar purposes. Hand-held Personal Digital Assistants (PDAs) were used to collect and enter data electronically. The PDAs were provided by the WFP Regional Bureau in South Africa and they were also programmed by a regional staff member.

The original sample size for the assessment was set at 250 out of 1,348 households. However, due to time constraints the final sample size of 230 household interviews was achieved. With this sample size, the team was able to interview these households' heads in addition to interviewing and taking anthropometric measurements for 182 mothers and 202 children.

The Population Proportion to Size (PPS) sampling method was used to determine the number of households to be interviewed in each refugee camp block. Within the blocks, systematic random sampling was used to select the households to be interviewed (see Annex 4). SECA electronic weighing scales and height boards were used to collect anthropometric data.

Review of secondary data

A secondary data package, including reports and statistics from all stakeholders, was distributed to each of the Mission members prior to the start of the assessment. Some of the data/reports included previous nutrition surveys, self-reliance studies, agreements between UNHCR/WFP and its implementing partner, project documents, Namibia Refugee Act (1999), camp map and reports from Africa Humanitarian Action, the implementing partner of UNHCR/WFP.

Before departing to the camp for the assessment, the Mission held meetings with the Permanent Secretary in the Ministry of Home Affairs and Immigration (MHAI), the Commissioner of Refugees, Permanent Secretary in the Ministry of Foreign Affairs, USAID and EU. The aim of these meetings was to outline the objectives of the Mission and to gauge different perspectives on their understanding and expectations on the future of refugee assistance in Namibia. The Mission also met with AHA and JRS, the main implementing partners, at the camp level.

Focus Group discussions

Seven focus group discussions were conducted with the following key informants and representatives of the camp households, Africa Humanitarian Action, Jesuit Refugee Services, Men's Group, Women's Group, Refugee Committee, Boys and Girls Group. The focus groups discussions explored views on service provision (care, protection and food aid) and general livelihood conditions in the camp and their perceptions on possible return to countries of origin

Transect walks through the camps

The Mission team conducted transect walks through different living areas within each camp block. During the walks, team members observed the camp conditions, held spontaneous interviews with refugees and checked on shelters and facilities (e.g. bore holes, toilet facilities, pits for garbage disposal, etc). The team also made observations on available agricultural land and markets within the camp. Team members took note of any indication of ration sales at the market.

Data Analysis

The household survey data were analysed using Statistical Package for the Social Sciences (SPSS). For the child nutrition data, Epi-Info was used to calculate z-scores used in the analysis. The JAM teams met to discuss and exchange impressions as a continuous quality check of the qualitative data collected during the day.

III. Historical Background

The civil war in Angola started in 1974/5 and soon after refugees fled into Namibia. Prior to Namibian independence in 1990, United Nations Transitional Authority Group (UNTAG) was in place to facilitate the return of Namibians and provide initial support to the refugees. Following Namibian independence, UNHCR established its office in Namibia for the care of Angolan refugees. In 1992 Osire was designated as an official settlement for refugees. The camp is located in central Namibia, about 225 Km from the capital Windhoek. Between 1999 and 2002, the war intensified and up to 23,000 Angolans fled into Namibia. Refugees and asylum seekers have always been expected to reside in Osire camp and not to engage in economic activities outside the camp, without written permission by the Ministry of Home Affairs and Immigration. The majority of new arrivals enter Namibia through Katima Mulilo bordering Zambia and Zimbabwe and Oshikango bordering Angola.

The Government of Namibia, through the Office the Prime Minister, made an official appeal to WFP to provide food assistance to Angolan refugees in 1999. WFP approved an Emergency operation in 2000 to assist 14,000 refugees. In January 2002, the camp reached its peak, accommodating approximately 23,000 refugees and asylum seekers.

In 2002, a Tripartite Agreement between the Government of Namibia, Government of Angola and UNHCR was signed to pave the way for voluntary repatriation of Angolan refugees. The voluntary repatriation programme commenced in July 2003 and ended in December 2005, during which time, close to 11,300 Angolan refugees returned home. In addition, approximately 3,200 Angolan refugees returned spontaneously to Angola without assistance from UNHCR by the end of 2004.

The total number of refugees in Osire camp at the beginning of 2005 was 8,773, of which 1,953 have since left the camp spontaneously without informing the camp management. Out of the remaining 6,820 refugees, a further 823 Angolans were repatriated by the end of 2005. The current remaining population is 6,253 (camp-based population including refugees and asylum seekers⁴). Due to insecurity in the Great Lakes, an average of 20 persons (new arrivals), especially from the Great Lakes region, enter into Namibia every month. Since the commencement of the voluntary repatriation exercise for Angolan refugees, a majority of them have exercised their right to return voluntarily. Today, there remain approximately 4,658 Angolan refugees in Osire camp, who do not yet wish to return to Angola, as they wait for Angolan elections to take place or have simply lost family and cultural ties with Angola.

⁴ Number of asylum seekers is yet to be determined by MHAI. This includes number of rejected and deferred cases.

IV. Implementation structures

The Government of Namibia (GRN) and in particular the Ministry of Home Affairs and Immigration (MHAI), which is UNHCR's and WFP's main counterpart, provides protection of refugees in the camp and also conducts the Refugee Status Determination (RSD). At the camp level, MHAI is represented by the Camp Administrator, who assists in the issuance of study and leave permits, new arrivals and death registrations. Other line Ministries such as the Ministry of Safety and Security, through a permanent Namibian Police stationed in Osire camp provides security to the refugees. The Ministry of Health and Social Services provides one nurse, medical supplies and since 2006, access to ART for HIV affected refugees. The Ministry of Education pays for salaries of ten (10) teachers and also provides educational supplies to the refugee students in the camp.

UNHCR Namibia is responsible for the overall protection, care and maintenance of the refugees in Namibia. Furthermore, it is UNHCR's mandate to provide refugees and asylum seekers with non-food items, such as shelter materials, tools required to build pit latrines, kitchen utensils, sanitary materials for women, blankets, jerry cans and soap. The majority of these products are bought from the UNHCR regional stockpile in Lusaka, Zambia.

World Food Programme (WFP) provides food rations through monthly food distributions and a supplementary feeding programme to moderately malnourished and chronically ill children below five.

Africa Humanitarian Action (AHA) is responsible for the implementation of various sector services in the camp such as: health, nutrition (including supplementary feeding centre), water supply, sanitation, shelter, community services, agro-forestry, income-generating activities (such as the running of the women's centre), transport of refugees and asylum seekers to and out of camp, and distribution of food and non-food items (NFIs). AHA is permanently based in the camp, working closely with UNHCR for the provision of care and maintenance services and WFP for the management of the food warehouse and food distribution.

Jesuits Refugee Services (JRS) is UNHCR implementing partner responsible for the education sector. JRS covers kindergarten, primary and junior secondary school and the literacy programme. JRS also assists with community services such as youth activities in the camp and limited vocational training.

The only refugee representation recognised by the MHAI in Osire camp is the Refugee Committee. The Refugee Committee is a paramount interface between stakeholders and the camp population. The Mission, however, noted that elections for the new Refugee Committee are overdue and that government-approved election guidelines are yet to be endorsed.

V. Population and camp profile

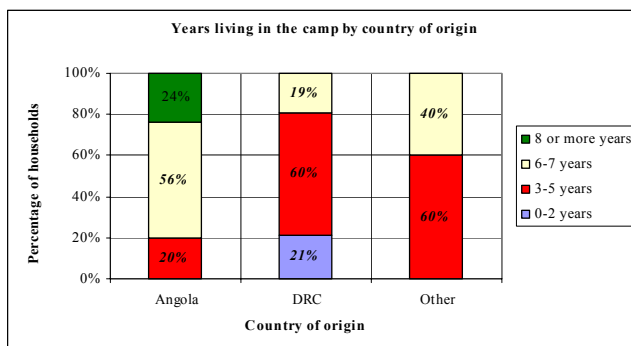
The demographic breakdown of the population of refugees and asylum seekers in Osire camp as at the end of March 2006⁵ is shown in the table below:

Type	Origin	Female					Male					Grand Total (b)
		0-4	5-17	18-59	60+	Total (b)	0-4	5-17	18-59	60+	Total (b)	
Refugees	Angola	440	1,071	813	37	2,361	438	1,082	747	30	2,297	4,658
Asy/Ref	Burundi	10	17	3	2	32	31	36	88	2	157	189
Asy/Ref	Central Afrique					0		1	1		2	2
Asy/Ref	Cameroon					0			4		4	4
Asy/Ref	Congo-Brazzaville		2	1		3			5		5	8
Asy/Ref	Congo Democratic	83	158	190	8	439	96	178	347	3	624	1,063
Asy/Ref	Ethiopia					0			1		1	1
Asy/Ref	Guinea Bissau					0			1		1	1
Asy/Ref	Liberia	1	2	2		5	1	1	6		8	13
Asy/Ref	Oman			1		1	1				1	2
Asy/Ref	Rwanda	26	33	52	5	116	33	26	131	1	191	307
Asy/Ref	Sierra-Leone					0			1		1	1
Asy/Ref	Somalia					0			1		1	1
Asy/Ref	Zimbabwe					0			3		3	3
	Total	560	1,283	1,062	52	2,957	600	1,324	1,336	36	3,296	6,253

The camp dwellers are composed of two distinct groups; Angolans, who are prima facie refugees and for whom repatriation continues to be encouraged and the non-Angolans, especially those from DRC and the Great Lakes, the majority of whose status has not been determined and are still classified as asylum seekers. The Mission revealed that there is a backlog of three years in RSD.

From the statistical information, the camp population comprises 47% female and 53% male. For the school age children (5–17) although the household survey found that 96% of the children from households with school aged children were enrolled and attending with no difference between boys and girls, continuation and completion of schooling is different for boys and girls (see education section).

Of the 229 households interviewed in the camp and consistent with UNHCR statistics, the household data showed that 73% of the camp population is from Angola while 23% is from the Democratic Republic of the Congo and other countries like Rwanda and Burundi. About 20% of the sample households were



headed by women; 22% of the Angolan refugees and 17% of those from the DRC were much more likely to be female headed. Only 3 households were headed by a person aged 60 or older. The average household size was 6 persons for the Angolans and 5 persons for the others. In terms of composition, most households were composed of about 60%

dependents or, in other words, a family of five would have 2 productive members

⁵ Source: UNHCR Monthly Camp Statistics

(age 18-59 years) and 3 'dependent' members (age < 18 or 60+ years). Nearly 30% of the households are hosting an orphan, more so among the Congolese (37%) households compared to 25% households of Angolan origin. Thirteen percent (13%) were caring for a chronically ill household member. About 8% of the Angolan households were caring for a disabled member as compared to 4% of the Congolese.

For the Angolan refugees in the sample, about 25%, had been in the camp for 8 or more years commonly known as '*long stayers*' and the majority had been there for at least 3 years. Those from the DRC were more recent arrivals with one-fifth arriving since 2004. Insecurity was the main reason cited for fleeing their countries of origin, while this was cited slightly less often by Angolan households.

Information supports the fact that the situation in the Great Lakes remains unstable and peace is still very fragile. In DRC, despite the recent endorsement of a new national constitution, there are still more than 2.4 million people displaced from their homes due to continuing insecurity and lack of basic services⁶. At least 18,000 Rwandese remain in camps in Burundi. Similar to findings in Malawi (JAM Feb 2006), it was apparent that Rwandese asylum seekers are reluctant to return home despite a stable government in place. The Governments of Namibia and Rwanda and UNHCR signed a Tripartite Agreement for the voluntary repatriation of Rwandese refugees in November 2003. So far and similar to other countries in the region, despite the promotion of voluntary repatriation for some 300 Rwandese refugees, no refugee has come forward for repatriation.

VI. Main findings:

Repatriation and implications for UNHCR/WFP funding levels

Following the death of UNITA rebel leader in 2002, a tripartite agreement covering the period from 2002 to 2005 was signed between the Government of Namibia, the Government of Angola and UNHCR to voluntarily repatriate Angolan refugees by December 2005.

Of the planned 17,000 Angolan refugees to be repatriated between 2003 and 2004 (with an extension to 2005), about 11,300 returned to their country of origin. Some 5,658 Angolan refugees remained in the country, out of which 4,658 are camp based and the remainder likely to be living elsewhere in the country. In addition to Angolan refugees, the camp also hosts 1,595 refugees and asylum seekers of other nationalities, totaling a camp population of 6,253 persons.

According to plan, all Angolans were supposed to have been repatriated by 2004, leaving in the camp non-Angolan refugees, numbering 2000. This was not the case, and a higher than expected number of refugees is still residing in the camp. The reasons for refugees' reluctance to return are:

- the fact that refugees are waiting for Angolan elections to take place sometime in 2007;
- inadequate basic infrastructure such as schools in areas of origin or return for families with school going children;
- total loss of families as a result of war back home, hence no family ties to return to;
- fear of abduction, since the majority of the remaining refugees claim to originate from former UNITA held areas.

The assumption therefore, that most refugees would have returned leaving behind about 2,000 refugees in the camp by 2006 was proven to be overly optimistic. As

⁶ <http://ochaonline.un.org/webpage.asp?ParentID> , visited on 5/11/2006

of March 2006, the number of refugees remains at about 6,253 and with the stable but continuous flow of new asylum seekers from the DRC and the Great Lakes, which averages around 240 persons per year and a very small number of spontaneous repatriations and resettlements; the projected number for 2006/7 is estimated at 6,000-6,500. The slow process of refugee status determination and the non-separation of asylum seekers from refugees imply that the number of refugees and asylum seekers for care and maintenance is unlikely to change. The current numbers in addition to an estimated 240 new arrivals per year are expected to require assistance pending identification of durable solutions. This unexpected higher number of refugees that remained in the camp has led to serious funding implications. By the end of 2005, WFP had projected food for another six months only with a view that no further assistance would be needed beyond June 2006.

UNHCR current budgetary levels have been set to meet needs of 2,000 refugees and asylum seekers only (or the equivalent of seven months of all its operational cost)⁷. In the event of the camp population reducing to 2,000 in the next three-year period, the Ministry of Health and Social Service (MoHSS) and the Ministry of Education (MoE) have committed to gradually take over the two sectors. However, other areas such as food, water, sanitation, shelter and community services also need to be addressed by relevant stakeholders. The situation is hampered by two further factors. One is that donor funding to protracted refugee situations is increasingly difficult to acquire. The second is that the classification of Namibia as a middle income country, despite the distorted wealth distribution whereby around 35 percent of its population lives below the poverty line, further decreases the possibility of adequate funding, since the majority of funding focus is on low income food deficit countries. The current funding is through WFP allocations of very limited un-earmarked multilateral donations.

At separate meetings by the Mission with the EU and USAID, as key multilateral donors, USAID noted that the case of Angolan refugees in Namibia is a 'quiet one', implying that the lack of visibility of the situation results in less attention to the needs. USAID advised that assistance in form of infrastructure development in areas of return could be discussed, but emphasized that the support would be for areas within Angola. The EU shared past experience providing financial support to the repatriation process, which ended in December 2005. There is no current budget plan for refugee support from the EU.

There are three durable solutions promoted for refugees: (i) voluntary repatriation; (ii) local integration; and (iii) resettlement in a third country.

The Mission observed that voluntary repatriation, particularly for those Angolans that chose to stay in Namibia, is unforeseeable as they wait for elections to take place at a date yet to be determined by the Angolan Government. Unconfirmed election dates were reported for sometime in November 2007. Some Angolans, especially the youth, indicate that they have lost family and cultural ties with Angola and see no reason to return. In addition, conditions in DRC, the Great Lakes region and some parts of Angola do not allow return in dignity and safety, at present.

Local integration has been discussed with the government, but discussions are at an early stage and hampered by a number of factors, including a very high unemployment rate for Namibians themselves, an undiversified economy, the need for specific legislation and a formal policy, the required broad social consensus and an encampment policy which limits freedom of movement of refugees and asylum seekers.

⁷ UNHCR funding for 6,500 beneficiaries covering a 12 months period was approved in June 2006.

Although resettlement is being pursued, the reality is that this is an option for very few of this caseload. Current resettlement efforts are focused on refugees whose safety and health are at risk, or whose integration prospects appear particularly limited. Resettlement opportunities have also so far been limited by the focus on large-scale repatriation. However, the cases of 35 persons and their dependents are currently being reviewed by the United States for possible resettlement and this option will be continued in the future for cases which are credible and fit the established criteria.

At the camp level, one of the major impacts of the mostly unsuccessful repatriation exercise was on the provision of non-food items by UNHCR. Replenishment of non-food-items envisaged for 2006 was inadequate due to funding levels set for 2,000 planned persons. During focus group discussions and visits to homes, the Mission found that non-food items such as blankets, mattresses, clothing and cooking utensils were in a deplorable state. Women expressed concern about the need to have sanitary pads, especially for young girls, rather than the cloth presently being distributed. Sleeping facilities being shared by adolescent siblings and the lack of privacy, as they share blankets and mattresses. In addition kerosene is inadequate and fuel wood is scarce because the camp is surrounded by privately owned commercial farms. The Mission was informed of at least one rape case involving a woman in search of firewood.

Relations with host community

Relations with the host community are important where local integration is considered as one of the durable solutions. The nearest settlement to Osire camp is Otjiwarongo; a town situated 140 km away. Unlike other refugee camps in the Southern African region, private commercial farms surround Osire camp. Thus, there is little interaction with the local community, except for the school children who attend the refugee school. Namibian Police, stationed in Osire camp, have reported cases of refugees and asylum seekers trespassing on surrounding private farm owners, leading to animosity between the nearby farmers and the camp population.

The youth group expressed a sense of isolation as interaction with other schools and fellow students for events such as sports has been reduced due to resource constraints.

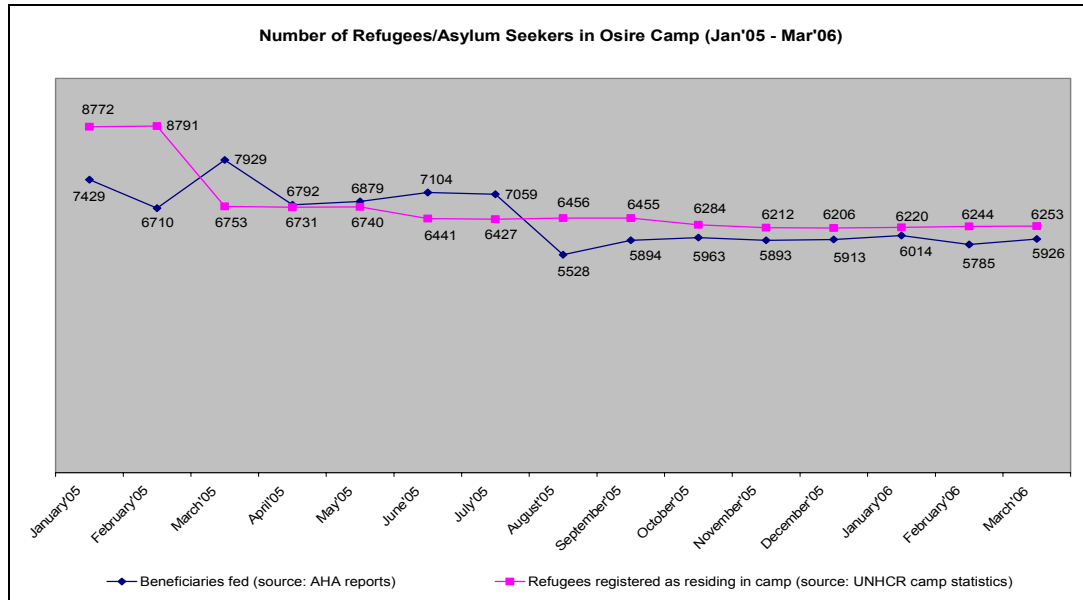
Registration

In 2003, UNHCR introduced RAPID, a computer based registration system, to manage the refugee and asylum seekers population statistics. In November 2005, RAPID was upgraded to *proGress*. UNHCR Office in Osire camp conducts all registration of new arrivals. Upon arrival at the camp, asylum seekers are first registered at the police, then proceed to UNHCR to have their bio-data⁸ recorded and ration cards issued. The entire registration process is fast, from the moment of arrival in the camp to the issuance of non-food-items.

The same ration card is used for both food and non-food items and is valid for one year. An improved monthly verification system was introduced in 2006, whereby all ration cards are surrendered prior to a general food distribution, checked against the beneficiary list and the photograph on the ration card, and the food is distributed on a 'call out' basis. The graph below shows the two different beneficiary lists: (i) the UNHCR protection list, which includes all persons registered and residing in Osire camp; and (ii) the food distribution list, used by WFP, which reflects the actual number of persons coming to collect his/her food ration. The discrepancies around February, March, July and August indicate the large number of invalid cards in circulation. To address this concern, UNHCR, WFP and AHA conducted a household verification exercise in the first semester, followed by the

⁸ This includes date of birth, place of origin and family members.

replacement of all ration cards in August. Today, the number of refugees and asylum seekers receiving food is lower than UNHCR's protection list due to a number of students and refugees who are granted work permits and reside (formally or informally) outside the camp, not receiving food aid.



The current system has the merit of accurately tracking new arrivals, births, deaths and lost cards.

In addition, the MHAI is in the process of strengthening the monitoring of refugee and asylum seekers' movement, in and out of camp. In close collaboration with UNHCR, MHAI is introducing identification cards⁹ to all persons registered in Osire camp. The plans are currently on hold until MHAI secures sufficient funding for the new identification system. In the meantime, UNHCR will assist MHAI by sharing its population database.

Food security

This is considered to be in place when households can access food through own production or through purchase, provided the food is available and household have incomes to buy the food. Where the above mechanisms are constrained as in populations of humanitarian concern food aid and other assistance is provided.

The Mission found that food aid is the most important source of food for most of the refugees. The other source of food was through purchase for less than 10% of the refugees. Own food production to complement the food ration is limited due to little access to arable land and inadequate rainfall especially from April to December and poor quality of the soil. The amount of rainfall in 2006 was reported to be the best in five years. The Mission established that the refugees and asylum seekers in Osire are currently food secure only due to WFP regular food distributions. However, in the event of terminating food aid, the camp population would become highly vulnerable and at risk to malnutrition within a short period.

On average, both children and adults eat two to three meals per day. Food commodities are well accepted except for the beans, which have been in the past linked to perceptions of having caused diarrhoea. Refugees also reported that the type of beans currently being distributed take on average three to four hours of

⁹ Fingerprints and photos will be included in the ID cards.

cooking. Such long hours of cooking put further constraints on the already limited supply of cooking fuel. There are different diet preferences among the refugee groups. For instance, refugees and asylum seekers of DRC origin dislike CSB to the point of giving such commodity away despite its good food value, since CSB has micronutrients. Bartering and selling of food is limited, especially outside the camp due to its geographical remoteness. In addition, a strong position has previously been taken by key stakeholders not to allow food to be taken out of the camp. This decision, however, has impacted negatively on the students in boarding schools outside the camp as they are not allowed to take their monthly food ration entitlement with them.

General food distribution

Since the start of this operation, WFP has been providing food assistance through general food distribution to all refugees and asylum seekers. A supplementary feeding programme is also supported by WFP for vulnerable groups to safeguard their nutritional status. Monthly food rations meeting the standard daily requirement of 2,100 kcal are given. The food basket is composed of:

Commodity	Ration Per Person Per Day (grams)	Kilocalories	Protein	Fat
Maize meal	400	1440	36	14
Pulses	60	201	12	0.7
Vegetable oil	22	195	0	22
Sugar	25	100	0	0
Salt	5	0	0	0
Corn Soy Blend	50	169	24.6	1.2
Total	562g	2104	72.6	37.9
Adequacy of ration		100%	136%	95%

The ration is adequate although the energy supplied by protein is slightly higher at 13.8% than the 10-12% recommended contribution whereas fat is slightly less at 16.1% contribution compared to the 17% recommendation.

WFP does not do retroactive distribution in the event of commodity shortfalls. Instead, a missing food commodity has been compensated whenever possible by giving another commodity to maintain the overall caloric/nutritional value of the ration provided. Nevertheless, the Mission noted that commodity substitution for the unavailability of commodities was applied in all occasions maintaining the original nutritional value of food rations.

Supplementary Feeding Centre

WFP also supports a supplementary feeding programme through AHA. On average, 16 moderately malnourished children under the age of five are provided with cooked meals twice a day, from Monday to Friday within the camp premises. These cooked meals complement the ration prepared in the household from the general distribution rations. One doctor from the adjacent health centre and three refugee helpers assist in the food preparation and children's health monitoring. The underlying health problems affecting the nutritional status are notably tuberculosis, HIV/AIDS, diarrhoea and malaria, albeit seasonal. The referral system is described in the health section. For the supplementary feeding programme, WFP provides per child per day; Corn Soy Blend-100g; Pulses-30g; Vegetable Oil-15g and Salt-5g.

Own Production

Own production is constrained by lack access to land. The data indicate that 60% of household's consumed vegetables, presumably grown in a small garden. In all,

about 12% of the food consumed by Angolan households in the week prior to the assessment was from their own production, as compared to 6% for the refugees from other countries. The year was noted to be the best in terms of rainfall allowing for seasonal vegetable gardening. Although to a very limited extent, further analyses shows that about two-thirds of the Angolan households were involved in some backyard gardening compared to only about one-third of those from other countries. Consequently, Angolan refugee households were also more likely to own a hoe (22%), axe (18%) or panga (8%) than the other households. However, few households reported income from agricultural activities.

Market purchase

Analysis of the sources of food consumed in the week prior to the survey shows only about 10% of the food consumed was from purchase. Angolan households purchased only about 9% of the food they consumed as compared to 16% for Congolese and 23% for refugees from other countries. In general, the Mission observed a less vibrant refugee market in the camp and little to no food aid commodities being sold, probably due to strict food aid monitoring mechanism in place.

Health and nutritional status

Health and nutrition were assessed by reviewing secondary data sources on health and a briefing from AHA, the health providers in the camp. Nutrition information was collected through a household survey. During the household survey, the enumerators administered a questionnaire for women aged 15-49 years and for children 0-59 months if present in sampled households. In total, health and nutrition information (including anthropometry or body measurements) was collected for 165 women and 196 children. Focus group discussions were used to probe for common health problems affecting children and adults within the camp. The camp hospital, which is currently under reclassification as health centre, was visited for observations on admissions.

The result showed that 13% of the women were pregnant at the time of the survey and so their measurements were not included in the analysis while 47% of the women were breastfeeding. Their average age when they first gave birth was 17-18 years, confirming the reported high rate of teenage pregnancies. On average, women had been pregnant 4 times and had 4 living children. However, some of the older women (40-49) reported up to 8 or 9 pregnancies in their lifetimes, but only having 6 or 7 living children.

Very few women reported illness in the two weeks prior to the survey. Only 7% had experienced at least one episode of diarrhoea while 19% had experienced non-specific fever. Hygiene practices were good with nearly all women indicating that they normally wash their hands after visiting the toilet and nearly all used washing soap and water.

The nutrition status among women of reproductive age showed that only 3% were undernourished, with a body-mass index (BMI) less than 18.5 kg/m². In addition, only 3% were short for their height or stunted (height < 145 cms) and 3% were underweight (weight < 45 kgs). Overall, more than 60% had a normal BMI (18.5 to 25 kg/m²), 26% were overweight (BMI = 25-30 kg/m²) and 10% were obese (BMI > 30 kg/m²). Weight increases with age, reaching an average of BMI of 27.27 kg/m² for women 35-39 years of age before decreasing in women 40 or older.

For the children in the sample, the prevalence of acute malnutrition was higher than expected. The table below shows the prevalence of malnutrition by age group.

	6 to 23 months		24 to 59 months		2000 DHS Rural only
	%	95% CI	%	95% CI	
Wasting ¹⁰	15.0%	(5.7, 24.3)	9.3%	(3.4, 15.2)	10.0%
Underweight ¹¹	20.0%	(9.6, 30.4)	23.7%	(15.1, 32.3)	26.7%
Stunting ¹²	21.7%	(10.9, 32.4)	22.7%	(14.2, 31.2)	24.2%

These findings from the survey are similar to those from the 2000 Demographic and Health Survey (DHS). However, the prevalence of malnutrition among children in the camp would need to be continually monitored, as this survey was undertaken during the rain season where disease can influence nutrition status as noted in their number of children reporting illnesses. The most common illnesses reported were malaria, fever, upper respiratory tract infections and diarrhoea. Recent fever was reported for 42% of the children 6-23 months and 35% of those 24-59 months of age. The prevalence of both coughing and diarrhoea was significantly ($p < 0.05$) higher for the younger children, with 59% experiencing coughing and 28% experiencing diarrhoea in the two weeks prior to the survey. Illness was less for older children 24-59 months and at 15% had experienced recent diarrhoea. Mortality was reported to be low and related to HIV/AIDS for adults.

The results show that acute malnutrition is a problem in younger children. The prevalence rate of underweight and stunting falls within expected ranges for the population. According to the analysis wasting is more likely to be found in children 18-23 months of age who are reported to have been most at risk since it is a period after they have been weaned from the breast. Overall, the data indicate a very high breastfeeding rate and more than 90% of the children 0-17 months are still breastfeeding 25% of children 18-23 months and 11% aged 24-35 months. No mother breastfed their babies beyond four years in the camp.

The survey findings also indicated that almost all mothers had received antenatal care by a doctor or nurse during their pregnancies and that more than 90% had received at least one tetanus toxoid injection to prevent convulsions in the new born. However, only 44% of the sample children had received at least one dose of vitamin A supplement. This coverage is surprisingly low for a camp setting and could relate to difficulties with mothers distinguishing between polio and vitamin A capsule supplementation.

Further analysis showed that there are some significant relationships between maternal and child nutritional outcomes. Mothers who tended to be bigger in size and older in age appear to have better nourished children. Lastly, it was noted that 24% of the children of teenage mothers aged 15-19 years were acutely malnourished.

Due to important methodological differences in sampling, previous 2004 and 2005 nutrition survey result undertaken by AHA could not be compared to this result.

¹⁰ A **wasted child** has a weight-for-height Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. Wasting or **acute** malnutrition is the result of a recent failure to receive adequate nutrition and may be affected by acute illness, especially diarrhoea.

¹¹ An **underweight child** has a weight-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. This condition can result from either chronic or acute malnutrition or a combination of both.

¹² A **stunted child** has a height-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. Stunting or **chronic** malnutrition is the result of an inadequate intake of food over a long period and may be exacerbated by chronic illness.

HIV/AIDS

The Mission noticed that refugee populations' awareness of HIV/AIDS issues is still at low levels¹³. The major underlying factor is the lack of resources to produce sufficient campaigning material, mobilize and create incentives for anti-AIDS volunteers. Home Based Care patients, those suffering from TB and orphans, whenever available receive food supplements such as rice, macaroni, tinned fish, and milk powder from UNHCR through AHA. Counselling services are available at the camp.

The Mission commends the GRN on the decision to extend free ARV treatment to the refugees in the camp. There are currently eight patients on ARV treatment.

Health Services and Referral System

Health services in the camp are adequate and meet Namibian standards. There is a 25 bed capacity hospital in the camp serviced by a doctor, two enrolled nurses, four clinic assistants (refugee nurses) and 40 health promoters. Two ambulances are available at the camp and there is fully equipped x-ray department. The average monthly admission is 60 -72 patients, out of which ten would be maternity cases. Compared to the last two years, admissions are lower but stable since the repatriation exercise begun. About 80% of the medical supplies are provided by the state through Ministry of Health. Immunisations and boosters are routinely provided and enhanced through campaigns. The coverage for measles is universal at 98%. Growth Monitoring and Promotion activities are conducted on monthly basis by qualified health staff.

There is a clear referral system for patients requiring specialised treatment. UNHCR and the Government pay the bills for any special cases with a refugee status. To ensure that refugees are well listened to, a translator has been hired at the district hospital to facilitate consultation. A nurse always accompanies a referral case.

Refugees during focus group discussions expressed satisfaction with the services with isolated cases that felt the need to be referred to a bigger hospital earlier than currently practised. Some refugees expressed concern for lack of circumcision facilities for their male children, since it is their cultural practice.

AHA, the health provider noted the diminishing resources to meet other non food, non medical requirements such as sanitation as poor sanitation would lead to disease outbreak, as evidenced by a diarrhoea break resulting from poorly constructed pit latrines in 2005.

Water and sanitation

Water is adequate with each person accessing over 34 litres/per person per day, well above the Sphere standard of 15 – 20 litres person per day. The water in the camp is within the 200 meters distance from each household. Traditional pit latrines are available to a minimum of 6 households per family latrine (1:6), conforming to the standard indicator¹⁴. No complaints were reported on water and sanitation both in terms of quality and quantity. The Mission however observed that tap leakage was common and caused pools around the camp that could be breeding ground for mosquitoes that could cause malaria.

Protection

All Angolan refugees enjoy refugee *prima facie* status when entering Namibia. All non-Angolan new arrivals, or asylum seekers, undergo refugee status

¹³ The most recent HIV sentinel surveillance survey, conducted among antenatal attendees in 2004, and closest to Osire camp (Otjiwarongo hospital), had an average HIV prevalence of 17%. There is no HIV prevalence data available for the refugee population in Osire camp. "Monitoring Mission: HIV/AIDS Programmes in Osire Refugee Camp, Namibia (06-09 February 2006)", UNHCR

¹⁴ A Handy Guide to UNHCR Emergency Standards and Indicators, p.15

determination (RSD) before obtaining refugee status. UNHCR works closely with Namibia Legal Help, a private consultancy based in Windhoek, which pre-screens and conducts interviews for asylum and refugee status applications. Recommendations based upon the firm's findings are sent to the Namibian Refugee Committee (NRC)¹⁵. Deliberations and recommendations are then referred to the Commissioner of Refugees for final decision. Currently there is a backlog of approximately 1,000 cases which includes new cases, those deferred for more information and those cases that are rejected but eligible for further appeal. Since 2005 only 679 cases (325 approved, 339 rejected and 15 referred) have been considered and the number is rising with the steady influx of new applications. Based on the Namibia Refugee Act (1999), the GRN is now in the process of establishing the board of appeal for the processing of rejected cases.

Education

Education services are available and accessible in the camp. The primary and junior secondary school is funded by UNHCR through the Jesuit Refugee Service (JRS). Ten refugee teachers are on the Government payroll. The camp has a kindergarten with 513 children between the age of two and five years and a primary and junior secondary school catering for 2,386 students. The secondary school is up to grade 10. Enrolment is similar for girls and boys at grade one but only 50% of the girls completed grade 7 in 2005. At secondary school level only 31% of the girls completed grade 10. The reasons cited for this disparity were that parents repatriated with girl-children leaving boys to complete school. Early pregnancies were also cited as a factor. The Mission observed a notable high standard and performance of the refugee school. Osire secondary school recorded a 76% pass rate compared to a national average of 46 percent. Among the youth and school children interviewed, the Mission observed that, as early as primary school level, most children are able to fluently speak three languages; English, Portuguese and French.

During the past years, students received scholarships from UNHCR and study permits from Government to complete grade 11 and 12 outside the camp. In 2003, about 600 scholarships were given while in 2006 only 12 students received scholarship under the assumption that all students would be repatriated. No provision has since been made to enable completion of grade 12 since repatriation stopped. Students now solely rely on limited family resources. The withdrawal of scholarships is evidently hampering further education, limiting possibilities for reintegration and lowering chances for contribution to human capital development especially for Angolans. Upon return, current students are expected to contribute economically and participate in rebuilding their country of origin. Another immediate effect would be the creation of idleness in the camp, a potential source of discontent among refugees, especially the youth.

Gender

Approximately 47% of the camp population is female. The survey found that 20% of the sampled households are headed by women and 58% of beneficiary ration cards are issued under the women's name. It is worthy noting that girls and women in the camp face various challenges such as poor provision of sanitary pads which limits their school attendance during the monthly cycle, sharing of sleeping facilities with siblings and risk of rape while collecting firewood. The data further show that 24% of wasted children are born to teenage mothers. The Mission acknowledges the efforts by GRN, UNHCR and implementing partners in addressing gender based violence and other gender equality issues through the monthly sexual gender based violence (SGBV) meetings.

¹⁵ NRC is composed of: Councilor of Churches, Ministry of Home Affairs and Immigration, Ministry of Justice, Ministry of Foreign Affairs, Office of the President and UNHCR (observer)

Logistical arrangements

Food commodities are mostly procured locally and/or regionally, through WFP regional office in Johannesburg. Commodities are then transported, by road, to the warehouse in Osire, adjacent to UNHCR non-food items warehouse. Security staff (paid refugees) guards the premises 24 hours a day. AHA is responsible for employing casual labourers on needs-basis to offload commodities upon their delivery to the warehouse, for storage and management of the camp warehouse, as well as transporting commodities from the warehouse to the distribution point.

Distribution arrangements

The Osire refugee committee is informed beforehand on the distribution schedule and food commodities are transported from the warehouse to the final distribution point by AHA. The actual general food distribution is carried out by refugees and asylum seekers themselves, who are in turn supervised by AHA and overseen by the Police, UNHCR Field Officers and a WFP Programme Officer. Despite the occasional food commodity losses during scooping, the Mission found that food distribution system is generally well managed. There is also good shelter that ensures that the refugees are not exposed to heat and harsh sunlight during the distribution.

Refugees and asylum seekers are contracted out as casual labourers to transport food commodities from the extended delivery point (EDP) to the final distribution point. However, the Mission noted there is no formal agreement between UNHCR and WFP regarding distribution modalities. In line with the global MoU, a tri-partite agreement among UNHCR, WFP and AHA should be introduced to specifically address cost-sharing issues and responsibilities related to distribution.

Monitoring and Evaluation of food assistance

AHA is responsible for the monitoring of food assistance. This task, however, is done only at outputs level, whereby the cooperating partner reports on the amount of commodities distributed and number of beneficiaries who collected his/her food ration. The Mission feels that monitoring and reporting needs to be strengthened even at outputs level. Food basket and post distribution monitoring are also not in place, these are essential in understanding refugee preferences and perception of the food aid.

VII. Conclusions

Despite the decrease in number of Angolan refugees since its peak of 23,000 in 2002, the remaining number of refugees requiring protection and food is unlikely to change in the next two to three years, especially for Angolans. Local integration in Namibia will most likely continue to be discussed, but no clear policy formulated for some time. The lack of arable land and national land reform policies that would prioritize allocation of land to Namibians are also a factor in this discussion. Secondly, this operation has become protracted and currently faces dwindling funding by donors to both WFP and especially UNHCR. The UNHCR planned budget to accommodate 2,000 refugees in 2006 was unrealistic as it assumed a smooth repatriation. Experience shows that only in rare circumstances repatriation go as planned. UNHCR continues to discuss increased ownership and responsibility for refugee care and maintenance by the GRN. Currently the major sectors such as education and health care, are being relatively well managed by the implementing partners, JRS and AHA respectively. However the provision of non food items and services are being compromised, as described in the relevant sections.

WFP Namibia, in the short term, should plan to extend its assistance to refugees and asylum seekers until end of 2006. A new operation will be necessary should the figures remain unchanged and assistance is required beyond 2006. The

proposed six month extension until December 2006 will require approximately 520 Mt of food commodities.

WFP current assistance is planned to end in June 2006¹⁶, for a monthly average of 5,750 refugees and asylum seekers. It is important to emphasize that, as pointed out earlier in this report, the number of Angolan refugees is unlikely to change in the next two years given that the repatriation exercise has been suspended and new arrivals from the Great Lakes remain at an average of 20 persons per month while repatriations and resettlements remain small and unpredictable.

Unless GRN, UNHCR and WFP more actively seek sustainable solutions, as recommended by the SADC protocol of August 2005, funding sources for both UNHCR/WFP will remain difficult to source and become increasingly unpredictable.

VIII. Recommendations

1. While negotiations are ongoing with GRN on durable solutions, it is recommended that both agencies revise their budgets and plan for the continuation of protection, care and maintenance by UNHCR and food assistance by WFP.
2. WFP should extend its current assistance until end of 2006 with a budget revision and design a new operation for subsequent support should the numbers of refugees and asylum seekers continue to justify this operation. UNHCR should budget at current numbers of refugees needing support.
3. Should the current caseload of refugees and asylum seekers requiring ongoing support fall below the threshold of 5,000 persons where WFP would normally hand over to UNHCR the responsibility for food assistance, as stipulated in the global UNHCR/WFP memorandum of understanding, WFP will consider continuing support so long as it maintains a presence in the country through other food assistance programmes and UNHCR also remains in the country.
4. Ongoing discussions with government on increased ownership and / or consideration of the possibility for local integration should be pursued. This would be in line within the SADC protocol that proposes that member states ease reservations on those legal instruments that limit freedom of movement following a SADC meeting of 22-24 August 2005, held in Gaborone. Easing the reservations would contribute to refugees' self-reliance while waiting to return. Member states are expected to report on progress made on the recommendation of the International Refugee law, Human Rights and Humanitarian Law Instrument by 1 August 2006.
5. UNHCR to assist government to draft a concept note on local integration of Angolan refugees to be presented before parliament as indicated by Permanent Secretary of Home Affairs and Immigration during the preliminary Mission result briefing.
6. In view of the dwindling financial resources, current resource mobilization strategies for the food, care and maintenance of refugees should be reviewed, such as the introduction of a tripartite resourcing appeal (government, UNHCR and WFP) to the donor community to meet the immediate needs of refugees.
7. The introduction of at least quarterly coordination meetings in Windhoek at the Permanent Secretary level with heads of agencies from UNHCR and WFP.
8. In line with the UNHCR/WFP MoU, a tripartite agreement among UNHCR, WFP and Africa Humanitarian Action should be introduced to cover

¹⁶ WFP will continue to provide food to 6,000 (average of 5,750) beneficiaries till the end of 2006.

arrangements regarding food distribution at camp level. Post-distribution monitoring of care and maintenance support and food assistance should also be addressed in this agreement.

9. Awarding of scholarships for Grade 11 and 12 to be reconsidered, as circumstances remain the same.
10. In close coordination with the camp administrator and Namibia Police, refugee students studying outside the camp should be allowed to take their monthly food entitlement with them.
11. Creative sporting activities and exchange visits should be budgeted by UNHCR to minimize the sense and isolation of entrapment of the refugees, especially for the youth.
12. UNHCR should share its database with government to speed up the fingerprinting and photo-taking of refugees for issuance of refugee Identity cards.
13. Osire camp is in an arid environment with limited food production. UNHCR should approach FAO to conduct an assessment to explore possible options for alternative agriculture.
14. The UNHCR to support self-reliance activities within the camp (horticulture, small animal rearing, and income-generating activities).

Annex 1 – Household & Nutrition Questionnaires

Block number	_ _
Household number	_ _ _
Date of interview	_ _ _ _ _ _ _ Day Month Year
Name of Enumerator	_____ _

Guidance for introducing yourself and the purpose of the interview:

- My name is _____ and I am doing some survey work for WFP and UNHCR.
- Your household has been selected by chance from all households in the area for this interview. The purpose of this interview is to obtain information on the effects of the WFP food aid program. It helps us understand whether we are implementing our program properly and whether our intended objectives are met.
- The survey is voluntary and the information that you give will be confidential. The information will be used to prepare reports, but neither your, nor any other names, will be mentioned in any reports. There will be no way to identify that you gave this information.
- Could you please spare some time (around 40 minutes) for the interview?

NB to enumerator: DO NOT suggest in any way that household entitlements could depend on the outcome of the interview, as this will prejudice the answers.

Respondent should be household head or spouse of household head.

Section A: Household Demographics							
A1	Name of Respondent (for record only): _____						
A2a	Sex of Head of Household	1 = Male	2 = Female				
A2b	Age of Head of Household	Age in years: __ __					
A3	Marital status of Head of Household	1 = Married	4 = Living apart, not divorced				
		2 = Partner, not married	5 = Widow or widower				
		3 = Divorced	6 = Never married				
A4	Can the Head/Spouse read a simple message in any language?	Head		Spouse			
		1 = Yes	2 = No	1 = Yes	2 = No		
A5	Total Number of People Living in the Household __ __	Males	0 to 5: __	6-17: __	18-59: __	60+ __	
		Females	0 to 5: __	6-17: __	18-59: __	60+ __	
A6	Are all of your children aged 6-17 attending schools regularly?	Males: 1 = Yes, 2 = No		Females: 1 = Yes, 2 = No			
A7	Have any of your children aged 6-17 dropped out of school?	1 = Yes		2 = No			
A8	Are there any orphans living in your household?	1 = Yes		2 = No			
A9	Have any of your household members been chronically ill and unable to work for the past 3 months?			1 = Yes 2 = No			
A10	Are any of your household members physically or mentally disabled?			1 = Yes 2 = No			
A11	How many persons in your household 6 years or older are engaged in some type of economic activity?	Children (6-17)	Number __	Adults (18-59)	Number __	Elderly (60+)	Number __
B. Household Circumstances							
B1	What is your country of origin?	1 = Angola	2 = DRC				
		3 = Rwanda	4 = Other				
B2	What problems have prevented you from returning to your place of origin? (Circle all that apply)	1 = Insecurity	4 = Roads/bridges /infrastructure destroyed				
		2 = No arable land in place of origin	5 = Don't have enough resources to return				
		3 = Cannot find work/earn enough money there	6 = Nothing there to return to				
B3	How many times did you change your place of living in the past 3 years?(all places)	__ __					
B4	When did your household move to this current camp?	Year __ __ __ __	1 = Rainy season 2 = Dry season				

B5	What is the main source of drinking water for your household?	1 = Piped into dwelling, yard or plot	4 = Protected dug well
		2 = Public tap/neighborhood house	5 = Rain water
		3 = Borehole with pump	6 = Unprotected well
		7 = Pond, river or stream	8 = Tanker/purchased
B6	What kind of toilet facility does your household use?	1 = Flush latrine	2 = Traditional pit latrine
		3 = Open pit	4 = None/bush/open space
B7	What is the main source of lighting for this house?	1 = Electricity	2 = Paraffin lamp
		3 = Kerosene lamp	4 = Candle
		5 = Generator	6 = Firewood
		7 = None	
B8	What is the main source of cooking fuel for this household?	1 = Electricity	2 = Wood
		3 = Charcoal	4 = Gas
		5 = Kerosene	6 = Dung
		7 = Paraffin	8 = Other

C. Household income & debt			
Please complete the table, one activity at a time, using the livelihood source codes below		During the past year, what were your household's most important livelihood sources? (use activity code, up to 3 activities)	Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each source (%)
C1a	Most important	_ _	_ _ _
C1b	Second	_ _	_ _
C1c	Third	_ _	_ _
Livelihood source codes: 1 = remittance 2 = Food crop production/sales 3 = Cash crop production 4 = casual labour 5 = begging		6 = livestock production/sales 7 = skilled trade/artisan 8 = small business 9 = petty trade (firewood sales, etc.) 10 = brewing	11 = formal salary/wages 12 = fishing 13 = vegetable production/sales 14 = Food assistance 88 = Other
C2	During the past 6 months, has your household received any of the following type of support from relatives / friends living <u>outside</u> of the camp? (circle all that apply)	1 = Money	3 = Clothing
		2 = Food	4 = Agricultural inputs
C3	For how often did your household receive this support?	Money _	Food _
Codes for C3: 1=Every month, 2=Occasionally (not regular), 3=Only when asked for, 4=Only started			

C4	Do you expect to continue to receive this support?	Money		Food	
		1 = Yes	2 = No	1 = Yes	2 = No
C5	During the past 3months, did you or any member of your HH borrow money?	1 = Yes		2 = No (skip to Section D)	
C6	What was the primary reason for borrowing?	1 = to buy food		2 = pay for health care	
		3 = pay for funeral		4 = pay for social event	
		5 = buy agric inputs		6 = pay for education	
C7	From whom did you borrow?	1= friend/relative		2 = money lender	
		3 = bank/formal lending institution		4 = informal savings group	

D. Household assets and livestock						
D1	How many of the following assets are owned by you or any member or your household? IF A SPECIFIC ASSET IS NOT OWNED, ENTER '0'					
	Non-productive Assets		Productive & Transport Assets			
	1. Chair	__	6. Axe	__	12. Hand Mill	__
	2. Table	__	7. Sickle	__	13. Bicycle	__
	3. Bed	__	8. Panga/Machete	__	14. Harrow	__
	4. TV	__	9. Mortar	__	15. Plough	__
	5. Radio	__	10. Hoe	__	16. Sewing machine	__
			11. Ox Cart	__	17. Hammer Mill	__
D2	How many of the following animals do your family own?					
	Draught cattle __ __		Cattle __ __		Donkeys/Horses __ __	
	Sheep/goats __ __		Pigs __ __		Poultry __ __ __	

E. Food Consumption		
E1	How many meals did the adults (18+) in this household eat yesterday ?	_ NUMBER OF MEALS
E2	How many meals did the adolescents (5-17) in this household eat yesterday ?	_ NUMBER OF MEALS
E3	How many meals did the children (6-59 months old) in this household eat yesterday ? <i>IF NO CHILDREN IN THE HH, WRITE 98 for N/A</i>	_ _ NUMBER OF MEALS
<ul style="list-style-type: none"> • Over the last seven days, how many days did you consume the following foods? • What was the source of the food? 		
	Number of <i>days</i> (0 to 7)	<i>Source</i>
1. Maize, maize porridge	_	_
2. Other cereal (rice, sorghum, millet, etc)	_	_
3. Cassava	_	_
4. Potatoes, sweet potatoes	_	_
5. Sugar or sugar products	_	_
6. Beans and peas	_	_
7. Groundnuts	_	_
8. Vegetables/ relish /leaves	_	_
9. Bread, pasta	_	_
10. Fruits	_	_
11. Beef, goat, or other red meat	_	_
12. Poultry	_	_
13. Pork	_	_
14. Eggs	_	_
15. Fish	_	_
16. Oils/fats/butter	_	_
17. Milk/yogurt/other dairy	_	_
18. CSB	_	_
<p>Source codes: 1 = From own production 2 = Casual labour 3 = Borrowed 4 = Gift 5 = Purchases 6 = Food aid 7 = Barter</p>		

F. Coping strategies						
In the past 30 days, how frequently did your household resort to using one or more of the following strategies in order to have access to food? CIRCLE ONLY ONE ANSWER PER STRATEGY.						
		Never	Seldom (1-3 days/month)	Sometimes (1-2 days /week)	Often (3-6 days a week)	Daily
F1	Skip entire days without eating?	1	2	3	4	5
F2	Limit portion size at mealtimes?	1	2	3	4	5
F3	Reduce number of meals eaten per day?	1	2	3	4	5
F4	Borrow food or rely on help from friends or relatives?	1	2	3	4	5
F5	Rely on less expensive or less preferred foods?	1	2	3	4	5
F6	Purchase/borrow food on credit?	1	2	3	4	5
F7	Gather unusual types or amounts of wild food / hunt?	1	2	3	4	5
F8	Harvest immature crops (e.g. green maize)?	1	2	3	4	5
F9	Send household members to eat elsewhere?	1	2	3	4	5
F10	Send household members to beg?	1	2	3	4	5
F11	Reduce adult consumption so children can eat?	1	2	3	4	5
F12	Rely on casual labour for food?	1	2	3	4	5
G. Food assistance						
G1	Did your household receive food aid at any time during the last 6 months?	1 = Yes IF YES GO TO G3		2 = No		
G2	Why have you not received any food aid? (CIRCLE ALL THAT APPLY)	1 = Absent during distribution 2 = Am not registered 3 = Did not need 4 = Do not know 5 = -Eligible, but biased against GO TO G11				
G3	When in the past 6 months did your HH receive food ration? (<i>Ask for each individual month, circle all that apply</i>)	1 = March 2006 2 = February 2006 3 = January 2006		4 = December 2005 5 = November 2005 6 = October 2005		
G4	What was the sex of the recipient who went and collected the last food ration?	1 = Male		2 = Female		
G5	Who in your household makes decisions about how food aid is used?	1 = Men	2 = Women		3 = Both	
G6	What commodities did you receive in your most recent household ration? <i>Circle all that apply</i>	1 = Cereals		2 = Pulses		
		3 = Oil		4 = CSB		
		5 = Sugar		6 = Salt		
G7	How much of these commodities did you consume in your most recent ration?	1 = Cereals __		2 = Pulses __		
		3 = Oil __		4 = CSB __		
		5 = Sugar __		6 = Salt __		
Codes for G7: 1 = all 2 = More than 1/2 3 = Half 4 = Less than half 5 = None						

G8	Did you sell any food aid last month? (1 = Yes; 2 = No)	1 = Cereals __	2 = Pulses __
		3 = Oil __	4 = CSB __
		5 = Sugar __	6 = Salt __
G9	If yes, how much?	1 = Cereals __	2 = Pulses __
		3 = Oil __	4 = CSB __
		5 = Sugar __	6 = Salt __
Codes for G9: 1 = all 2 = More than 1/2 3 = Half 4 = Less than half			
G10	Did you barter any food aid last month? (1 = Yes; 2 = No)	1 = Cereals __	2 = Pulses __
		3 = Oil __	4 = CSB __
		5 = Sugar __	6 = Salt __
G11	Did you give away any food aid last month? (1 = Yes; 2 = No)	1 = Cereals __	2 = Pulses __
		3 = Oil __	4 = CSB __
		5 = Sugar __	6 = Salt __
G12	How many days did your most recent ration of CEREALS last?	__ __ NUMBER OF DAYS	
G13	If not finished yet, how long it will last?	__ __ NUMBER OF DAYS	

Maternal Health and Nutrition

Mother's name _____

- How old are you? |__|__|
(Note: must be between 15 and 49 years old)
- What is the highest level of education you have attained?
1 = None 2 = Primary, incomplete 3 = Primary, complete
4 = Secondary or higher
- Are you currently pregnant or breastfeeding? (circle one)
1 = pregnant 2 = breastfeeding 3 = neither 4 = both
5 = don't know
- How many times have you been pregnant? |__|__|
- How many living children have you given birth to? |__|__|
- How old were you with your first live birth? |__|__|
- In the past 2 weeks have you been ill with:
 - Diarrhoea? YES.....1 NO.....2
 - Fever? YES.....1 NO.....2
- Do you wash your hands after visiting the toilet?
 - YES.....1 NO.....2
- If yes, what do you use to wash your hands?
1 = water only 2 = ash & water 3 = washing soap & water 4 = nothing

Mother's weight (in kilograms)	_ _ . _
Mother's height (in centimetres)	_ _ _ . _

1	Child's name _____	Note: Child must be born after May 1, 2001
2	Date of birth (check birth record if available)	Month (drop down) Year (drop down)
3	Child's age in months (this is for verification)	_ _ months (0-59 range)
4	Child gender	Male.....1 Female.....2
5	When you were pregnant with [NAME], did you see anyone for antenatal care for this pregnancy? If YES, whom did you see? RECORD ALL PERSONS	Doctor.....1 Nurse.....2 Trained midwife3 Untrained midwife.....4 Relative/friend.....5 Other.....6 No one.....7 Unknown, mother not available..8
6	When you were pregnant with [NAME] were you given an injection in the arm to prevent the baby from getting convulsions after birth? (anti-tetanus shot – an injection at the top of the arm or shoulder).	Yes.....1 No.....2 Don't know.....9
7	When [NAME] was born, was he/she: Very large, Larger than normal, Normal, Smaller than normal, or Very small?	Very large.....1 Larger than normal.....2 Normal.....3 Smaller than normal...4 Very small.....5
8	Was [NAME] ever breastfed?	Yes.....1 No.....2
9	Is [NAME] still being breastfed?	Yes.....1 No.....2 (skip to 12)
10	FOR YOUNGEST CHILD ONLY if < 24 months (can you program this?) Since this time yesterday, did [NAME] receive any of the following? (circle all that apply)	Vitamin supplements or medicine.....1 Plain water.....2 Sweetened water or juice.....3 Oral Rehydration Solution (ORS).....4 Tinned, powdered or fresh milk.....5 Any other liquids.....6 Solid or semi-solid (mushy) food.....7
11	Has [NAME] ever received a vitamin A capsule (supplement) in the past 6 months?	Yes.....1 No.....2 Don't know.....9
12	Has [NAME] been ill with a fever at any time in the past 2 weeks?	Yes.....1 No.....2 Don't know.....9

13	Has [NAME] been ill with a cough at any time in the past 2 weeks?	Yes.....1 No.....2 (skip to 16) Don't know.....9 (skip to 16)
14	When [NAME] had the cough, did he/she breathe faster than usual with short, rapid breaths?	Yes.....1 No.....2 Don't know.....9
15	Has [NAME] been ill with diarrhoea in the past 2 weeks? <i>(Diarrhoea: perceived by mother as 3 or more loose stools per day or one large watery stool or blood in stool)</i>	Yes.....1 No.....2 Don't know.....9
16	Child weight – Enter weight in kilograms, with one decimal place.	_ _ _ . _
17	Child height/length (in centimetres, with 1 decimal place)	_ _ _ _ . _

Annex 2 – Sampling table

Block Number	Number of Households	Actual Number of Households Interviewed
1	79	14
2	70	12
3	50	9
4	73	13
5	85	15
6	91	16
7	69	12
8	108	20
9	68	12
10	131	24
11	97	17
12	77	14
13	70	12
14	105	17 (instead of 19)
15	175	23 (instead of 32)
Total	1348	230 (instead of 250)

Annex 3 – Map of Namibia



Namibia Atlas Map

As of June 2005

PGDS in DOS
Population and Geographic Data Section
Division of Operational Support

