

# **UNHCR/WFP JOINT ASSESSMENT MISSION**

## **Osire, Refugee Settlement, Namibia**



### **June 2009**



Conducted together with:  
Ministry of Home Affairs and Immigration  
Ministry of Health and Social Services  
Ministry of Education  
Africa Humanitarian Action



## EXECUTIVE SUMMARY

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Osire settlement in central Namibia received 23,000 Angolan refugees between 1999 and 2002. Following improved security a voluntary repatriation programme with assisted returns for Angolan refugees began in 2003 continuing until December 2005. Over 4,000 Angolans did not take this option; at the same time, the settlement continued to receive a small number of asylum seekers from the Great Lakes region (Democratic Republic of Congo, Rwanda, and Burundi) and other countries due to the unfavourable political and humanitarian situations in their respective countries. There are currently around 7190 refugees and asylum seekers resident in Osire settlement.

In April 2006, the first UNHCR/WFP Joint Assessment Mission (JAM) concluded that refugees and asylum seekers resident in the settlement were food secure only due to the regular food assistance from WFP and that in the event of termination of food assistance, refugees and asylum seekers' nutritional status would deteriorate in a matter of months. In February 2007, a re-registration and socio-economic profiling exercise of persons of concern was widely seen as a positive step taken by Government of Namibia (GRN) in its efforts to identify durable solutions such as local integration for the refugees. A second UNHCR/ WFP Joint Assessment and Evaluation Mission (JAEM) was carried out early in 2008 one of the main findings of which was that only about 29% of the settlement population were highly food secure and deemed capable of providing for themselves in the absence of external food assistance.

At the beginning of 2009 a cabinet memorandum was approved to develop a National Policy framework on implementation of durable solutions (local integration, voluntary repatriation and resettlement). A third UNHCR/WFP JAM was planned in view of this and one of the objectives was to assess progress towards durable solutions as well as to further understand the impact of the recommendations put in place after the February 2008 JAEM on the food security situation of the population in Osire settlement.

The 2009 JAM was comprised of two teams: 1) a **household survey and health team**, which administered a questionnaire to 346 households, conducted anthropometric measurements of 261 children aged 6-59 months and 164 women aged 15-49 years and took blood samples from 171 children and 113 women to measure hemoglobin levels and 2) **an assessment team** that reviewed secondary data, conducted focus group discussions (13), held interviews with key informants (2) and conducted transect walks (2). Prior to the field work preparatory meetings were held with stakeholders at national and regional level and within the Osire refugee settlement. Project reports, health and nutrition information and previous JAM reports were reviewed.

### Main findings:

The mission concluded that 61.5% of the settlement population is food insecure and is still heavily dependent on food aid to survive. The food security groups with their characteristics and numbers were classified as:

**Severely Food Insecure 7.5% (539 people):** All these households have poor food consumption or a combination of borderline consumption with poor food access. This group relies entirely on food aid; they only have limited opportunities of earning income and would have to engage in

severe negative coping mechanisms in order to manage their food shortages without assistance.

**Moderately Food Insecure 54% (3,883 people):** These households have mostly acceptable food consumption but average or poor food access. It also includes those with borderline food consumption but average or good access. This group is generally able to eat well, but they rely heavily on food aid meaning that they would be vulnerable to deteriorating levels of food security should the food assistance cease. They cannot be expected to maintain their livelihoods without food assistance and other types of livelihood support. For those especially with poor food access, if their income sources deteriorate they would probably engage in negative coping strategies to maintain their food consumption and livelihoods at an acceptable level.

**Food Secure 38.5% (2,768 people):** These households have acceptable food consumption levels with a good food access score. They experience a high degree of self-reliance, and could be able to cope with a reduction of assistance, if implemented hand-in-hand with granting of additional rights by GRN.

In addition the mission found that:

- ✓ There are limited opportunities for self reliance. Those that exist include trade, employment within the settlement, sale of agricultural produce, income-generating projects. Encroachment and theft from private land surrounding the settlement as a livelihood opportunity, continues to cause a lot of resentment and insecurity between the refugees and surrounding farmers.
- ✓ Refugees and asylum seekers remained sceptical about durable solutions in the absence of practical solutions and options which remained unclear for them.
- ✓ Discussions suggested that a large proportion of the population currently residing in the settlement are those for whom a return to their country of origin is no longer a feasible option for family, security, financial or political reasons. This includes those teenagers who were born in the settlement and for whom Namibia is their only home.
- ✓ Food aid continues to be essential for 61.5% of the settlement population and the remaining 38.5% need to maintain their livelihood activities to ensure acceptable food intake in the absence of food assistance.
- ✓ Rates of acute malnutrition are low (1.7%) but stunting rates are high at 46.5% and analysis suggested that children had a sufficient calorie intake but have insufficient diversity of food specifically during weaning.
- ✓ Anemia is quite high for the children (51%), but not alarming for the women (29%) although above the desirable threshold of 20%.
- ✓ Teenage pregnancies were a cause for concern for health workers, teenagers, educators and parents.
- ✓ The extension of schooling until Grade 11 was highly appreciated, with further extension to Grade 12 in 2010, and was seen as a step towards improved self-reliance in the future.

#### Key recommendations:

1. Food assistance should be continued throughout 2010 and 2011 but targeted as priority to the food insecure groups,
2. Attempts should be made by UNHCR and WFP to carry out an exercise to identify those who are self-reliant and for whom a reduced level of assistance could be designed according to the level of self-sufficiency achieved, using food security and other livelihood indicators.
3. Self-reliance and alternative livelihood opportunities should be explored.

4. Clarification on permit rights for refugees wishing to leave the settlement temporarily should be sought and discussed as part of the self-reliance opportunities.
5. UNHCR and WFP should work together with the MHA in defining the legislative framework to implement the durable solutions policy and strategy as well as budgetary requirements.
6. Support to parents of young children on infant feeding practices (training/counseling sessions) to be given to address chronic malnutrition.
7. Family planning counseling for teenage girls and boys should be strengthened as well as improved services for teenage mothers (pre- and post-natal care, infant feeding practices, child care support, baby care centres to facilitate return to school).
8. Feasibility of procurement of wood from local farmers for distribution to refugees should be assessed by UNHCR.
9. The next JAM to be scheduled for 2011 to assess progress towards durable solutions.

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## ABBREVIATIONS

AHA	Africa Humanitarian Action
A/PNC	Ante/Post Natal Care
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
BMI	Body Mass Index
CSB	Corn Soya Blend
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
FAS	Food Access Score
FCS	Food Consumption Score
FDP	Final Distribution Point
GAM	Global Acute Malnutrition
GRN	Government of the Republic of Namibia
IGP	Income Generating Project
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
JAM	Joint Assessment Mission
JAEM	Joint Assessment and Evaluation Mission
MAWF	Ministry of Agriculture, Water and Forestry
MHAI	Ministry of Home Affairs and Immigration
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MUAC	Mid Upper Arm Circumference
PDA	Personal Digital Assistant
PLHIV	People living with HIV
PMTCT	Prevention of Mother to Child Transmission
PRRO	Protracted Relief and Recovery Operation
SAM	Severe Acute Malnutrition
SFC	Supplementary Feeding Center
SFI	Severely Food Insecure
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Disease
TB	Tuberculosis
TB DOTS	Tuberculosis – Directly Observed Treatment Short-course
UNAM	University of Namibia
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WatSan	Water and Sanitation
WFP	World Food Programme
WHO	World Health Organisation

## BACKGROUND TO THE ASSESSMENT

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The prolonged civil war in Angola resulted in the arrival of 23,000 refugees between 1999 and 2002 who were given shelter in Osire settlement in central Namibia. In addition, there was a continuing influx of small numbers of asylum seekers from the Democratic Republic of Congo, Rwanda, Burundi, and other countries due to the unfavourable political and humanitarian situations in their respective countries.

In September 2002, the United Nations High Commissioner for Refugees (UNHCR) signed a Tripartite Agreement with the governments of Namibia and Angola to voluntarily repatriate the Angolan refugees with a view to repatriate about 7,000 persons in 2003 and those remaining in 2004. The voluntary repatriation programme with assisted returns for Angolan refugees was extended until December 2005 by which time there was a remaining population of concern of some 4,666 Angolan refugees and 1,540 non-Angolan asylum seekers/refugees totalling some 6,206 registered as resident in Osire.

Despite a significant number of refugees also returning informally, over 4,000 Angolans did not take this option. Since then, the settlement has continued to receive a small number of asylum seekers from the Great Lakes region. The total population of concern registered in the settlement at the time of the mission was 7190.

In April 2006, the first UNHCR/WFP Joint Assessment Mission (JAM) was conducted in Osire settlement. The report concluded that refugees and asylum seekers resident in the settlement were food secure only due to the regular food assistance from the World Food Programme (WFP) and that in the event of termination of food assistance, refugees and asylum seekers' nutritional status would deteriorate in a matter of months.

In February 2007, a re-registration and socio-economic profiling exercise of persons of concern took place in the Osire settlement including collection of biometric data after which refugee ID cards were issued by the Ministry of Home Affairs and Immigration (MHA). So far, 3,759 refugee ID cards have been issued and this activity is ongoing. All asylum-seekers who had registered with the GRN and UNHCR up to June 2007 have been issued asylum-seeker certificates, which are valid for a period of six months and are renewable until the asylum seekers are granted refugee status. This exercise was widely seen as a positive step taken by GRN in its efforts to identify durable solutions such as local integration for the refugees.

In July 2007, a nutritional survey was carried out by Ministry of Health and Social Services (MOHSS) and Africa Humanitarian Action (AHA). The main findings showed that malnourishment levels were moderate and that additional education of mothers was required.

Also in July 2007, a sample survey on skills, livelihoods and coping mechanisms of refugees and asylum-seekers was carried out by NEPRU (Namibian Economic Policy Research Unit) on behalf of UNHCR. One of the main findings was that there were some refugees with skills required to fill the gap in the Namibian labour market.

A second UNHCR/ WFP Joint Assessment and Evaluation Mission (JAEM) in Osire settlement was conducted from 28<sup>th</sup> February to 5<sup>th</sup> March 2008. The mission focused on assessing food security and livelihood options for refugees and asylum seekers, evaluating the impact and effectiveness of WFP/UNHCR assistance within Osire settlement, and formulating clear recommendations concerning the future of assistance provided to Osire residents.

One of the main findings of the second JAEM was that only about 29% of the settlement population were highly food secure and deemed capable of providing for themselves in the

absence of external food assistance. Many of the recommendations of this second JAM were implemented during 2008.

At the beginning of 2009 a cabinet memorandum was approved (a) to authorize the MHA, in collaboration with the UNHCR to formulate a draft National Policy framework or position on implementation of local integration of Angolan refugees; and (b) to officially terminate the "prima facie" status enjoyed by the Angolan refugees up until 2003 when organised voluntary repatriation started as a result of the peace that prevailed in Angola and the fundamental positive change in circumstances, which made them flee their country.

## OBJECTIVES

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The objectives of the 2009 JAM were to specifically assess and review the aspects of the operations listed below and to make clear strategic recommendations for future support by all concerned agencies. There was a focus on:

- a) assessment of the current food security, livelihoods and nutritional/health situation of the Angolan refugees and non-Angolan asylum seekers/refugees;
- b) determining the extent to which the performance of the ongoing operations have met their objectives and provide recommendations on ways to improve future delivery of both WFP food assistance under PRRO10543.0 and UNHCR protection, care and maintenance of refugees under project: 14100-200 and any other assistance provided to the Angolan refugees and non-Angolan asylum seekers/refugees;
- c) providing an update on the ongoing efforts to identify and implement durable solutions and suggest possible assistance exit / hand-over strategies.
- d) to assess progress towards durable solutions as well as to further understand the impact of the recommendations put in place after the February 2008 JAEM on the food security situation of the population in Osire settlement.

## METHODOLOGY

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Preparatory meetings were held with various stakeholders and subsequent meetings were also held with Permanent Secretaries of the Ministries of Health and Social Services (MoHSS), Education (MoE) as well as Home Affairs and Immigration (MHA). In the refugee settlement the UNHCR Field Office and the Settlement Administrator held various meetings with the refugee leadership, the refugee committee and mass meetings with the refugee community at large. These meetings were held to sensitize the community to the JAM exercise and the importance of their active participation.

**Data collection:** The JAM was comprised of two teams:

- 1) **A household survey team**, which administered a questionnaire to 346 households and conducted anthropometric measurements of 261 children aged 6-59 months and 164 women aged 15-49 years. All children and women were then referred to the Hemocue station where their hemoglobin levels were measured by a separate team of qualified health professionals. Using systematic random sampling, a first sample of 500 households was drawn from the proGres database generated assistance list of persons of concern (6500). The database is maintained by UNHCR. However, since a large number of households in this sample could not be found, the sample was adapted to select all even numbered households (thus including households not necessarily on the food assistance

lists), whilst still respecting systematic random sampling. The original sample size for the assessment was set at 400 out of 2033 households<sup>1</sup>, of which 346 household interviews were actually conducted but only 325 interviews were valid for data analysis. Out of those who had their anthropometric measurements taken, 171 children and 113 women presented at the Hemocue station and had their hemoglobin levels measured.

Data was collected using a structured household questionnaire (see appendix 1) that included a module on the health and nutritional status of women and children (see appendix 2) and was jointly developed with the Ministry of Health and Social Services (MoHSS). The household survey was designed to provide empirical data on the food security and vulnerability of persons of concern and to assess the nutritional status of women aged 15-49 years and children between 6-59 months. The data was collected by a team of 26 enumerators supervised by a nutritionist and 2 data analysts from UNHCR and WFP. All teams were accompanied by a minimum of one translator selected from within the settlement, in order to overcome language barriers.

Hand-held Personal Digital Assistants (PDAs), provided and managed by the WFP Regional Bureau in South Africa, were used to collect and enter survey data electronically. SECA electronic weighing scales and both SECA and wooden height boards were used to collect anthropometric data.

The household data collection teams were trained on the household questionnaire, the use of PDAs and anthropometric measurements during a one-day training session in Windhoek prior to the assessment.

The HemoCue team comprising 8 members from UNHCR/MoHSS were trained on the use of the HemoCue machine and how to take measurements during a half-day training session in Osire Multi Purpose Centre, prior to the JAM.

The questionnaire was tested in Osire settlement before finalization.

- 2) **An assessment team** that reviewed secondary data, conducted focus group discussions, held interviews with key informants and conducted field visits and transect walks. The members of this team comprised 5 staff from UNHCR and WFP (drawn from headquarters, the regional bureau, the country office and Osire settlement field-office) as well as 1 official from each of the MoHSS and MoE (a total of 7 people).

Osire settlement project reports from AHA<sup>2</sup>, WFP, UNHCR and the Osire Health Centre<sup>3</sup> were reviewed as well as the Osire JAM 2006, JAEM 2008 and the AHA nutrition survey 2007. The Namibian DHS 2006/07 was reviewed.

Osire is located in the Otjozondjupa Region which has Otjiwarongo as its capital. Meetings were held in Otjiwarongo with the Otjozondjupa regional directorates of Health and Social Services, Education as well as Agriculture Water and Forestry. See appendix 6 for the complete list of people met.

During the assessment in the Osire settlement, 13 focus group discussions were held and 2 key informant discussions took place. The team met the following key informants and representatives of the settlement households:

Table 1: List of key informants and focus groups

<sup>1</sup> This figure was taken from Osire settlement statistics in April 2009.

<sup>2</sup> Monthly AHA Situation Reports from January – May 2009, AHA Annual Report (2008)

<sup>3</sup> Situation reports from Osire Health Centre (May 2009), the Summary Report National Immunization Day (round 1, June 2009).

Key Informants and focus groups with official bodies	Focus groups
The Osire Settlement Administrator	Angolan refugees (male)
Africa Humanitarian Action	Great Lakes refugees/asylum seekers (male)
The Refugee Committee	Young women (age 20- 35)
Health staff	Women over 35
Teachers	Adolescent boys (12-19 years old)
The local Farmers Union	Adolescent girls (12-19 years old)
	Employed settlement residents
	People involved in the micro-credit project and Income Generating Activities,
	Local farm workers

The focus groups discussions explored settlement resident views on service provision (care, protection, and food aid), general livelihood conditions in the settlement and any changes in living conditions and services since the 2008 JAEM. Refugees and asylum seekers were also asked about their perceptions concerning possible return to their respective countries of origin and the overall feasibility of durable solutions.

Finally, the health facilities, supplementary feeding centre and the food storage warehouse were visited. Transect walks were completed which included discussions with traders and marketers as well as observations of water and sanitation facilities. The general environmental condition of the settlement was observed.

The field work was carried out over 5 days.

**Data Analysis:** The household survey data was analyzed using Statistical Package for the Social Sciences (SPSS). For the child nutrition data, Epi-Info ENA and WHO Anthro were used to calculate z-scores used in the analysis. During the data collection, the JAM household survey and assessment teams met at the end of each day and any issues requiring action were transmitted to teams the following morning before data collection. In addition, the assessment team held a 4-hour debriefing session after finalization of the qualitative data collection to exchange views and triangulate information.

**Limitations:** The challenge of finding households that had been selected from the registration list and that were actually in the settlement during data collection resulted in initial delays of the work of enumerators in the field. This led to adaptation of the sampling methodology as described previously.

The quantitative data presented in this report reflects the perceptions of the people interviewed and the interpretation of the question by the interviewer and the translator. The limited time allocated for training had implications on the confidence of the teams to execute the questionnaire and conduct the interview. This is likely to result in some information bias which must be taken into account during the reading of this report. In addition the settlement population has been exposed to numerous data collection and discussion exercises including the 2008 JAM and interviewee fatigue cannot be ruled out. To highlight this point one of the members of a focus group stated 'if we know what the objectives are we know how to answer the question'.

The height measurements were conducted using two different types of height boards (SECA and traditional wooden). Whilst a standardization test was not carried out, practice sessions showed up to 0.5 cm measurement difference between the two types of boards with the SECA being the lower measure. This was particularly evident when taking adult measurements and depended on the level of leaning towards the sides during measurement. Therefore errors in the enumerator technique cannot be ruled out. Furthermore, the programming of the PDAs did not allow decimals to be entered when taking women's weight, thereby possibly reducing the weight of the women. Also, in some cases children were misclassified as younger than they actually were. These points may have added moderate bias to the results and may have led to limited overestimation of the prevalence of stunting. All findings from the households, focus groups and key informants as well as secondary information were triangulated and analysed to reflect the reality of the situation in the settlement.

## PART 1 – GENERAL INFORMATION

### a) Refugees numbers and demography

The total numbers and demographic breakdown of the population of concern in Namibia is seen in table 2 below.

Table 2: Refugee and asylum seeker demographics in Namibia

Refugees and asylum seekers in Namibia (June 2009)						
Age Group	Male		Female		Total	
	numbers	%	numbers	%	numbers	%
0-4	633	7	601	7	1234	15
5-11	843	10	859	10	1702	20
12-17	660	8	662	8	1322	16
18-59	2442	29	1645	19	4087	48
60 and over	65	1	66	1	131	1
<b>Total:</b>	<b>4643</b>	<b>55</b>	<b>3833</b>	<b>45</b>	<b>8476</b>	<b>100</b>
Major locations: Angola; Democratic Republic of Congo; Rwanda						

The total number of the population of concern is 8,476, of which, approximately 7,190 are settlement-based and around 1,286 live outside the settlement. 7,001 are refugees and 1,475 are asylum seekers.

The number of female adults in the settlement is only two-thirds that of the adult male population. This difference is greater than in 2008 when the female population was 73% that of the male population. Focus group discussions highlighted an increase of single male households specifically from the Democratic Republic of Congo (DRC). UNHCR report that a lot more single men than previously have been arriving in recent months, whereas before new arrivals comprised families or husbands coming to join their families. Other than single males reporting that they fled from insecurity the mission did not find any other reason for this change. However, given the travelling costs involved in travelling from the DRC to Namibia, one would anecdotally attribute the significantly high number of male new arrivals to the possibility that male asylum seekers may have greater access to resources than their female counterparts.

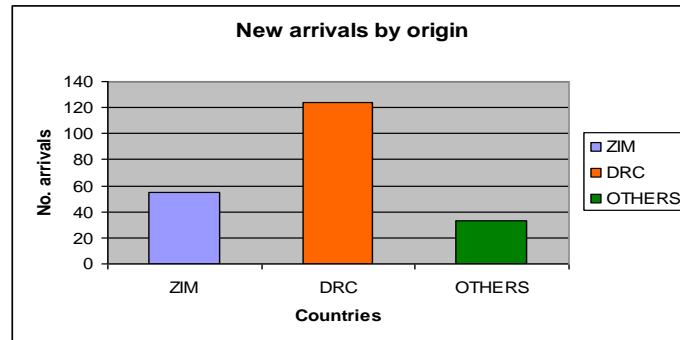
### New arrivals

From January until end November 2008 the settlement received 288 new arrivals of which almost two thirds were male (63%). From the end of November 2008 until June 2009 the

settlement received 230 new arrivals of which 212 arrived in 2009 – just over two thirds of the 2008 number (306) in only 6 months.

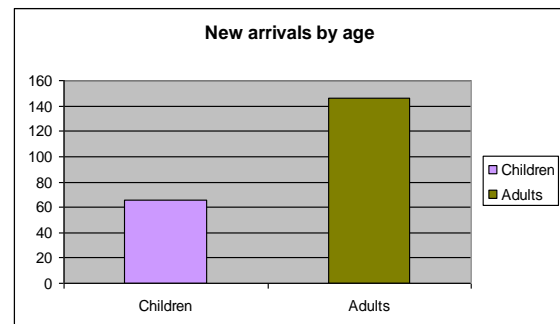
Of the new arrivals in 2009 all are asylum seekers with more than half coming from DRC (58%), 26% from Zimbabwe and the remainder from Burundi, Cameroon, Guinea, Kenya, Rwanda, Somalia, Tanzania, Nigeria and Uganda. This is represented in figure 1 below.

Figure 1: New arrivals by country of origin



Of the 2009 arrivals, 64% are male. This is mainly due to the proportion of adult males arriving from Zimbabwe (41 adult males out of a total 55 people from Zimbabwe) and DRC (43 adult males out of 72 adults and a total of 124 people from DRC) and which is greater than the female arrivals. This fact can also partially explain the gender differences highlighted above.

Figures 2 and 3: New arrivals by gender and age



These refugee statistics have been produced from the UNHCR proGres refugee database, based on a validation and registration exercise which was conducted in February/March 2007. The purpose of this exercise was to provide more precise data on each individual refugee and asylum seeker profile and to produce individual refugee and asylum seeker documentation.

The 2008 JAEM stated that refugee numbers were unlikely to decrease significantly until parliamentary and presidential elections were held in Angola. Parliamentary elections took place in September 2008 and the presidential elections are scheduled for the end of 2009/beginning 2010.

## b) General context

### **Economic situation<sup>4 5/</sup> opportunities in local area:**

With a population of 2.1 million, Namibia is classified as a “lower middle income” country with its economy closely linked to that of South Africa. Mining is the backbone of the economy contributing more than 60 percent of total export earnings. The service sector (public and private) accounts for around 70% of overall output and for much of the growth. The agricultural sector accounts for only 5.6% of GDP although 70% of the population works in this sector. The global economic crisis has impacted Namibia principally through lower demand for its commodity exports, mainly diamonds, and slowdown of the South African economy. Whilst there is generally good growth there are high levels of poverty, high unemployment (37%) and unequal distribution of wealth and income (inequality in Namibia is amongst the highest in the world). High HIV rates of 17.6% which have reduced life expectancy at birth to 47 years from over 60 years in the 1990's, pose a significant challenge to the GRN. The structure of the economy has made job creation and poverty reduction difficult and school-leavers are those most affected by unemployment. A central policy challenge in Namibia is to achieve higher rates of growth, create jobs, alleviate poverty, reduce inequality and raise living standards. The overall economic situation does not bode well for integration of refugees and asylum seekers.

With its isolated position, Osire settlement provides limited opportunities for economic activities. Most of those households who had a regular income derived this from business and trade in Windhoek and Otjirwarongo with much fewer, but some thriving, settlement based activities. Wage labor was also an option in the school and other settlement organizations. Work on commercial farms surrounding the settlement was not confirmed by the mission although casual labor was undertaken which could include farm work. While efforts have been made to support income generation through the AHA micro-credit project, very few of those projects set up have been seen to be economically sustainable. One of the main challenges to success is not having a solid, financially sound client base. Efforts are underway to review these projects with the view to addressing the challenges.

**Impact on the host community:** The 2008 JAEM reported that tensions appeared to be low at the time of the assessment between the farming community and the settlement population. Focus group and key informant discussions carried out for the present assessment revealed that relations between the host community – comprised mainly of commercial farmers in the immediate vicinity – and the settlement population were far more tense than had been previously understood. The host population also includes the population of the nearest town, Otjirwarongo, where much of the settlement population conducts trade as well attending health facilities after referral.

Commercial farms adjoin the settlement and the huge tracts of private land of several square kilometers are defined by wire fences held with wooden stakes. The closest farmstead of the adjacent farms is roughly one kilometer from the settlement while others are 8 kilometers or more away. Trespass and theft on the farmers' land are daily incidents with theft being mainly of wood including from fencing. Theft of devil's claw<sup>6</sup>, animals or meat, solar panels and tapping into private electricity supply are not uncommon.

Focus group discussions with the farmers and the settlement population only served to emphasize the strong negative feelings existing between the two groups. Over the years since the establishment of the settlement in 1990, farmers have become increasingly frustrated by the continued trespass of persons of concern from the settlement on their land.

<sup>4</sup> World Bank Country Brief Namibia, March 2009

<sup>5</sup> Special report FAO/WFP Crop, Livestock and Food Security Assessment Mission to Namibia, July 2009

<sup>6</sup> Devil's claw is a tuber which has pharmaceutical properties and brings a high price on the international market.

They stated that despite complaints and requests for action against the perpetrators action was not taken by higher authorities. The settlement administration stated that most cases have been brought to justice. Indeed whilst the assessment was being carried out a case of trespass and killing of a goat by a group of refugees was being addressed by the police. The farmers were requesting and expecting interventions beyond punishment of individuals to bring an end to the problem. Whilst the last JAEM reported that the issue of illegal firewood collection was more controversial when the settlement population was much larger, farmers stated that they are worn down by years of illegal wood collection on their farms.

This relationship has implications on the security and livelihoods of farmers, farm workers and refugees. Namibian farmers spoke of erosion of their own livelihoods as a result of farming next to the settlement and which seems to have spiraled to a new low. Amongst issues with loss of land value, reduction in beef cattle prices, increase in land tax and increase in minimum salaries for farm workers, goats and sheep were stated to be no longer produced as they were much easier to steal and/or kill and were thus no longer profitable. All these issues were exacerbating the tensions in the area. Farmers reported that they spend more time on policing their farms than farming. Partially as a result of the above factors, the farmers stated that whilst they had employed refugees informally in the past they no longer did so<sup>7</sup>. Refugees had thus lost one of their livelihood activities. Additionally, albeit illegally, refugees used wood, animals and other items on the farms as a source of fuel, food and income this supplementing their limited livelihood opportunities.

**Security:** Security was highlighted as an issue in many of the focus group discussions and by key informants. Refugees reported being beaten by the farmers but this did not act as a deterrent in every case with some saying that they would continue to steal '...as long as the farmer does not see [them].' Farmers at the same time whilst not admitting to beatings said that they chased refugees off their land sometimes spending days to do so and would take measures if they caught up with them. Refugees clearly recognized that their actions were illegal but at the same time their perception of the surrounding land is also as 'the bush' and thus available for all. Farmers admit that they have partially brought on the stealing themselves as when they did employ refugees, those workers were able to identify the location for devil's claw and for the best firewood. The installation of the cell phone tower next to the settlement was reported by farmers to facilitate stealing as they felt it enabled refugees to communicate more easily with each other. This was not however mentioned by refugees.

In addition to natural items being taken from farmers land, solar panels were also reported having been stolen and indeed a police operation found 40 such panels in the settlement. Farmers spoke of the settlement being used as a haven for Namibian criminals although this remains hearsay.

The farm workers find themselves in the middle of security issues between their employers and persons of concern reporting that they were accused by their employers of being in collusion with the refugees thus jeopardizing their jobs. They are required to protect the farm and the land but at the same time fear reprisals from those trespassing on the land. Persons of concern are clearly blamed by the farmers for all the trespass and the cases brought to justice as well as accounts by the refugees would indicate that this is often the case.

For women the risk of rape is ever-present within and outside the settlement particularly at night-time in the settlement and when collecting firewood outside of the settlement. Teenage girls spoke of general safety within the settlement and that after dark it was not safe to walk alone for fears of being beaten and/or raped.

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<sup>7</sup> The mission was not able to triangulate this information with the colleagues of the farmers who attended the discussion and thus this information remains particular to those farmers interviewed.

Key informants and focus groups reported the feeling that overall atmosphere of the settlement seemed to be degrading even though the reasons for this could not be pinpointed. There appear to be several on-going issues which have implications on the smooth running in the settlement. There is no electricity and lighting in the settlement beyond the supply for the school, health centre, women's centre, warehouse and office structures. Discussions suggested that the lighting situation was exacerbated by the reduction in the quantity of kerosene distributed monthly resulting in less fuel available for paraffin lamps at night. An assessment conducted by the power utility company, CENORED, revealed that each lighting mast would cost more than N\$100,000<sup>8</sup> an amount which was beyond the means of both UNHCR and the Government.

There are however positive reports that security within families has improved as sexual and gender-based violence (SGBV) is recognized as a crime against the law in Namibia and this has had repercussions on the behavior of males within the settlement particularly in their own households. Men are reported to emulate the behavior of neighbors who give women more responsibilities in the household. AHA Unit of Social Services and Community Development noted 15 reported cases of gender-based domestic violence in 2008, the majority of which was physical but also included psychological violence and threats. An average of 12 new and old reported cases of domestic violence receive counseling on a monthly basis.

**Attitudes and expectations for the future:** There was a general feeling of uncertainty and lack of clarity amongst refugees and asylum seekers of what the real possibilities for durable solutions were and they felt that they needed help in making decisions for the future. People within the focus groups said that they had lost the capacity to make important decisions after years of living in the settlement and having experienced trauma in their country of origin and would appreciate counseling/support to help make these decisions regarding the rest of their lives. Young people stated that their future depended on what UNHCR and the Government decided for them. The Refugee Committee was requesting a house-to-house registration of intention followed by counseling. Some people said that those remaining in the settlement did not do so because conditions were good but because they really had deep-seated reasons to not return to their place of origin. 'The new life means life, the old life means death' was a statement which sums up this feeling.

## **PART 2 – FOOD AVAILABILITY AND AGRICULTURE**

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### **a) Osire neighborhood**

As mentioned earlier, Osire refugee settlement is located in Otjozondjupa region, and is surrounded by private commercial livestock farms. The farms bordering the Osire settlement are mainly concentrated on cattle production with fewer small ruminants. Some crop cultivation is on-going but as the JAEM 2008 reported the potential is limited and prone to risk and uncertainty regarding yields.

### **b) Farming system in Osire settlement**

A 3km<sup>2</sup> plot of land is available for use by the settlement population for agricultural activities. The land was made available for use by the GRN in 2007. The soil is generally poor and does not support all types of crop cultivation. During 2008 soil samples from the plot were taken for examination by the Ministry of Agriculture, Water and Forestry (MAWF) to determine the most suitable crops for cultivation with the objective of increasing food security through crop production. The report concluded that the soil required NPK (Nitrogen, Phosphorous and

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<sup>8</sup> The exchange rate at the time of the assessment was N\$ 8.22 = US\$ 1

Potassium) in order to boost fertility. However, it is suitable for a variety of crops such as groundnuts, legumes and cereals which are already produced.

MAWF extension services reported that they had undertaken 3 x 3 day agricultural training sessions attended by 90 persons of concern and which included training of trainers. The latest session was carried out in May 2008 at which 30 people were trained in farming techniques. The MAWF was prepared to intervene with training or other support on request from the settlement. Training was also carried out in mushroom production by the University of Namibia (UNAM) with the specific aim of having this as a self-reliance activity. This was not, however, mentioned in any of the households visited.

Discussions revealed that one Angolan refugee was so successful in the production and sale of beans that she was able to raise enough money to purchase a small pick-up. Another male Angolan reported onion production totaling 2000 kg over the year in his backyard garden. Nevertheless, this appears to be quite exceptional as the 48% of households who had a backyard garden stated that the produce was only for home consumption and analysis of the household questionnaires showed that home produce made up only 3.5% of total food intake.

### **c) Crop cultivation activities**

Transect walks revealed that a large number of homes had backyard gardens producing a variety of vegetables and crops. Backyard gardens closer to water point were seen to be thriving, as water availability is not an issue whereas gardens which were further away from water sources had difficulty ensuring adequate water. Observation corroborated this information as well as the 51% of households who stated they did not have backyard gardens citing lack of water and land as the main reason. Some larger areas under cultivation were seen in the outlying areas of the settlement mainly producing local pearl millet (mahangu).

Production was mostly for home use to supplement the food ration although vegetables produced in the settlement were for sale on the local market; primarily onions, tomatoes and potatoes during the time of the mission.

Agricultural inputs were provided for the 2008/2009 production season - 500g of sorghum and millet seeds were distributed per person, onion seeds to those interested and a total of 60 spades. The harvest was reported to be successful for these crops.

The AHA demonstration garden, noted in the 2008 JAEM is still operational and has been consistently producing a variety of vegetables and crops<sup>9</sup>. The garden is 6789m<sup>2</sup> and is well maintained. A mushroom production house is also in progress. Animal manure is purchased from surrounding farms for use in the garden and black soil was collected from Otjiwarongo for the tree planting nursery. A storeroom in which to keep tools was constructed in 2008.

In 2008 the garden was able to distribute 304 kg cabbage as complementary food to elderly refugees, mentally challenged patients and other refugees of concern. N\$3062.00 was made from sales of the garden produce during the six months. This was given as a motivation for the voluntary workers from September 2007 up to May 2008.

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<sup>9</sup> Onion, cabbage, sugar loaf, carrot, spinach, tomato, green pepper, eggplant beetroot and sample mushroom.

#### d) Livestock production activities

Most goats noted in the settlement were penned in and were grazed on the land provided by the GRN. Very few animals were seen during the transect walks although some households had pigeons or chickens in their backyard. Indeed, many households reported that they did not own livestock but a few mentioned that they had poultry. The main reasons provided for not raising livestock was "No money to raise livestock" (59.5%) followed by "No access to grazing" (10.9%). Encroaching on neighboring farms by animals from the settlement was mentioned and was seen as a risk for the farmers to the health of their own livestock. There were reports however that the settlement livestock were vaccinated and received regular health checks from the Government veterinary services.

#### e) Aforestation and agroforestry activities

The area around Osire is significantly deforested, as a result of the years of a highly concentrated population living in the area. The reduction in the quantity of kerosene distributed (down to 2 liters per person per month from 4 liters) has not helped the need to continue searching for firewood from adjacent farmers' land and is further exacerbating the deforestation as well as security. Fencing around the farm has been destroyed as poles are used for firewood. The fence has also been destroyed for ease of access to the farm. In addition, the camel thorn tree which is a protected species is being cut for firewood. Devil's claw is highly sought after as a pharmaceutical to treat arthritis and brings \$36 per kg (according to farmers) - \$55per kg (according to farm workers). Anecdotaly a member of the mission met by chance the only farmer in the world (according to his own evidence) who produces devil's claw commercially. He confirmed its profitability.

Efforts to reforest were undertaken in 2008 with 3284 neem tree seedlings distributed (of which 2967 survived) and a variety of other species of tree planted in the settlement to aid in nitrogen fixation for the generally poor soils. The seedlings were distributed to persons of concern who planted them in backyard areas and public places but in the latter they mostly do not survive.

### PART 3 - HOUSEHOLD FOOD SECURITY & SELF-RELIANCE

#### a) Food assistance

Food assistance for refugees and asylum seekers residing in Osire settlement is provided by WFP with AHA as the cooperating partner carrying out warehouse management and food distributions. Of the households surveyed, 97.5 % reported that they had received the WFP food ration for the previous six months, and that the ration received had been complete (consisting of all 6 items in the food basket). Details of the ration can be seen in table 3 below:

Table 3: Monthly WFP/AHA food rations and nutritional value

Commodity	Monthly Ration (kilograms)	Ration/Person/Day (grams)	Kilocalories	Protein	Fat
Maize Meal	12.00	400	1440	36	14
Pulses	1.80	60	201	12	0.7
Vegetable Oil	0.65	22	195	0	22
Sugar	0.75	25	100	0	0
Salt	0.15	5	0	0	0

Corn Soy Blend	1.50	50	169	24.6	1.2
<b>Total</b>	<b>16.85</b>	<b>562</b>	<b>2104</b>	<b>72.6</b>	<b>37.9</b>
Adequacy of Ration			100%	136%	95%

As a result of the recommendations from the 2008 JAEM, individual ration cards were introduced in September 2008 with the main aim to ensure that only persons of concern who are present in the settlement receive assistance. Initial evaluation of this system noted that, in addition to having more ration cards to handle, the screening of persons of concern delayed the distribution process with resultant overcrowding at the final distribution point (FDP). Cards were easily lost and staffing was insufficient. However, the caseload was reduced by around 10% marking a small but significant step towards self reliance.

In addition to the general distribution, WFP also supports a supplementary feeding program run through AHA, providing 100g Corn Soya Blend (CSB), 30g beans and 15g vegetable oil for moderately malnourished children. The Supplementary Feeding program is run through the general hospital kitchen and provides additional food items for a lunch meal for malnourished children and caters for other debilitated adults especially PLHIV and TB patients. Children are transferred to the supplementary feeding center based upon the recommendations of health promoters within the settlement. The number of children attending the supplementary feeding center each month has fluctuated from 5-13 cases in 2009 - as of June 2009, 9 children are admitted. These children generally have underlying health problems, such as tuberculosis, HIV/AIDS, diarrhea, or parasitic worms.

Supplementary food is also provided to persons who are HIV positive and are on medication that needs them to adopt a special diet. Mentally challenged persons, however, although on medication needing a special diet were not included in the supplementary feeding programme. However, a full-time caretaker from the Social Service prepares food for the latter group in the mental institution currently housing 11 people.

Children in the kindergarten (age 3 – 5 years) receive one meal per day which comprises a diversity of food items to ensure a balanced diet. The food supplied by UNHCR through the MoE helps to maintain young children's nutritional health.

## b) Food supply

**Pipeline:** In September 2008 the ration of vegetable oil was reduced by 50% due to logistics constraint and full ration was reinstated as of October 2008. Due to a later resource shortfall, it was agreed by WFP, UNHCR and other stakeholders to reduce the vegetable oil and sugar ration by 50%. This was implemented from May 2009 to ensure extended availability of these commodities. This move proved to be very unpopular with the persons of concern. Beneficiaries stated that the only commodity left 7-10 days after distribution was maize meal and the cut in sugar and oil resulted in a significant amount of the maize meal being bartered to obtain these commodities.

The pipeline for WFP PRRO 10543.0 was secure only until October 2009 (with the above-mentioned 50 % reduction in vegetable oil and sugar) based on an average of 6,500 persons of concern. Any significant additional influx of the population will directly affect the duration of stock availability. In addition, proper food handling and monitoring is mandatory to minimize incorrect usage of food.

**Food Procurement:** Maize meal and salt are procured locally. Due to the high food prices it has become more cost effective to procure the other commodities (beans, Corn Soya Blend, sugar and vegetable oil) internationally.

There are no specific issues with delivery of food. Preventive fumigation of the warehouse is under the responsibility of the MoHSS (Environmental Health department) via direct requests from AHA. At the time of the mission, there was some infestation, which was resolved by the time of writing this report.

### **c) Non-Food Assistance**

The majority of focus group discussions highlighted the reduction of kerosene distributed on a monthly basis as a major constraint<sup>10</sup>. Already the 2008 JAEM had mentioned that 4 liters was not seen as sufficient by settlement residents; the reduction to 2 liters per person per month was seen as woefully inadequate – there were numerous reports of the long cooking time for the specific type of beans distributed which used large amounts of kerosene for cooking (2 liters for one pot of beans was frequently quoted). The limited amount then available for lighting was affecting security in the settlement as 78% of the households mentioned that kerosene light was the primary source of lighting. Learners complained that they were not able to study after dark especially those in secondary school who had classes in the afternoon. The quality of the kerosene was reportedly bad, resulting in negative health effects on eyes and causing respiratory problems. Firewood is the main source of cooking fuel for 74% of households with 24% citing kerosene as the main source. As mentioned in earlier sections tensions are high between local farmers and settlement residents regarding the illegal collection of firewood. The option of farmers undertaking controlled collection of firewood on their own farms and selling it to UNHCR or settlement residents for a small fee was again raised by them.

The cold winter period and lack of blankets and mattresses was frequently mentioned in focus group discussions. The distribution of these items is once-off upon arrival or by recommendation by the community development officer. However many blankets have been reported to be worn out as well as family size having increased over the years. This issue was also cited as a factor in the increase in teenage pregnancies – with little light and the need to keep warm at night young residents were reportedly left with little option other than human warmth. Towards the end 2007, a general replacement distribution of blankets, stoves, cooking utensils was carried out by AHA. New kerosene stoves in stock, purchased through local Chinese suppliers were preferable as spare parts could easily be obtained compared to the previous stock.

### **d) Access to Market**

Two markets are functional in the settlement: one with food and a range of non-food items including new and used clothing, the other with mostly food stores and fresh food products. In addition to the two markets there are a number of small grocery stores in various blocks of the settlement. A wide range of foodstuffs is available but most of the population cannot afford the goods. Refugees still require an exit permit to leave Osire which has to be requested from the Settlement Administrator. Food from own production is sold in the market. Non-food items are purchased in bulk from Windhoek/Otjiwarongo – one trader held N\$3000 worth of stock and two traders cited being able to make a monthly profit of around N\$1000. Focus group discussions reported that cash flow within the settlement was limited as any person having consequent amounts of money to spend would tend to leave the settlement to shop in Otjiwarongo/Windhoek making it difficult to raise any capital or to reinvest money in income generating activities. Despite restrictions on movement, the number of cars and minibuses in the settlement indicates fairly large scale movement of people and goods to

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<sup>10</sup> Until April 2008 the ration was 4 liters per person per month. It was reduced to 3 liters per person per month in May and from September 2008 this was further reduced to 2 liters per person per month

the closest markets in Otjiwarongo and Windhoek. However, transport is costly and thus is not within the means of everyone: a one-way trip to Otjiwarongo was N\$50 and N\$100 to Windhoek at the time of the assessment.

Some persons of concern also sell on the main market in Otjiwarongo town – no license or fee is required to do so. Farm workers from the surrounding farms also purchase fresh products from the settlement market and from the interviews carried out this appears to form a substantial and important part of the trade as the farm workers have ready cash which the refugees do not have. Farm workers however, have expressed security concerns fearing retributions from some settlement residents regarding trespass on their employer's land and so limit their movements into the settlement or have stopped altogether. Marketeers also travel directly to farm workers locations to sell goods, which appears to be an important activity for the traders.

### **e) Skills, Income generating and employment opportunities**

A number of residents of the settlement are employed and receive incentives. The main roles include security guard, cleaner, health staff and teaching staff. Incentives range from N\$800 for unskilled work (guards, cleaners and health assistants) up to N\$2500 for a trained teacher. The latter figure varies according to whether the teacher is employed by the MoE, or whether he receives an incentive from UNHCR. A kindergarten teacher receives an incentive of between N\$1200 and N\$1500.

Non-Namibian teachers on contract will be replaced by qualified Namibian teachers upon expiration of their contract according to a recent circular issued by the Ministry of Education (May 2009). This has the potential to limit employment opportunities in this sector for refugees in any future integration policy. Persons of Concern with paid employment were removed from food assistance with the advent of individual ration cards. They complained during interviews that as they were employed they felt obliged to support others and family members felt that they should be supported and having food aid assisted them to share their revenue. They thus stated that they felt a negative impact of no longer receiving their food aid ration. If those in paid employment lose their jobs then they should be re-instated on the food list.

Casual labor for distributions brings in N\$15 per day although this is under review as it is deemed to be unrealistically low. There were also complaints that it was paid only after the distribution. It was reported that some qualified people are working as guards, despite their qualifications and their incentive has been the same for a number of years. A number of people expressed concern about lack of employment opportunities after the end of secondary school and in general career opportunities were limited resulting in general demotivation. Nevertheless workers stated that having a job does give self esteem, experience and thus improves prospects of the future.

The 2008 JAEM reported that opportunities for informal income generation were widely accessible in the settlement whereas formal income generation opportunities and employment, both within and outside of Osire settlement were limited. This was reiterated in 2009 but some of the income generation opportunities were said to be unsuccessful.

AHA runs a micro-credit project but interviews with those participating in the project reported that their activities had met with limited success. Potential groups submit a business plan requesting loans. All those who receive the initial credit also attend training. One of the reasons for the lack of success (also mentioned in other groups) was the discrepancy between the amount requested on the business plan and the actual amount of capital received stating that the capital was insufficient to be able to fully develop the activity. The lack of clients is also a key constraint in the success of the activity. The restaurant at the Women's Centre is one of the successful projects having made N\$38,200 in 2008 of which

N\$17,200 was re-invested into the project. The main reason for the success of this project is because there is an assured client base for the service by catering for various workshops held in the settlement. One bakery was expanding its business and selling on the market and the ice cream project had managed to reimburse its loan.

AHA conducted a workshop on the 23<sup>rd</sup> and 24<sup>th</sup> July 2008 to train the six newly approved project groups on management of small to medium enterprises. Further groups have been set up but when the mission spoke to them they were still in set-up phase but highlighted the lack of sufficient capital to proceed with their activity.

Transect walks showed that brick production was proliferous in the settlement with new buildings being constructed – the more usual sand bricks do not withstand wet weather conditions and need replacement. House sale and purchase was on-going – those on the outskirts of the settlement buying closer to the centre from those leaving for voluntary repatriation or resettlement – a shelter can cost up to N\$2000 for a large house but can be as little as N\$ 300 for a place with a single room. Measures are being put in place to ensure that the practice is stopped, as the houses are build mainly with UNHCR procured materials. Other shelters were seen to be in a very poor state of repair with blankets and plastic covering up, sometimes large, holes. One micro-credit group was attempting to set up a clay brick-making business supported by micro-credit but had not managed to gain GRN approval to quarry the clay.

**Coping strategies:** The 2008 JAEM did not use the coping strategies index as part of the food security classification judging that as refugees and asylum seekers are provided with a full monthly food ration by WFP, and that over 98% of households surveyed had indicated that they received the ration every month, there was no need for the settlement population to engage in coping mechanisms. However, based on the focus group discussions and key informant interviews from the 2009 JAM it was esteemed important to include this aspect into the food security overall analysis.

Those with large families were able to manage their ration in a better manner than single person households and could sell part of their ration to purchase other foodstuffs.

A number of groups mentioned taking credit from traders in order to buy essential items. Women stated that no interest was added on items, but workers reported that traders added 10-20% to the cost when purchased on credit. Credit was only given for a limited number of times and mostly depended on the credit worth of the customer.

Skipping meals, reducing portion sizes and begging were frequently mentioned in discussion groups as coping strategies. Begging was from neighbors or from the church – some churches had a system whereby an emergency stock was constituted (essential items were given when people had them) to be redistributed to those in need at difficult times. Limiting portion size, reducing the number of meals and borrowing from friends or relatives was also mentioned by about 30% of households.

Coping strategies of concern included theft from inside houses with cases of theft of clothes from the washing line and cooking pots full of food from the fire. Young girls sleeping with older boys or men for the sole purpose of obtaining food and other items – clothes, shoes – was very worrying. The extent to which this was happening was not clear but the fact that it was highlighted during several discussions shows residents' concern regarding this issue.

Sale of illicit brew and drugs is illegal but was reported to be happening within the settlement. Boys were dropping out of school in winter to dig the devils claw in order to have cash to buy warm clothes with subsequent effects on their education.

## **f) Food Security**

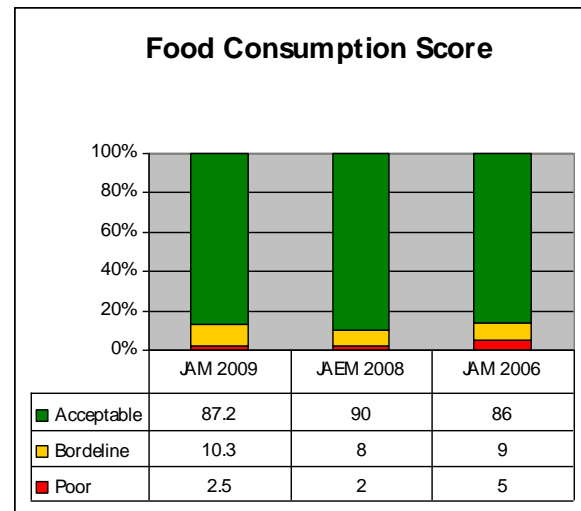
From the above sections, although it is evident that many refugees and asylum seekers in Osire have income and livelihood sources, there is still dependence on the food and non-food assistance provided by WFP and UNHCR. The analysis below provides a brief summary of the results from the household interviews conducted. Respondents were mainly Angolans (74%), followed by Congolese (19%) and then other nationalities which reflects the overall settlement population (75% Angolan, 20% Congolese, 5% other nationalities in 2009).

The goal of this analysis is to further understand the situation in the settlement by constructing a **food security indicator** which takes into account several different aspects of vulnerability and self reliance in order to predict how households might fare with reduced or no assistance. The food security indicator incorporates a **food consumption score (FCS)** based upon dietary diversity, food frequency, and nutrition, as well as a **food access score (FAS)** based upon household food sources, skill levels, per capita expenditure, and asset ownership. The combination of a household's food consumption at present and its food access (ability to access food in the future) will serve as a measure for overall food security.

Figure 4: Food consumption groups

**Food Consumption:** Figure 4 shows the results of the food consumption analysis<sup>11</sup> for Osire settlement, comparing the current results with those from the 2008 JAEM and also the 2006 JAM assessments. There is a slight decrease of the population with acceptable consumption this year, compared to 2008, but at the same levels as those in 2006. On the other hand, the number of households with poor consumption has decreased by half, from 5% in 2006 to 2.5% in 2009.

When compared by the country of origin, each nationality group had over 80% of households within the acceptable consumption range, with Angola and DRC having households with poor consumption of 3% and 1.7% respectively.



There is only a minor difference in the dietary diversity between the poor and borderline households. The diet consists of mainly food items from the food assistance basket. In the 7 days recall during the assessment, there had been no consumption of fruits, meat, fish and milk or any dairy product. Vegetables were consumed at least once by the poor, and twice by borderline households.

Consumption was found to be acceptable out of all the sampled households classified as food secure. Households with acceptable consumption had a variety of food items, including the consumption of fish and more vegetables. There was however, no consumption of dairy products and fruits.

A high proportion of the households in Osire access their food mainly through food aid (95%), supplemented by purchases (15%) for those that can afford to do so. Own production only plays a minor role (3.5%) in food intake; 48% of the households in the settlement have a vegetable garden, mostly used as the main source of their vegetables.

#### Food Access:

<sup>11</sup> WFP has adopted the Food Consumption Score methodology to measure dietary diversity, food frequency, and relative nutritional importance of foods consumed. This indicator has proven to be a strong proxy for food intake and present food security. See appendix 3 for a detailed explanation of the construction of the FCS.

While the FCS presented above gives an indication of a household's present level and quality of food consumption, it does not address what ability that household might have to access food in the future, should the situation in the settlement change. For the moment, the main source of food in the settlement is through food assistance, while the key complementary activity is market purchase. Vegetable gardens also play a role on a smaller scale, but this activity is affected by insufficient availability of water or shortage of labour, especially in the single-male households. The following food access analysis will concentrate on household's capacity to earn income and it will also incorporate a variety of indicators which relate to income generating ability.

The food access indicator is calculated by combining the degree to which a household uses **purchase as a source of food**, the **education level** of the adults in the household, the household **monthly per capita total expenditure**, and the household's **ownership of key assets**, such as radios, cell phones, or household implements. Taking into consideration all of these aspects, households are rated as having poor, average, or good access to food. For a more detailed explanation of the food access indicator, see Appendix 4.

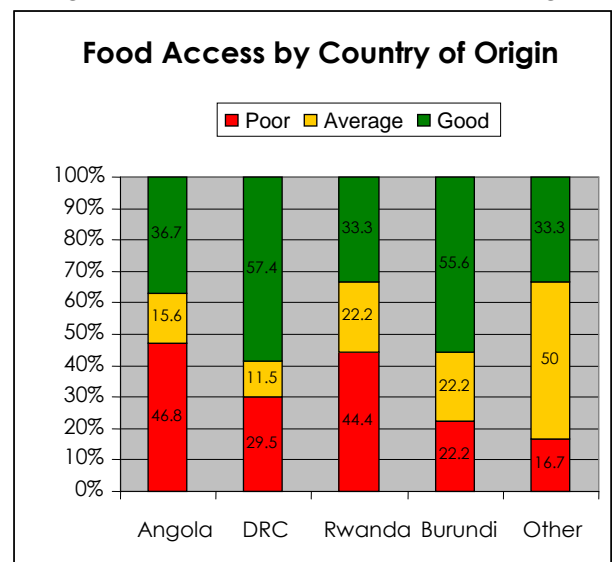
**Purchase:** compared to last year, the percentage of Severely Food Insecure (SFI) households who had medium and good access to purchased goods increased. This might be one positive aspect of settlement residents heading towards self-reliance. However, access to **wealth/ assets** went down for both the Severe and Moderate Food Insecure categories.

**Education:** More people in the SFI category have poor access to education as compared to last year. The medium access category has gone down from 57% in 2008, to 37.5% in 2009. This might have an impact on the employment opportunities that might be available within or outside the settlement. It should be noted that even the Food Secure category's access to education has gone down by about 17%.

**Expenditure:** due to the positive increase in access to purchase, there is an improvement for the SFI population regarding their expenditure per capita ; those in the poor access category to expenditure decreased significantly compared to over a year ago (from 78.6% in 2008 to 37.5% in 2009), leading to the increase of this population within medium access group.

Figure 5 shows the results of the food access analysis for Osire settlement, broken down by household's nationality. The graph illustrates that 57.4% of Congolese, 55.6% of households of Burundians and only 36.7% of Angolans have a good ability to access food. About 42% of all nationality groups are classified as having poor access to food, meaning that their ability to acquire food for themselves in the absence of food aid is severely limited.

Figure 5: Food access by country of origin



### Food Security:

After having determined both households' food consumption levels and food access levels, it is possible to derive their overall level of food security by combining FCS and FAS, to distinguish Osire households by both their level of food consumption at present and their

ability to access food in the future. See appendix 5 for a flowchart depicting the process of assigning households to a food security group.

Households were classified into three food security levels with the following categories:

- *Food Secure households* are those with acceptable food consumption and good food access;
- *Moderately Food Insecure households* are those with acceptable food consumption and poor or average access, or borderline consumption and average or good access;
- *Severely Food Insecure households* are all those that have poor food consumption, in addition to households from the borderline consumption group that have poor food access;

The Food Secure (FS) group, with acceptable consumption and good food access, constitutes 38.5% of the settlement population, while the largest proportion (54%) falls into the Moderately Food Insecure (MFI) group. A further 7.5% of households fall into the Severely Food Insecure (SFI) group, even though they receive the regular food aid package.

Whilst only 7.5% of the population are severely food insecure, the food security situation in general is maintained through the support of food assistance. There are limited employment opportunities in and around the settlement; there is also limited or no access within the settlement to suitable land for self-sustaining activities. Compared to the 2008 JAEM there are increased proportions in the SFI and MFI categories (6% and 27% in 2008 respectively) and a decrease in the FS group (from 67%). This can mostly be explained by the difference in categorisation between the two years. Whilst the same indicators were taken into account in the analysis in 2008 and 2009, **the current JAM defined the FS group as only those households with acceptable food consumption and good food access which is equivalent to the highly food secure group of 2008.** The highly food secure group in 2008 comprised 29% of households and in 2009 the same group comprises 38.5% households thus showing an increase of almost 10% in those who can manage to fully secure their food consumption and access.

#### **Characteristics of food security groups:**

There are significant differences in the food security levels for different nationalities within the Osire resident population. Table 4 shows that there is a higher proportion of Angolan refugees who are severely food insecure than other nationalities in the settlement. The refugees and asylum seekers from DRC are more food secure than the other nationality groups whilst the majority of Angolans (57%) and other nationalities (59%) fall within the moderately food secure group. Tables 5, 6 and 7 on the following pages explore in-depth the profiles of the three food security groups, explaining demographics, household circumstances, main income sources and expenditures, assets, and food consumption patterns, for characteristic households of each group. The text which follows these tables summarizes these characteristics.

Table 4: Food Security groups per country of origin

Food Security Group	% Within Country of Origin		
	Angola	DRC	Other
<b>Severely Food Insecure</b>	<b>9</b>	<b>5</b>	<b>0</b>
<b>Moderately Food Insecure</b>	<b>57</b>	<b>40</b>	<b>59</b>
<b>Food Secure</b>	<b>34</b>	<b>55</b>	<b>41</b>
% sample	74%	19%	7%

**Severely Food Insecure 7.5% (539 people):** The SFI households are all those with poor consumption or a combination of borderline consumption with poor food access. The median household size is 5, smaller than the settlement average. A high proportion of unmarried heads of households are found in this group. Educational status is very poor with only 3% of the adults in these households having finished senior secondary school. The main income source for the SFI group is casual labour, followed by remittances, and business within the settlement. This group has the lowest percentage of at least one member living outside the settlement. Per capita monthly expenditure is around N\$13 for almost all of these households and food expenditure represents about half of the total expenditure. In addition, alcohol and tobacco expenses are as high as 13% of the total monthly expenditure and extremely higher than the moderately food insecure and food secure groups. This group is asset poor, with only 4.2% owning a TV and only 29.2% a radio.

**This group relies entirely on food aid; they only have limited opportunities of earning income and will therefore have to engage in severe negative coping mechanisms in order to manage their food shortages without assistance.**

**Moderately Food Insecure 54% (3,883 people):** The MFI households have mostly acceptable food consumption and poor or average access, or borderline consumption and average or good access meaning that they would be vulnerable to deteriorating levels of food security should the food assistance cease and if their income sources deteriorate. The level of education for the MFI food security group is lower than the FS group; with only 22% of the adults having finished secondary school. The main income sources for this group are business or trade within the settlement, 13% sell agricultural products and only 12.5% do casual labour. This group has the highest proportion of household members living outside the settlement for either work or school. About 42% of households have vegetable gardens, which is an important contributor to their source of income. No money for seeds; unavailability of land and lack of water for the gardens were cited as reasons for the rest of the households not to have a garden. They are very asset poor – only 10% own a TV and 21.5% a radio. Food expenditure takes up 39% of total expenditure, and households have a per capita expenditure of N\$25 per month.

**This group is generally able to eat well, but they rely heavily on food aid meaning that they would be vulnerable to deteriorating levels of food security should the food assistance cease. They cannot be expected to maintain their livelihoods without food assistance and other types of livelihood support. For those especially with poor food access, if their income sources deteriorate they would probably engage in negative coping strategies to maintain their food consumption and livelihoods at an acceptable level.**

**Food Secure 38.5% (2,768 people):** The FS households in Osire have an acceptable consumption level with a good food access score, but with 98% of households having received food aid in the last 6 months. The FS has larger households than the SFI or MFI groups, with a median household size of 6.26. This group has a higher percentage of adults who have completed senior secondary school and higher education. The main income sources for the FS households are business within the settlement (27%) followed by wage labour (20%) then casual labour (12%). In addition, 39% of households have members living outside of the settlement, mainly for work and school. The main source of income for this group is related to business/trade and this can be supported by the fact that transport costs form part of the main household expenditure and that 45% report leaving the settlement regularly, mainly for shopping. This group also has a high proportion of people engaged in wage labour. They are able to supplement their diet with regular purchases of fish. They are much wealthier than other households; with 34% of households in this group owning a TV, 43% a radio and 54% a cell phone. Per capita monthly expenditure is on average N\$160.

**The Food Secure households experience a high degree of self-reliance, and could be able to cope with a reduced levels of assistance, if accompanied with granting of additional rights by GRN (e.g. more freedom of movement, economic/legal rights etc). This group has a higher educational status**

**and a stronger asset base than the other groups giving them a good basis for integration and durable solutions.**

### **g) Conclusions**

Whilst it is clear that there are many refugees who have the potential to support themselves independently with reduced levels of food aid (38.5% in the food secure group), the majority of the Osire population does not have the skills or inputs necessary to do so at this time. For the 61.5% who are food insecure, full self reliance is not feasible in the near future.

Mobility can be well correlated with the food security status of the household. About 22% males, who are food secure, leave the settlement every month, mainly for shopping related to their trade business within the settlement. The more food secure households are, the more often they leave the settlement, the more they spend on transport and the more often they have family members living outside the settlement.

Details of the profiles of the food security groups are in tables 5 to 7 below.

Table 5	Severely Food Insecure 7.5% (539 people)
Demographics	<ul style="list-style-type: none"> <li>➤ A small proportion of all nationalities fall under this group</li> <li>➤ Only about 33% of the head of household are married, which is about half lower than the others</li> <li>➤ Smaller households than settlement average, median size is 5</li> <li>➤ Most of the households are headed by unmarried single male and as a result, they are</li> </ul>

	likely the least to host orphans																																				
<b>Household Circumstances</b>	<ul style="list-style-type: none"> <li>➤ Only 29% have at least one member living outside the settlement for work purposes.</li> <li>➤ Education status of heads of households is very poor, with only 3% of adults having finished senior secondary school.</li> </ul>																																				
<b>Main income sources</b>	<ul style="list-style-type: none"> <li>➤ Casual labour (20.8%) ,the highest amongst the other groups, constitutes the main source of income and this is done outside the settlement.</li> <li>➤ Remittances, Wage labour and business within the settlement form part of the main source of income</li> </ul>																																				
<b>Expenditure patterns</b>	<ul style="list-style-type: none"> <li>➤ Per capita total expenditure is less than N\$15 on average per month</li> <li>➤ Food represents about 43% of total expenditures, illustrating the poor food access of this food security group</li> <li>➤ Alcohol and tobacco represents the second largest portion of expenditure. The group spends a greater share of their expenditure (12%) on transport and a further 2% , the highest amongst the groups, is spent on fuel for cooking and lighting</li> </ul> <table border="1"> <caption>Expenditure Patterns Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Food</td><td>43%</td></tr> <tr><td>Alcohol</td><td>14%</td></tr> <tr><td>Tobacco</td><td>14%</td></tr> <tr><td>Transport</td><td>12%</td></tr> <tr><td>Fuel</td><td>12%</td></tr> <tr><td>Cereals</td><td>10%</td></tr> <tr><td>Relish</td><td>9%</td></tr> <tr><td>Condiments</td><td>10%</td></tr> <tr><td>Sugar</td><td>14%</td></tr> <tr><td>Medical</td><td>0%</td></tr> <tr><td>School</td><td>0%</td></tr> <tr><td>Equipment</td><td>0%</td></tr> <tr><td>Clothes</td><td>9%</td></tr> <tr><td>Debt</td><td>4%</td></tr> <tr><td>Hygiene</td><td>2%</td></tr> <tr><td>Events</td><td>3%</td></tr> <tr><td>Labour</td><td>0%</td></tr> </tbody> </table>	Category	Percentage	Food	43%	Alcohol	14%	Tobacco	14%	Transport	12%	Fuel	12%	Cereals	10%	Relish	9%	Condiments	10%	Sugar	14%	Medical	0%	School	0%	Equipment	0%	Clothes	9%	Debt	4%	Hygiene	2%	Events	3%	Labour	0%
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<b>Food consumption and use</b>	<ul style="list-style-type: none"> <li>➤ Most households have borderline consumption</li> <li>➤ Practically no other source of protein to complement food rations</li> <li>➤ Very limited consumption of vegetables (once a week)</li> <li>➤ Limited consumption of sugar (twice a week)</li> </ul>																																				
<b>Other issues</b>	<ul style="list-style-type: none"> <li>➤ 58.3% use water from public tap, while 25% have piped water in their yard or plot.</li> <li>➤ All the groups use traditional pit latrine as a main toilet facility but this is the highest with 95.8% use firewood as a main fuel source</li> <li>➤ Only 37.5% of households have a vegetable garden. This can be linked to the high proportion of single male households found in this group</li> </ul>																																				

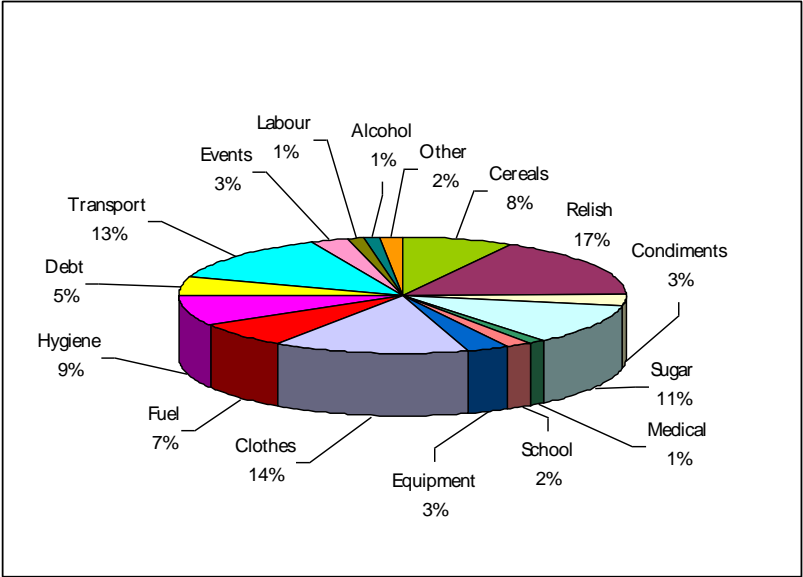
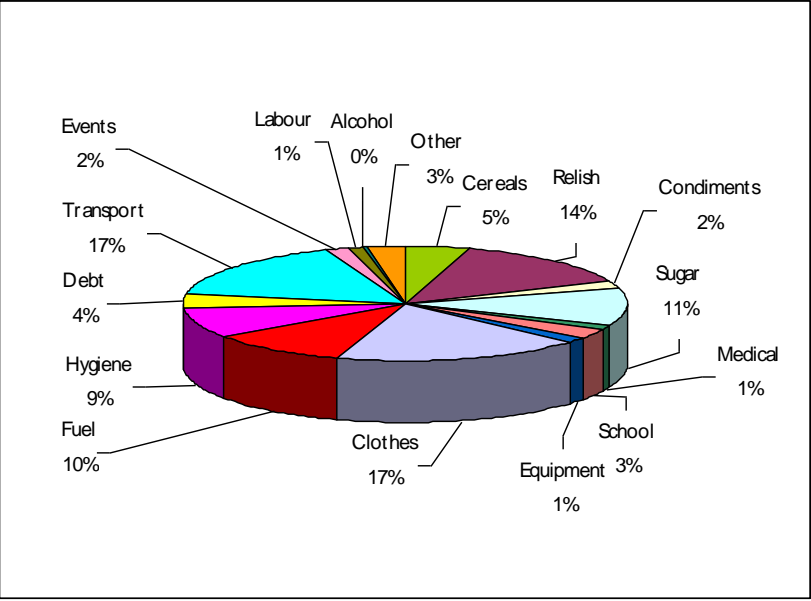
Table 6	Moderately Food Insecure 54% (3,883 people)																																		
<b>Demographics</b>	<ul style="list-style-type: none"> <li>➤ Majority of Angolans fall under this category (57%) and only 40% of Congolese</li> <li>➤ HH size larger than Severely Food Insecure group, and the settlement average – median size 7</li> <li>➤ 55% are married or live with a partner and 58.7% of the households are headed by females</li> </ul>																																		
<b>Household Circumstances</b>	<ul style="list-style-type: none"> <li>➤ Only 16% of the HHs have members living outside the settlement</li> <li>➤ This category has the largest proportion of at least 1 household member living outside the settlement (48%), the main reason is work (41%) followed by school purposes (32%)</li> <li>➤ Only 20% of the HHs have adults who have finished senior secondary school</li> <li>➤ 22% who completed junior secondary and a 19% with higher education</li> </ul>																																		
<b>Main income sources</b>	<ul style="list-style-type: none"> <li>➤ Business or trade within the settlement (22.5%) followed by 13% of households who sell agricultural produce, mainly from own vegetable garden</li> <li>➤ Casual labour is also an important source of income (12%)</li> </ul>																																		
<b>Expenditure patterns</b>	<ul style="list-style-type: none"> <li>➤ Per capita total expenditure is on average N\$25 per month</li> <li>➤ Food expenditure as share of the total is 39%, confirming the stronger food access of this group compared to the Severely Food Insecure group.</li> <li>➤ Clothing represents a bigger part of the total (14%) than for the Severely Food Insecure, reflecting higher average expenditure.</li> <li>➤ More of the total is devoted to transport (13%) which is not that different from the Severely Food Insecure group ; 5% goes towards debt repayment, the highest amongst the 3 groups</li> </ul>  <table border="1"> <caption>Expenditure Patterns Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Transport</td><td>13%</td></tr> <tr><td>Debt</td><td>5%</td></tr> <tr><td>Hygiene</td><td>9%</td></tr> <tr><td>Fuel</td><td>7%</td></tr> <tr><td>Clothes</td><td>14%</td></tr> <tr><td>Equipment</td><td>3%</td></tr> <tr><td>School</td><td>2%</td></tr> <tr><td>Medical</td><td>1%</td></tr> <tr><td>Sugar</td><td>11%</td></tr> <tr><td>Condiments</td><td>3%</td></tr> <tr><td>Relish</td><td>17%</td></tr> <tr><td>Cereals</td><td>8%</td></tr> <tr><td>Other</td><td>2%</td></tr> <tr><td>Alcohol</td><td>1%</td></tr> <tr><td>Events</td><td>3%</td></tr> <tr><td>Labour</td><td>1%</td></tr> </tbody> </table>	Category	Percentage	Transport	13%	Debt	5%	Hygiene	9%	Fuel	7%	Clothes	14%	Equipment	3%	School	2%	Medical	1%	Sugar	11%	Condiments	3%	Relish	17%	Cereals	8%	Other	2%	Alcohol	1%	Events	3%	Labour	1%
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<b>Wealth</b>	The highest percentage of poor and very poor households found in this group, with 10% owning a TV and only 21.5% a radio																																		
<b>Food consumption and use</b>	<ul style="list-style-type: none"> <li>➤ Vegetable consumption two times a week</li> <li>➤ Sugar consumption two times a week</li> <li>➤ Majority of households were found to have acceptable consumption, with some in borderline.</li> </ul>																																		
<b>Other issues</b>	<ul style="list-style-type: none"> <li>➤ 86.2% use water from public tap</li> <li>➤ 42.1% have a vegetable garden, which contributes significantly as a source of income</li> <li>➤ 38.3% would like to do more business within the settlement</li> <li>➤ The main reason provided as a constraint for acquiring firewood is that it is too expensive</li> </ul>																																		

Table 7	Food secure 38.5% (2,768 people)
<b>Demographics</b>	<ul style="list-style-type: none"> <li>➤ A high proportion of Congolese fall into this food security group (55%)</li> <li>➤ Median HH size is 6.26 which is almost close to the settlement average</li> <li>➤ 66% of HH heads are married or have a partner</li> </ul>
<b>Household Circumstances</b>	<ul style="list-style-type: none"> <li>➤ About 50% of the households have members living outside the settlement, probably related to business activities</li> <li>➤ For those HH members who live outside Osire, the main reasons are school (52%) and work (28%)</li> <li>➤ 71% of the household heads who have finished senior secondary school are found in this group and the highest proportion of members with higher education</li> </ul>
<b>Main income sources</b>	<ul style="list-style-type: none"> <li>➤ Business within the settlement (27%)</li> <li>➤ Wage labour or formal employment (17%)</li> <li>➤ Casual labour (12%)</li> </ul>
<b>Expenditure pattern</b>	<ul style="list-style-type: none"> <li>➤ Per capita total expenditure is N\$165 per month</li> <li>➤ This group spent more on transport compared to the other groups.</li> <li>➤ This is reflected by the group's involvement in trade as an income source.</li> <li>➤ Food represents only 31% monthly expenditure.</li> <li>➤ HHs in this group devote a small share of their expenditure to schooling, reflecting ability to send children to school after grade 12.</li> <li>➤ Compared to the lower food security groups, these HHs have a much more diverse expenditure pattern and spent less on debt repayments</li> </ul> 
<b>Wealth</b>	<p>The only group falling within the rich asset category and a higher proportion are within medium range;</p> <p>Asset medium: 34% own a TV, 43% a radio, 54% a cell phone</p>
<b>Food consumption and use</b>	<ul style="list-style-type: none"> <li>➤ Eat fish at least once a week</li> <li>➤ Vegetable consumption is three days a week</li> <li>➤ Sugar consumption almost every day</li> <li>➤ Purchase is the main supplemental source of food, after food aid</li> </ul>
<b>Other issues</b>	<p>45% leave the settlement regularly, mainly for shopping or social reasons</p>

## **PART 4- HEALTH AND NUTRITION**

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### **a) General Information**

In settlement and camp situations, UNHCR and its partners ensures that the nutritional status of the most vulnerable population is measured on a regular basis. Refugees and other populations of concern living in settlements and camps, often have limited access to high quality nutrient dense foods over and above the assistance they receive of basic food items. High population density, the burden of disease, limited access to sufficient water and hygiene facilities, family separation and trauma in addition to a poor quality diet can also compound the health, care and nutritional status of these populations.

The health and nutrition part of the JAM 2009 is based on an analytic understanding of the causes of malnutrition as presented in the UNICEF conceptual framework<sup>12</sup>. This report considers the underlying and indirect causes of malnutrition with a particular focus on causes related to health, care and food security in the settlement. The information derives from a combination of primary and secondary data collected through a number of activities; focus group discussions with health staff, men and women from different countries of origin, the youth and teachers, an interview with AHA staff and field visits to health facilities and the supplementary feeding centre (SFC). This qualitative information is complementary to the overall household survey which included health and nutrition questions focussing on child caring and feeding practices, health seeking behaviour and intervention services (supplementary feeding programme and child survival programmes). The results highlighted in the health and nutrition section are based on analysis of 325 household interviews including 230 anthropometric measurements of children 6-59 months and 146 mothers of child-bearing age (from 15-49 years). Furthermore haemoglobin measurements were performed among 171 of the above mentioned children and 113 mothers to identify potential iron deficiency anaemia.

The main implementing partner in the settlement is AHA which provides health services through the MoHSS in Namibia. AHA also provides the health and nutrition services in the settlement and facilitates food distribution in cooperation with UNHCR. The main health facility in the settlement is Osire Health Centre – appropriately located at the centre of the settlement – and providing a number of curative, preventive and promotional services (PMTCT, A/PNC, immunization; growth monitoring, health education, HBC, VCT and supplementary feeding). The health centre has 1 doctor, 3 nurses (clinic and enrolled), 1 TB DOTS promoter and 1 community counselor. In addition to this, AHA employs 3 clinical and 3 enrolled nurses and 5 health promoters. The centre has a free 24-hour ambulance service for transport of referrals to Otjiwarongo District Hospital. Osire Health Centre also serves the general Namibian population including farm workers on surrounding farms (approximately 10% of the patients using the health facilities are from outside Osire settlement) and services provided are of the same standard as in any other health facility at this level in Namibia.

### **b) Mortality and morbidity in children and women**

Overall, the mortality among people in the settlement has reduced in recent years. According to the medical staff at Osire Health Centre this change is due to increased awareness of and access to healthcare in the settlement. A total of 18 deaths were registered in 2008 out of which 8 were children under five years. At the time of the JAM 2009, 12 deaths had been registered of which half were children under five – mainly due to premature birth or still births. It is not possible to say at this moment if the trend of increasing mortality will remain for 2009.

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<sup>12</sup> UNICEF conceptual framework of causes of malnutrition, [www.unicef.org](http://www.unicef.org)

According to the Medical Doctor at Osire Health Centre, the most common illnesses for children less than five years of age and possibly contributing to malnutrition are diarrhoea and acute respiratory infections (ARI). This is supported in the results from the HH survey which indicated that 16% of the children had diarrhoea in the last 2 weeks prior to the JAM (see table x). There was no difference between boys and girls but though not significant younger children 6-23 months had a higher prevalence than older children. Also, there was no significant difference in the prevalence of diarrhoea related to the age of the mother, country of origin or year of arrival.

17.5% of the children suffered from acute respiratory infections (ARI) defined as serious cough with short rapid breaths. There was no significant difference between girls and boys but younger children again had a higher prevalence than older children. These results indicate an increase in ARIs when compared to previous findings (JAEM 2008 (8.6%). However, this change may be due to seasonal variation and is supported by many comments from community members about the cold nights and the lack of blankets and mattresses as well as the high population density in some areas of the settlement which all provides a conducive environment for disease transmission. There was no significant difference in the prevalence of ARIs related to the age of the mother, country of origin or year of arrival.

31% of the children had experienced fever in the last 2 weeks prior to the JAM which is higher than the JAEM of 2008 (20%). This may be an indication of malaria but as the health situation reports indicate low incidence of malaria (17 cases in 2009), it is more likely that this is associated with the high prevalence of ARIs. There was no significant difference related to gender, age of the children or the age of the mother. Also, there was no significant difference between country of origin or year of arrival and presence of diarrhoea.

Table 8: Diarrhoea, Fever and ARI – Children 6-59 months

Variable		Diarrhoea %	Fever %	ARI %
Sex	Boys	16	33	18
	Girls	16	32	17
Age groups	6-23 months	21	27	25
	24-59 months	13	35	14
Country of origin	Angola	15	26	17
	DRC	17	54	17
	Other	12	50	30
Year of arrival of family	1990-1998	12	35	8
	1999-2000	15	24	18
	2001-2004	14	38	19
	2005-present	26	48	26

### Adult morbidity

The health centre reported a total of 217 in-patient admissions in the first five months of 2009 with an average of 43 per month. Among the most prevalent diseases for adult admission were gastroenteritis, upper respiratory tract infections, skin disorders, and psychiatric disorders. This was also indicated by the household data; 9.8% of the mothers had experienced diarrhoea within the last two weeks and 14.6% had experienced fever. As for the children, fever is likely to be associated with different types of ARIs given the limited presence of malaria in the settlement. There was no significant difference between young or older mothers for diarrhoea or fever and presence of these were not related to differences in handwashing practice or type of means for handwashing. Finally, and potentially associated with the high prevalence of overweight (described below), a limited number of cases of diabetes were indicated in the monthly health reports.

A number of people had different physical disabilities; these were mainly related to previous incidents with landmines and found mostly among people of Angolan origin. Orthopedic assistance was provided from the Social Services in Otjiwarongo and patients were supplied with different types of disability aids (crutches etc.).

### c) Nutritional status of children and women

According to the medical doctor in charge at Osire Health Centre, malnutrition among the persons of concern was not a big problem and only cases of moderate malnutrition were seen at the clinic. At the time of the JAM, 9 children were admitted to the Supplementary Feeding Centre with moderate malnutrition and the trend appeared to be stable. 80 children were admitted in 2007, 86 in 2008 and 51 for the first six months of 2009.

However, the focus group discussion with health staff including community health promoters revealed that there may be hidden hunger in the settlement as some women are reluctant to come to the health centre with malnourished children. The anthropometric data collected for a total of 261 children between 6-59 months and 164 mothers within the child-bearing age of 15-49 years allows us to examine this further. Weight and height for both children and mothers were measured, for children below 2 years of age the measurement was taken in recumbent position.

Table 9 shows the distribution of age and sex of the children. There appeared to be no significant age or sex heaping, though a few more girls were included in the survey. Sex was unknown (missing) for 5 children.

Table 9: Distribution of age and sex of sample

	Boys		Girls		Total		Ratio Boy:girl
	number	%	number	%	number	%	
6-11 months	15	53.6	13	46.4	28	10.9	1.2
12-23 months	29	52.7	26	47.3	55	21.5	1.1
24-35 months	29	42.6	39	57.4	68	26.6	0.7
36-47 months	23	45.1	28	54.9	51	19.9	0.8
48-59 months	26	48.1	28	51.9	54	21.1	0.9
Total	122	47.7	134	52.3	256	100.0	0.9

From the data, 230<sup>13</sup> out of 261 children were eligible for assessing malnutrition (excluding biased measurements of weight, height and missing age). The rate of Global Acute Malnutrition<sup>14</sup> was **1.7%** (95% CI: 0-3.4), underweight **6.1%** (95 % CI: 3.0-9.2) and stunting **46.5%** (95% CI: 40.0-50.3). The survey found no severe malnutrition among children 6 – 59 months of age. Details can be seen in table 10 below. When comparing to the nutrition survey conducted by AHA in July 2007<sup>15</sup>, we find a relatively different situation. Wasting has reduced whereas the prevalence of stunting has increased considerably. Although there may have been some mis-classifications of children categorized as younger than they actually are, the situation is critical. For stunting there was a significant difference in the prevalence between girls and boys, with more boys being stunted than girls. Also the prevalence of stunting was significantly higher among children of 24-59 months than children 6-23 months old. For wasting there was a significant difference between age groups with children of 6-23 months being more wasted than older children. This suggests that children overall has a sufficient calorie intake but may not have the necessary diversity of food including micronutrients to grow to their full height potential. This is further supported by the high number of children suffering from anaemia, a proxy for micronutrient status, which will be described in more detail in section e.

<sup>13</sup> 230 children were eligible for measuring wasting, 234 for underweight and 232 for stunting.

<sup>14</sup> Calculated based on WHO reference.

<sup>15</sup> AHA 2007 - GAM 5.3%, Stunting 21.7%, Underweight 12.7%.

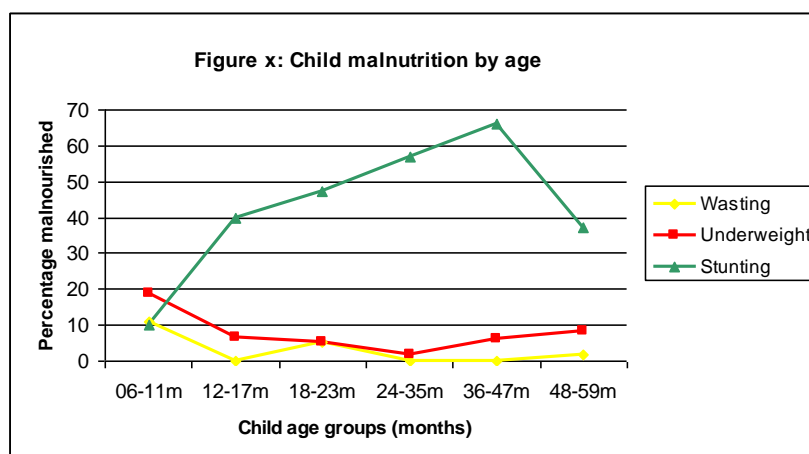
The result shows a lower prevalence of wasting and underweight when compared to rural Namibia whereas the prevalence of stunting is considerably higher.<sup>16</sup> The NDHS nevertheless found higher levels of stunting in the two lowest wealth quintiles at 37% and 36% respectively.

Table 10: Overview of child malnutrition

Indicator	Sex of child	WHO 2006 Reference
<b>Global Acute Malnutrition</b> ( $<-2$ Zscore)	Combined (n=232)	1.7% (95%CI: 0.0 - 3.4)
	Boys	1.0%
	Girls	2.4%
<b>Severe Acute Malnutrition</b> ( $<-3$ Zscore)	Combined (n= 232)	0.0%
<b>Stunting</b> ( $<-2$ z-score)	Combined(n = 232)	46.5% (95%CI: 40.0 - 58.4)
	Boys	57.1%
	Girls	37.8%
<b>Underweight</b> ( $<-2$ z-score)	Combined (n =234)	6.1% (95% CI: 3.0 - 9.2)
	Boys	6.5%
	Girls	7.1%

The graph below shows the prevalence of malnutrition by age group. Wasting and underweight follow the expected distribution by age group with younger children experiencing higher levels of wasting; the critical age group for wasting is at 6-11 months when children are beginning to be weaned. Stunting increases from 12 months to peak at 47 months and then drops rapidly after this age. Stunting is usually found to plateau after peaking at 24 months but higher rates of stunting in older children is reflective of their past nutrition status indicating poor child feeding practices in Osire settlement<sup>17</sup>.

Figure 6: Child malnutrition by age



<sup>16</sup> NDHS 2006/07 - GAM 8%, Stunting 29%, Underweight 17%

<sup>17</sup> The health and nutrition questionnaire included a question on dietary diversity for children less than 24 months but data entry errors meant that the information could not be analysed.

79.2% of the children under five were reported to have a normal birth weight, whereas 6.15% were born small and 1.92% born very small.

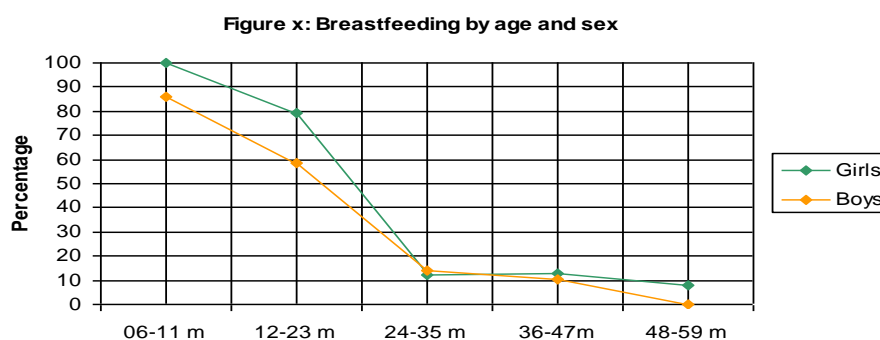
Maternal malnutrition among the 146 women eligible for BMI calculation (pregnant women and biased weight/height measurements excluded) showed a varied picture. 6.2% were underweight (BMI < 18.5 kg/m<sup>2</sup>) and 31.5% were overweight or obese (BMI > 25.0 kg/m<sup>2</sup>). This is similar to the findings of the JAEM 2008 (7.5% underweight and 36.6% overweight). There was no significant difference in country of origin and malnutrition, but the prevalence of overweight in Angolan women was lower than Great Lakes and other countries and more Angolan women were undernourished. In Namibia underweight as classified by BMI < 18.5 kg/m<sup>2</sup> was 16% increasing to 22% in the poorest wealth group (NDHS 2007).

Education did not appear to affect maternal malnutrition among the sampled women and there was no significant difference between the level of education and presence of malnutrition either in the form of underweight or overweight.

#### d) Infant feeding practices

The general recommendation from the health services in Osire is exclusive breastfeeding for 6 months including for mothers who are HIV positive<sup>18</sup>. This includes discouragement of any mixed feeding from 4-6 months. Though re-placement feeding is sold at the markets, breastfeeding was found to be universal in the settlement with 89.2% of the children in the household survey ever being breastfed. This is a slight decrease from the JAEM in 2008 where 96 % of the children were breastfed. The household survey found that 92.3% of the children 6-11 months and 68.5% of the 12-23 months were breastfed after which the percentages dropped significantly (see figure 7).

Figure 7: Breastfeeding by age and sex



This indicates that weaning is initiated for the majority of children after having breastfed for one-two years. 42.9% of the 6-11 months old children had been introduced to solid foods and 62.5% of the 12-23 months old children. This was mainly in the form of wheat porridge, bread or beans. Some girls expressed feeling insecure about what to feed their infants and a statement from a young girl indicated the impact of the cut in the sugar ration for infant

<sup>18</sup> This is in line with WHO recommendations which state that 'When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of breastfeeding by HIV-infected mothers is recommended; otherwise exclusive breastfeeding is recommended during the first months of life' WHO (2001). Cited in Food and Nutrition Needs in Emergencies UNHCR, UNICEF, WFP, WHO 2008.

feeding. As she could never be sure to have sugar in the house, the porridge given to her 1 year old son consisted of water and maize flour only.

### e) Nutritional Deficiencies

All persons of concern in Osire receive a food ration calculated to meet their optimal daily requirement (2100 kcals – maize meal, beans, vegetable oil, Corn-Soy-Blend, sugar and salt). The ration includes fortified blended foods (CSB) and other items which are fortified (maize meal with a range of vitamins and minerals, and vegetable oil with vitamin A) to address micronutrient deficiencies. The persons of concern nevertheless have a very limited diet, low variety in the types of food consumed and mainly consume maize meal, beans and oil supplemented by greens and vegetables if available. To address micronutrient deficiencies and reduce illnesses among children, vitamin A campaigns were held at National Immunization Days (16-19 June 2009) with a total of 927 children receiving vitamin A supplements. This is supported in the findings from the household survey; overall, 86.9% of the children had received a vitamin A capsule in the previous months. This was a significant increase from the JAEM of 2008 (47%) and the JAM of 2006 (44%).

#### Iron deficiency anaemia:

Iron-deficiency anemia is the most common and widespread nutritional disorder in the world with a particularly high prevalence in African populations; 67.6% in pre-school age children, 47.5% for non-pregnant women and 57.1% for pregnant women<sup>19</sup>. Anemia can be caused by nutritional deficiencies of iron, vitamin B12, vitamin A and folic acid all of which can be corrected. Other causes include malaria, worm infestation, severe blood loss or inherited abnormalities like sickle cell anemia. Anemia can contribute to maternal mortality, infant morbidity and mortality and intrauterine growth retardation/low birth weight in the newborn. Anemia assessment is a routine part of UNHCR nutritional surveys as it determines hemoglobin (Hb) levels and also provides a proxy indication of the micronutrient status of vulnerable groups. Anemia can be measured simply and rapidly using a machine known as a HemoCue. Hemoglobin levels were tested during the JAM using the HemoCue machine at two stations set up in the settlement, one at the School and one at the Health Centre's Multipurpose Centre. This was done to facilitate access for the women and their children who were referred by the household teams. Children from 6 – 59 months and women aged 15 - 49 years from the sampled households were tested. Out of the total number of children (261) and women (164) who had their anthropometric measurements taken, 171 children (66%) and 113 mothers (69%) presented at the HemoCue stations for Hb testing. WHO cut-offs were applied to define anemia: <11g/dl for children 6-59 months and <12g/dl for non-pregnant women. Unfortunately the data set did not allow the separation of non-pregnant from pregnant women for whom the cut-off is <11g/dl.

The table below shows the Hemoglobin results for the children and the mothers who were tested.

Table 11: Hemoglobin measurements in children and women

Children's Hemoglobin measure			Women's Hemoglobin measure		
Total Children	<11g/dl	<10g/dl	Total Women	<12g/dl	<11g/dl <10g/dl
171	50.9%	27.5%	113	29.2%	11.5% 4.4%

<sup>19</sup> Worldwide Prevalence of Anaemia 1993-2005: WHO Global database on anaemia, World Health Organisation [www.who.org](http://www.who.org)

Anemia is quite high for the children, but not alarming for the women; less than 20% anemia in both children and women's groups would be desirable. However, as the turn-out rate was not 100% and thus the sample quite small, it is difficult to draw firm conclusions on a settlement level.

All women and children who had an Hb level <10g/dl were referred to the Health Centre to receive immediate treatment with iron supplementation and deworming treatment. Based on the results the health team concluded that anemia was a major problem in the settlement and especially among children between 6 – 59 months – a total of 52 children were finally referred for treatment (47 with Hb <10g/dl and 5 borderline cases). 5 women were also referred.

Whilst those referred received basic treatment for anemia, the health team felt that it was necessary to fully understand the reasons for their anemia and that those with Hb <10g/dl should undergo a complete hematological investigation (Full Blood Count) to exclude anemia other than iron-deficiency anemia. Such types of anemia include acquired anemia, hemolytic anemia, aplastic anemia, pernicious anemia amongst others and require treatment other than iron supplementation and deworming. In many contexts malaria is a major cause of excess anaemia but this is not likely to be a key factor in Osire as the number of cases of malaria is very low (see section b above).

#### **f) Existing Interventions**

The settlement has a functional health system through which the implementations of two vital child survival programmes are channelled. These are the supplementary feeding for the moderately malnourished children and the Vitamin A, polio and measles vaccination programme for children aged 6-59 months. Furthermore, health education is carried out at outreach sessions in schools and health facilities.

As already mentioned, at the time of conducting the JAM, 9 children were admitted to the supplementary feeding programme with moderate malnutrition. According to the staff at the centre, malnourished children were admitted to the programme based on weight-for-height below 90% – assessed using height/length boards and weighing scales and the WHO weight-for-height reference chart (with the color yellow or red). This is supported from the monthly health reports which indicate children being admitted with a mix of both 80-90% and <80% of their reference weight-for-height. This is not accordance with the current UNHCR/WFP guidelines which indicate that only children with a weight-for-height below 80% of the reference should be admitted to the supplementary feeding programs<sup>20</sup>. When calculating the coverage using the direct method (based on number of malnourished children in SFP and malnourished children identified by anthropometry), programme coverage is above 100% which supports that there are children in the SFP programme who are not malnourished and should not have been admitted.

According to the staff, children were discharged from the supplementary feeding programme when they reached at least 90 % of their weight for age measured at two consecutive weeks. This period usually lasted two to three months, however, some children had stayed up to six months in the centre. Children should be discharged when they reach  $\geq -2$  z-scores for 2 consecutive measures and have spent a minimum of 2 months in the programme. Of the 261 children included in the household survey, 8.4% (n=22) had at some time visited the SFC. The vast majority - 72.7% (n=11) had stayed less than a month, 13.6% (n=3) more than two months and the remaining between 1-2 months (n=3). Of the children admitted to the SFC, 40.9% (n=9) were re-admitted in the following six months. This information was supported by the health reports that indicated a number of re-admissions every month.

<sup>20</sup> The revised Selective Feeding Guideline published in 2009 (UNHCR/WFP) no longer use % median as an admission criteria to supplementary feeding programs. Children will be admitted on MUAC  $\geq 115$ mm and < 125mm and/or weight for height <-2 z-scores and  $\geq -3$  z-scores.

The malnourished children should have received a daily meal of maize meal, beans and oil. However, the team observed that the ration provided to malnourished children did not differ from that of in-patients and the staff at the SFC was not familiar with the right ingredients to include in porridge for malnourished children. The staff referred to a written recipe based on a premix, but since the premix was not available, a combination of wheat, rice, oats and maize mixed with oil and water was given.

The visit to the SFC also revealed that severe malnutrition was not adequately addressed since there was no therapeutic feeding programme in place – the health facility had never stocked F75 or F100 therapeutic milk. This may be due to the generally limited number of malnutrition cases reported by the health staff, however, this information was difficult to validate as the SFP records only indicated that children were below 80% of their reference weight upon admission and not if there was any severe malnutrition.

The first annual round of National Immunization Days took place from the 16<sup>th</sup> to the 19<sup>th</sup> June 2009 and resulted in a total of 1051 children immunized against polio and 932 against measles. This is supported in the household survey; 89.3% of the children under 5 were reported to have received measles vaccination. In addition to this a number of Health Education sessions were carried out on a monthly basis in the community, health centre and at the schools. Among the topics covered were family planning, immunization, hygiene/sanitation, diarrhoea, HIV/AIDS, nutrition/breast feeding, STIs and condom use, and teenage pregnancies.

#### **g) Mental health and counseling services**

Overall, most people in the settlement were reported to be traumatized by war and the experiences they have had as a refugees. According to AHA however, the fact that they had been in a peaceful environment for a long time had helped them to cope with their traumas. A number of activities in the schools were targeted at helping the children to cope with these experiences. Therapy classes included drawing pictures of their experiences during the war and the time as refugees and were held in the schools on a regular basis. Also, youth clubs like Osire Boys' Club (OBC) and Osire Girls' Club (OGC) were present in the settlement, and a number of different issues were discussed and dealt with to increase the self-esteem, address trauma and discuss the future of the children and adolescents. None or very few of the children in the settlement were reported to receive medication for psychological reasons.

A number of adults however, were indicated to be mentally challenged and the settlement offered a range of support services to address these issues. AHA offers psychological and HIV/AIDS related counseling 4 days per week including special support to the youth. Although UNHCR staff engages in some form of counseling almost on a daily basis through telephone calls, emails and face to face counseling by appoint, Thursdays are set apart for individual or family counseling on a variety of protection related issues. Another two days in a week are set aside for addressing issues of registration and documentation. HIV/AIDS counseling is offered at the health clinic which is open every week day. Medication for mental illnesses can be prescribed by the doctor at Osire Health Centre and if necessary people can undergo further medical and psychological therapy in Otjiwarongo.

Finally, under the responsibility of the Social Services, Osire settlement has a mental institution, which currently houses 9 men and 2 women. The majority of the patients are from Angola and mostly suffer from depression or catatonic illnesses. All have been medically examined in Windhoek upon arrival and many of them are now medicated. The social services offer counseling and medication and help with personal care and preparations of food.

#### **h) HIV and AIDS**

No information on HIV prevalence in the settlement was available at the time of the assessment. The medical officer in charge estimated the prevalence to be low - possibly below 5%. The total number of registered people living with HIV was 118 (May 2009).

Antiretroviral Therapy (ART) is provided by the government of Namibia and eligibility is determined based on a CD4 count <200 or <250 for pregnant women. Currently 48 people are receiving ARVs of which 10 are children <19 years. The clinic provides voluntary counseling and testing 4 days per week and AHA offers counseling services by the HIV/AIDS coordinator and coordinates a home based care program for patients in need. Infected individuals receive supplementary food rations of dry fish, meat, and vegetables from AHA/UNHCR. There is also an active HIV/AIDS task force in Osire, comprising of members from the refugee community, AHA, the police, MHA, and the Ministry of Education.

The mission found that HIV/AIDS related stigma was present in the settlement, mainly due to ignorance of the community members. AHA has conducted sensitization campaigns in the past to inform the community of the issues surrounding HIV and AIDS. Despite this activity health workers reported that there was still a very high level of stigma in the settlement. It is recommended that sensitization campaigns continue to be held regularly, in the hopes of reducing levels of stigma and encouraging people to come forward for testing. AHA plans to set up a formal HIV/AIDS support group soon (2010). However, already a number of informal support networks are present, when the women meet at the clinic when they come for medication.

### **i) Other health related issues**

An important issue raised by the health staff and in particular by adolescent girls was teenage pregnancies. A total of 18 pregnancies from girls between 15-19 years had taken place in 2009 equivalent to 12 % of all births. In 2007 15% of all births within the settlement were to girls less than 18 years of age (UNHCR statistics). In other refugee populations the percentage of births to girls under 18 varies from 2% in Burundi to 17% in Cameroon (UNHCR 2008 statistics). The proportion of teenage pregnancies in Osire settlement is higher than the 2008 average in refugee populations (7.6%) and only 3 other countries out of a total of 16 recorded that more than 12% of all births were to teenagers (Cameroon, Guinea and Yemen). In specific locations however, teenage pregnancies can be much higher for example in one camp in Zambia in 2007 where babies born to teenagers were 21% of total births.

All teenage pregnancies in 2009 were from girls of Angolan origin. Of the children whose mother's age was known in the household survey, 8% were born of girls in the age range of 15-19 years. This did not appear as a new trend however; 70.3% of the mothers had their first child before the age of 19. As any teenage delivery may be associated with obstructed labor all deliveries are referred to Otjiwarongo District Hospital. However, not all pregnancies resulted in living babies, and 'to take out the pregnancy' – to perform an abortion - was mentioned as prevalent by both adolescent girls and health staff during discussions though abortion is illegal in Namibia. Some of the women or girls may have had to come to the clinic following the procedure but the doctor in charge explained that it was very difficult to assess whether the resulting bleeding was natural or induced. He also mentioned that this may happen to a broader extent, but since some of the women who perform the procedure are very professional, the patients may never see a doctor following the procedure. More details on the impact of teenage pregnancies can be found in Part 5 under gender and protection issues.

Another issue mentioned both from the health staff and in a number of focus group discussions were drug abuse either in the form of alcohol or by taking local hallucinogenic plants. In one group heroin was mentioned. Drug taking is illegal in the settlement but is carried on secretly.

### **j) Linkages with Food Security**

Table 12 shows the linkages between malnutrition and level of food security in the household. For stunting and underweight, the data indicates that households with better food security

status have lower prevalence of malnutrition in the form of stunting and underweight. This trend however, is not prevalent for wasting which would suggest that wasting is not directly related to food access but health and care practices. A more detailed study would need to be undertaken to determine the underlying causes of stunting.

Table 12: Child and maternal malnutrition rates per Food Security Group.

	Maternal BMI	Child Wasting	Child Stunting	Child Underweight
Severely food insecure	23.5	0%	10%	60%
Moderately food insecure	22.7	3%	9%	50%
Food secure	26.1	2%	2%	35%

*There is no significant association between household food security and maternal malnutrition, although severely food insecure and moderately food insecure women have lower BMI than food secure women.*

## PART 5 – OTHER COMMUNITY SERVICES AND PROTECTION

### a) Water and Sanitation

The supply of water in the settlement still remains consistent and above the UNHCR standard of 20l/person per day. The water is chlorinated by the WatSan sector on quarterly basis. In the first quarter of 2009, a new water tank was constructed to ensure efficient water-flow to the blocks which were experiencing water shortage due to low pressure. Although water is sufficient for cooking, bathing and drinking, it is reported to be insufficient for gardening and crop production. The misuse of water was reported to be a concern in the settlement and a water committee consisting of community members, community leaders and WatSan staff was established to educate and raise awareness in the community on the use of water.

**Sanitation:** The issues of latrines still remain a concern, as it is below the UNHCR standard of one family per latrine. Construction of new latrines has been discouraged by the Ministry of

Environment and Tourism as this would lead to ground water contamination. The flash toilets which were piloted in 2007 have proved to be high maintenance and expensive. Another form of pit latrine the Archloo is now being piloted which is said to be more durable compared to the ordinary latrines, however it is not yet clear as to whether it will address the issue of ground water contamination. Almost 50% of households use a traditional pit latrine and 37% use an open pit.

### **b) Shelter**

The provision of shelter materials to new arrivals is an on-going activity. Special cases (single women and physically challenged) are assisted with the construction of houses. As mentioned earlier, shelter materials are provided to persons identified as having special needs. People whose family has expanded are not provided with additional materials due to stock limitation. During the rainy season houses collapse partially or completely and they cannot be repaired until the rainy season is over because of the difficulty of making bricks in wet weather conditions. Affected households are provided with tents as temporary shelter. Transect walks revealed holes covered with blankets for protection.

### **c) Education**

The high standard of performance in the Osire Settlement school observed by the 2008 JAEM continued to be the case. The Director of Education in Otjiwarongo stated that Osire students were sought after in Namibian schools and for scholarships as their grades and motivation were exemplary. Primary school lessons take place in the morning and in the afternoon for the secondary school from 13:30 to 19:30. Farm workers children also attend Osire school.

A significant change since the 2008 JAEM has been the extension of the curriculum to include Grade 11 with plans to introduce Grade 12 in 2010. This was seen as very positive by all groups who were interviewed. Students from Osire wishing to study beyond this grade will still require scholarships or private funds to continue in schools outside the settlement.

Attendance is generally high although it reduces in the winter period due to lack of warm clothing. Households (14%) mentioned pregnancy as the main reason for the female child not attending school for Grade 10 and below but this dropped to only 5% for higher grades with the main reason at higher grades being inability to get sponsorship to study outside the settlement (10%). Marriage was also cited as a reason for grade 10 and below (7% of households). Student-teacher ratios are high with 1 teacher for 40-50 students (compared to 1 for 35 in national schools).

### **d) Social services**

#### **Social organization:**

The Refugee Committee and Block Leaders are the elected community representative bodies that serve as a link between the community and the settlement authorities. However, two refugee/asylum seeker groups comprising of only Congolese neither elected by the community nor endorsed by the settlement administration are active in Osire using mainly confrontational approaches in their efforts to want to address their concerns.

Gender peer educators have been set up and are supervised by AHA and UNHCR.

Boys and girls clubs exist as youth groups and are managed by the education sector. They have a number of programs that target mainly young people who are in school. The Osire youth group complements the Boys and Girls club by focusing their programs mainly on out of school youths.

### **e) Gender and protection concerns**

In addition to worrying gender issues raised in previous sections – potential rape and attack and subsequent health problems, some welcome and positive gender issues are discussed. Control of money within the household was one of these, money usually being in the hands of the male but women stated that this was a changing attitude in the settlement as the women are more aware of their rights. Trainings on gender equality have been stated to have empowered women and behavior change in men. Women stated that in those households where women took some control over the financial resources it was in cases where the man trusted the women to do so.

#### **Teenage pregnancy**

A separate section has been devoted to this issue as it was raised spontaneously in a large number of focus groups and key informant interviews by men, women, teachers, health staff at settlement and district level, and teenagers themselves and as such was deemed to be a key issue facing the settlement population. It affects reproductive health, education, social status, psychological health and child care. A multitude of issues were raised during the discussions some of which have been reported in the health and nutrition section with others reported in the sections below.

#### **Reasons:**

Other than engaging in sexual activities for pleasure, girls and other focus groups stated that sexual activity amongst the young was due to pressure from boys but was also used as a coping strategy – boys/men who were working were able to provide food and clothing for the girl. Others stated that as many of the girls were orphans (but not stating how many they were) they had no family member or mentor to advise them on issues of sexuality and key life matters. Limited social activities, recreational activities, cold and darkness were all cited as reasons to engage in sexual activities. Poverty and lack of resources, resulting in an exchange of sex for money was said to be a reason for engaging in sexual activities.

#### **Prevention:**

Life skills classes, discussion groups, counseling, condom availability, contraceptive injections and contraceptive pills are all available in the settlement. Condoms are widely available but some teenage girls felt that this was not good as it encouraged sex. They even stated that condoms were TOO widely available and children were using them as balloons thus undermining the serious nature of their use. Girls felt it was better to have the 3-monthly contraceptive injection or abstain although there was a lot of pressure from boys “if you say no the boy will say you don't love me”. Discussion groups take place in the women's centre and cover family planning issues. The subject of teenage sex and pregnancies is spoken about quite openly. The effectiveness of life skills classes in the schools which includes family planning and sex education depends on the teacher with some being very good but other teachers being very uncomfortable with the subject.

#### **Abortion:**

In addition to the health issues discussed in section 4, abortion has social issues attached to it. Teenage girls are often encouraged by their mothers to have an abortion as it is a shame on the family – some mothers even carry out the abortion on their own daughters. The girl herself may choose an abortion to avoid the shame, pregnancy being seen to be worse than having HIV/AIDS, but also to not miss out on schooling. The lack of emotional maturity and financial capabilities to look after the baby was also reported to be a reason to abort.

#### **Child birth:**

The Ministry of Health wants all teenage girls to give birth in the hospital in Otjiwarongo due to potential and multiple birth complications. Some girls are scared to do this as they believe that they will be ‘cut’ i.e. have to undergo a caesarian section and so will wait until labor is

advanced before presenting at the health centre in the settlement to avoid transfer to the district hospital. This is risky behavior for the mother and the unborn child.

**Education:**

The Ministry of Education obliges teenage girls who are pregnant to be out of school for a period of one year. The teenage girl who is pregnant sees this rule as discriminatory as teenage fathers continue schooling although others see it as a deterrent to getting pregnant. Although the ministry does expel from school the teenage father if known (even if some do not own up to being the father) , girls mostly protect their male counterpart. Schooling after this obligatory period of absence is difficult as the teenage mother is concerned about her child who is being cared for by another member of the family. Demands of the baby or young child act on concentration – the teenage mother's attention in class is reduced and homework becomes more difficult. This has an impact on success at school, opportunities for further education and future employment potential. Whilst such issues are not specific to Osire settlement, the fact that many teenagers in Osire feel that Namibia is their home and they will not return to their country of origin means that they need to be well-educated to have any hopes of competing in the further education or jobs market.

**Child care:**

In addition to not being able to give full care to the child because of schooling, teenage girls stated that they do not necessarily have the skills or knowledge to best feed and care for their young child. This was particularly noted by orphans. In addition there are financial constraints of providing clothing and hygiene items for the child. One orphan teenage mother said that she did not know what to feed her child and had no-one to guide her.

**Psycho-social health:**

Whilst teenage girls felt free to go to the health centre for advice on family planning, they were sometimes concerned that confidentiality was not respected by all health staff and this deterred them from seeking professional advice. Discussion groups on teenage pregnancies take place which brings the subject into the open.

## **PART 6 - PARTNERSHIPS, PLANNING AND OTHER ISSUES**

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### **a) Co-ordination arrangements**

Coordination meetings are held on monthly basis at settlement level and these meetings general include the Ministries of Home Affairs and Immigration, Safety and Security, Health and Education as well as AHA, WFP and UNHCR. Multi-Functional Team (MFT) consisting of representatives from community members, UNHCR, MHA, MoE, AHA and MoHSS are held on quarterly basis to follow up and ensure implementation of plan of action developed in consultation with persons of concern. The Sexual Gender Based Violence (SGBV) committee meetings are held on a monthly basis to discuss SGBV and related cases in the community. The Police Women and Child Protection Unit (WCPU) based in Otjiwarongo form part of the membership of the committee.

### **b) Settlement demographics and expected evolution**

By the end of June 2009, there were 7,001 recognized refugees and 1,475 asylum seekers in Namibia. The number of persons of concern will most likely not decrease significantly in the near future but remain at around 8,000, given the steady trickle of about 30-35 new arrivals every month, and continued concerns of most refugees about repatriation.

The processing of asylum seekers' application for refugee status noted as a specific issue in the 2008 JAEM has improved significantly, with regular Namibia Refugee Committee meetings, and individual interviews by the Appeals Board having started to attend to cases, however due to the high number of final instance rejected cases, a number of asylum seekers are not coming forward to either be interviewed or attend their appeal hearings. The proposed RSD sub-project to be administered by the Refugee Administration Directorate within MHA will help address these gaps in the processing of Asylum Claims.

### **c) Registration and ration card control**

UNHCR Namibia is currently using proGres v2.3.2, and plans are underway to upgrade this to V3 which has added features like advanced card management and security. Ration cards are issued by UNHCR, and collected by AHA prior to the food distribution.

The current ration card will expire in August 2009, and a ration card exchange is scheduled for September 2009. In line with the 2008 JAEM recommendations, the cards will continue to be individually issued. The card bears among other information, names, nationality, age, sex of a person of concern, a card number and/or a refugee ID number and picture. Cards for children below the age of seven have, in addition to the aforementioned, names of proxies who can collect food on behalf of the children.

### **d) Review of the recommendations made in 2008 and action taken to address them**

The 2008 JAEM made a number of recommendations. The progress made regarding these recommendations is detailed below.

#### **1. Resolution of the "Not of Concern" caseload**

Although the issue of the Not of Concern population has not been resolved by the GRN, UNHCR is aware that this group of people has access to and is utilizing services such as health facilities, water and sanitation services and schools. While these persons have not been issued with individual ration cards for food and non-food items, it is understood by UNHCR that these persons are benefiting from the food and NFIs assistance provided to

persons of concern in the settlement. This was not raised as an issue in focus group discussions and there was no information from household questionnaires.

## **2. WFP/UNHCR Namibia should, in the short term, plan to extend its food and protection assistance to refugees and asylum seekers until the end of 2009**

WFP/UNHCR assistance was extended to refugees and asylum seekers until the end of 2009 as a result of the JAEM 2008 findings.

## **3. Individualization of the ration card**

The individual ration card system was adopted and has been implemented since August 2008 resulting in an initial 10-12% reduction in the number of people receiving assistance and marking a small but significant step in highlighting the progress towards achieving self-reliance.

## **4. Scope For Ration Adjustment**

The scope for ration adjustment was not determined following the 2008 JAEM but was included as one of the objectives of the 2009 JAM which should make recommendations as appropriate.

## **5. Revision of the current Supplementary Feeding Program protocols**

The protocols were reviewed to include not only moderately malnourished children but also other persons with special needs such as the mentally challenged and persons with medical conditions that require a special diet.

The standard UNHCR/WFP Selective Feeding protocol<sup>21</sup> is not respected with children being admitted with a mix of both 80-90% and <80% of their reference weight-for-height and thus some non-malnourished children being treated. There is still no provision for therapeutic treatment for severely malnourished children and staff is not familiar with cooking procedures for food for malnourished children.

## **6. Additional technical support**

**Income generation:** AHA set up a micro-credit project supported with financial inputs and training. Progress has been discussed earlier in the report.

**Firewood collection:** There had been no resolution of the collection of firewood from surrounding farms.

**Stigma HIV:** Despite sensitization campaigns to inform the community of the issues surrounding HIV and AIDS, health workers reported that there was still a very high level of stigma in the settlement. AHA plans to set up a formal HIV/AIDS support group in 2010 in addition to the informal support networks for HIV/AIDS patients at the clinic.

**Goats:** The goats belonging to the settlement administrator and local police in the settlement have been penned in following the recommendation of the 2008 JAEM thus alleviating the destruction of kitchen gardens.

**ATM:** No ATM has been installed in Osire settlement despite the recommendation made in the 2008 JAEM.

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<sup>21</sup> Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies, May 2009  
UNHCR/WFP

## **7. Promote continued legal refugee mobility**

In the first quarter of 2009, in a major development, GRN approved a cabinet memorandum on local integration and ending of the *prima facie* status of Angolan refugees. It further requested the MHA to develop a National Policy framework on implementation of local integration in consultation with UNHCR Namibia.

Despite this development persons of concern remain sceptical about whether local integration would actually be implemented in Namibia. While Angolans seem enthusiastic about the possibility of local integration, Congolese refugees and asylum seekers are not as keen, preferring resettlement as a durable solution.

While the GRN maintain its restriction to article 26 of the 1951 convention, UNHCR Namibia continues to advocate for the relaxation of the restriction on freedom of movement of asylum seekers and refugees. As a result of the advocacy asylum seekers and refugees are now able to obtain exit permits more frequently.

## **8. Scholarships for grade 11, 12 and above**

In the last quarter of 2008, the MoE constructed classrooms to accommodate grade 11 and 12 learners. Currently the school goes up to grade 11 (started January 2009) with the inception of grade 12 in 2010. In 2009, UNHCR continued fundraising to fund studies of a number of grade 12 learners studying outside the settlement.

The UNHCR office has as well continued to provide scholarship for students studying at vocational and tertiary institutions.

## **9. Coordination meeting and information sharing**

As was mentioned earlier, coordination meetings are held on a monthly basis at the settlement level. During these meetings pertinent issues relating to the settlement, including persons of concern's welfare and program implementation are discussed. Participants of these meetings include the Ministries of Home Affairs and Immigration, Education and Health as well as AHA, WFP and UNHCR.

In addition to the coordination meetings, Multi-Functional Team (MFT) meetings are held to follow-up and monitor the implementation of plan of actions developed in consultation with persons of concern. Meetings with refugees' leadership are also held on regular basis. Mass meetings and mass announcements are also used as a means of information sharing.

# **PART 7 – RECOMMENDATIONS**

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The recommendations have been developed based on the policy for durable solutions and local integration. Overall there should be a phased reduction of direct assistance but not without concomitant support to self reliance and concrete steps towards durable solutions. The GRN in collaboration with UNHCR and WFP needs to be proactive in this support.

### **Scope for ration adjustment:**

The proportion of food secure households in the Osire settlement has increased by 9.5% in 2009 despite the reduction in the food ration of oil and sugar and the removal from the food distribution list of those who have formal employment. There has been only a slight increase in the severely food insecure households (from 6% to 7.5%). This suggests that certain

households are moving towards self-reliance and this should be encouraged. Nevertheless, the fact that refugees are not legally allowed to engage in economic activities, means that such activities remain precarious. The mission recognises the limitations of undertaking economic activities in Osire area due to its geographic isolation. Food secure groups have been classed as having good food consumption and good access, but this good consumption is partially maintained thanks to the food ration either directly or from sale or exchange.

Whilst the 2009 mission recommends that food assistance be targeted as a priority to the food insecure groups with reductions for the food secure groups, the difficulty of targeting and making differentiations between food security groups in Osire settlement is seen as a constraint in carrying this out effectively. It is thus recommended to continue full ration distributions throughout 2010 and 2011 but with the following steps in place:

- ✓ Attempts should be made by UNHCR and WFP to carry out a targeting exercise to identify those who are self-reliant and for whom a reduced level of assistance could be designed according to level of self-sufficiency achieved, using food security profiles and other livelihood indicators.
- ✓ Any reduction of assistance should be accompanied by granting of additional rights by GRN (e.g. more freedom of movement, legal and economic rights etc).
- ✓ Where a full ration cannot be distributed (such as break in pipeline or logistic constraints) available food should be targeted to the severely food insecure as a priority – the criteria for this would be defined on the basis of the food insecurity profiles defined in the 2009 JAM. In this case it is strongly recommended that UNHCR, WFP and AHA carry out the targeting of households in consultation with the refugees and asylum seekers to optimise understanding and acceptance.
- ✓ That GRN is pro-active in assisting those who have established economic activities contributing to the Namibian economy to be integrated.
- ✓ That any refugees wishing to return should be supported and re-registration should take place.

Beneficiary contact monitoring should be strengthened during the implementation period to monitor the impact of any of the above changes as well as on the development of self reliance and the application of durable solutions. Results will feed into the 2011 JAM to define any further reduction or changes in the food ration.

In the event of loss of paid employment for those beneficiaries who were removed from the food distribution list, they should be reinstated after reassessment according to food security group criteria and their ration defined as appropriate to their categorization.

### **Non-food assistance:**

The key issue for non-food assistance remains that of cooking and lighting fuel. The mission recommends that feasibility studies for procurement of wood from local farmers for distribution to refugees should be undertaken by UNHCR and a solution found as soon as possible. This could be for controlled collection of firewood and sale to UNHCR or settlement residents for a small fee. This would help to resolve the problem of illegal collection of firewood having a positive impact on the environment, time for refugees to engage in more productive activities and reduce insecurity. If wood were readily available it would also reduce the use of kerosene for cooking retaining it for lighting. Where wood is not seen as a feasible long term solution, the mission recommends that UNHCR take the lead on lobbying for restitution of the kerosene ration to 4 liters.

The mission recommends provision of additional blankets and mattresses during the winter season for long-term refugees prioritizing those in the severely food insecure category who have limited means to procure their own bedding.

**Promoting self reliance:**

Self-reliance and alternative livelihood opportunities should be explored. Those potentially identified during the JAM include the Introduction of fuel efficient stoves, the Improvement of micro-credit opportunities, aquaculture and conservation farming. Relevant technical ministries and organizations should be approached to determine feasibility studies which need to be carried out. This could include FAO/MAWF for agriculture and fishing activities, the Ministry of Environment and Tourism for a holistic approach to wood stocks and the Namibian Chamber of Commerce and Industry for business development.

For those with the skills profile sought after by the GRN, integration should be seriously explored. This will primarily concentrate on those in the food secure group who already have established businesses or waged labor but will not be exclusive to this group. For the moderately food insecure their skills should be further developed and their income sources promoted. This would include assistance in movement in and out of the settlement to enable them to do this as well as agricultural support and business development.

The severely food insecure group who have limited education and capacity to undertake business activities, advice and potential inputs could be provided for skills training and small scale income generating activities.

Possibilities for schooling after grade 12 should be discussed between UNHCR and the MoE including sponsorships and options for lifeskills training. Skills and needs gaps in the national labor force should be identified with the GRN and linked to skills available within the refugee population.

**Working towards durable solutions:**

UNHCR and WFP should work together with the MHA in defining the legislative framework to implement the durable solutions policy and strategy as well as budgetary requirements. The steps towards durable solutions need to be clearly explained to the refugees to help them to make their decision for the future.

Support to decision-making for refugees should be examined in the next PA which would include strengthening 'go back and see' visits especially for the Angolan refugees and inviting previous refugees who have successfully integrated into Namibian society to share their experiences.

**Improving health:**

The mission recommends application of the UNHCR/WFP 2009 selective feeding program protocol for the supplementary feeding program. Supplementary feeding center staff should be trained on these new protocols including admission and discharge criteria as well as appropriate ingredients and preparation of supplementary food for moderately malnourished children. Appropriate products for treatment of acute malnutrition should be available. A discussion needs to be held with UNICEF/MOHSS on how best to ensure supply of therapeutic and supplementary milk (F75 and F100 respectively) to treat severe acute malnutrition cases. Even with the small numbers of acutely malnourished children, milk can be held in stock as it has a shelf-life of 2 years when stored at not above 30°C. If this is not possible, referral procedures should be communicated to the health staff and applied in case children with severe acute malnutrition are admitted to the health centre. SFC staff should receive training on the cooking of the supplementary ration and understand the differences from general hospital feeding. To prevent an increase in acute malnutrition among children, it is suggested that kindergarten meal activities are continued.

Training and counseling sessions are recommended for parents of young children on infant feeding practices to address the high rate of chronic malnutrition. Given the high rates of anemia that were seen during the mission, and the possible relationship between micronutrient deficiencies and stunting, an in-depth study on the causes of anemia in Osire refugee settlement is recommended in order to develop a strategic plan for further management. This study would define interventions in terms of the food that the people of concern receive and/or the appropriate medical treatment.

General nutrition counseling to address female adult overweight (33.5%) should be provided via a module on obesity in health information sessions given by health promoters. Refresher training of the health promoters on nutritional aspects and health impacts of obesity would precede this activity.

Family planning counseling for teenage girls and boys should be strengthened as well as improved services for teenage mothers (pre- and post-natal care, infant feeding practices, child care support, baby care centres to facilitate return to school, maintain and strengthen peer counsellors and ambassadors).

### **Social rights and protection issues within the settlement:**

Clarification on permit rights for refugees wishing to leave the settlement temporarily should be sought between UNHCR and MHA and discussed as part of the self-reliance opportunities.

UNHCR should take the lead in ensuring that key findings from the 2009 JAM as well as action taken from recommendations in 2008, are fed back to the settlement population. The communication method should be discussed prior to this exercise to ensure optimum transmission to the refugees and asylum seekers and thus avoid misunderstandings.

HIV/AIDS sensitization campaigns should continue to be held regularly, in the hopes of reducing levels of stigma and encouraging those at-risk to come forward for testing.

### **Relations with host population:**

A discussion should be held between farmers, UNHCR and GRN solutions to the on practical trespass on their land to improve relations and reduce insecurity. In addition discussion groups are recommended to be held by UNHCR with refugees on the impact of this trespass. Farm workers should be invited to the meeting with refugees in a spirit of shared understanding and conflict resolution. These meetings are likely to be tense and they should be well prepared between UNHCR, MHA and the Refugee Committee and include experts in conflict resolution.

### **Next assessment:**

The next JAM is to be scheduled for 2011 to assess progress towards durable solutions, self reliance and the impact of the ration reduction on food security.

It is recommended that training for enumerators assigned to this JAM takes place over 3 days; ½ day for explanation of the objectives, methodology and food security theory, 1 day for familiarization with the questionnaire and the use of PDAs, ½ day for anthropometric theory and measurements, ½ day for field test of the questionnaire and ½ day for feedback from the field test and team organization. The translators should be familiarized with the questionnaire prior to the field work – this could take place over 2 hours on arrival in the settlement. At the same time any adjustments to the PDA based on the revised questionnaire should be undertaken. Supervisors should be assigned to ensure that each team is followed up daily during the field work to reduce potential for error. Regarding

sampling it is recommended that systematic random sampling based on the total of concern population be carried out.

## **FINAL CONCLUSIONS**

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The 2009 JAM showed an overall increase in the proportion of refugees and asylum seekers who were food secure highlighting the capacity to become self reliant with 38.5% of the settlement population falling within this group. Nevertheless, the slight increase in the severely food insecure group highlights that there are those whose situation is degrading and attention needs to be focused on ensuring that this group is protected from further decline. The severely and moderately food insecure groups (61.5% of the population) still requires food assistance in order to meet their daily needs so as not to have recourse to negative coping strategies. The food secure group are assisted to remain so by a combination of the food ration as well as their own efforts. Efforts must be stepped up by the GRN with support from UNHCR and WFP to work towards durable solutions and the momentum begun with the release of the memorandum for local integration should be continued.

Education within the settlement is good and the addition of Grade 11 in 2008 with Grade 12 in 2010 were welcomed. Efforts should be continued to ensure that able students can have the possibility to access further education thus helping to improve their chances of success in the job market after schooling.

Health services are generally functioning well and can be improved with the recommendations cited above.

Beneficiary contact monitoring will enable Osire management to understand the impact of any changes in household food security as a result of the implementation of the recommendations.

Moves towards self reliance and durable solutions are the key to the future of the Osire residents and all stakeholders need to be implicated to ensure that efforts are optimized.

## APPENDICES

## Appendix 1: Household questionnaire

<b>Team number:</b>	_ _	<b>01-10 15 (2 digits)</b>
<b>Enumerator number:</b>	_ _	<b>01-20 (2 digits)</b>
<b>Block number:</b>	_ _	<b>00-15 (2 digits)</b>
<b>Day of interview:</b>	_	<b>1, 2, 3, 4 (1 digit)</b>
<b>Interview number:</b>	_ _	<b>01-19 (2 digits)</b>
<b>Household key (from above fields)</b>	_ _ _ _ _ _ _ _	

**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 and UNHCR programs in the camp. 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 or adult living in the house.**

Section A: Household Demographics				
<b>A1</b>	Name of Respondent (for record only): _____			
<b>A2</b>	Sex of Head of Household	1 = Male		2 = Female
<b>A3</b>	Age of Head of Household	Age in years:  __   __		
<b>A4</b>	Marital status of Head of household.	<div> 1 = Married  2 = Partner. not married  3 = Divorced </div> <div> 4 = Living apart, not divorced  5 = Widow or widower  6 = Never married  7 = Single Male </div>		
<b>A5</b>	Can the Head/Spouse read a simple message in any language?	<b>Head</b> 1 = Yes      2 = No		<b>Spouse</b> 1 = Yes      2 = No
<b>A6</b>	Total Number of People Living in the Household	<b>Males</b> 0 to 5:  __     6-17:  __     18-59:  __     60+ <b>Females</b> 0 to 5:  __     6-17:  __     18-59:  __     60+		
<b>A7</b>	What is the level of education of the household members?	Household  __	Spouse  __	3rd adult  __       4th adult  __
<b>Codes for A76</b>	1 = Nothing      3 = Upper primary (Grade 5-7)      5 = Senior Secondary (Grade 11-12) 2 = Lower primary (Grade 1-4)      4 = Junior Secondary (Grade 8-10)      6 = Higher education (University, college)			
<b>A8</b>	How many orphans are living in your household?	__		
<b>A9</b>	How many members of your HH are living outside the camp? <b>IF 0, go to slide A11</b>	__		
<b>A10</b>	What are the three main reasons they are living outside the camp?	<b>A.</b>  __  <b>B.</b>  __  <b>C.</b>  __  1 = School      2 = Work      3 = Health      88 = Other (specify)      98 = No more reason		
<b>A11</b>	How many of your household members have been chronically ill and unable to work for at least 3 of the last 12 months?	__		
<b>A12</b>	Has your household received the new registration card from 2008/2009?	1 = Yes		2 = No

Section B. Household Circumstances						
<b>B1</b>	What is your country of origin?	<div> <div>1 = Angola</div> <div>2 = DRC</div> <div>3 = Rwanda</div> <div>4 = Burundi</div> <div>88 = Other, specify:</div> </div>				
<b>B2</b>	When do you plan to return to your country of origin?	1= Never	2= Next 6 months	3= Next 6-12 months	4= Next 1-2 years	6 = Don't know
<b>B3</b>	What are the three main reasons that prevent you from returning to your place of origin? <b>A.</b>  __  <b>B.</b>  __  <b>C.</b>  __	<div> <div>1 = Insecurity/Political instability (including</div> <div>2 = No land to cultivate in place of origin</div> <div>3 = Cannot find work/earn enough money</div> <div>4 = Roads/bridges /infrastructure destroyed</div> <div>98 = No more reasons</div> <div>5 = Don't have enough resources to return</div> <div>6 = Nothing there/No family to return to</div> <div>7 = Want to stay in Namibia</div> <div>88 = Other reasons (specify)</div> </div>				
<b>B4</b>	How many times did you change your place of living in the past 3 years? ( <b>all places</b> )	__   __				
<b>B5</b>	In which year did your household move to this current settlement?	Year  __   __   __   __				
<b>B6</b>	What is the primary main source of drinking water for your household?	1 = Piped into dwelling, yard or plot		3 = Borehole with pump		
		2 = Public tap/neighboring house		4 = Rain water		
<b>B7</b>	What kind of toilet facility does your household use?	1 = Flush latrine		2 = Traditional pit latrine		
		3 = Open pit		4 = None/bush/open space		

<b>B8</b>	What is the primary source of lighting for this house?	1 = Electricity	2 = Paraffin/Kerosene lamp
		3 = Candle	4 = Firewood
		5 = Generator	6 = Oil lamp
		7 = None	
<b>B9</b>	What is the primary source of cooking fuel for this household?	1 = Electricity	2 = Wood
		3 = Charcoal	4 = Gas
		5 = Kerosene/Paraffin	6 = Dung
<b>B10</b>	Are all of your children that are eligible for grade 10 and below attending school regularly?	<b>A. Males:</b> 1 = Yes, 2 = No (go to B11)	<b>B. Females:</b> 1 = Yes, 2 = No (go to B11)
<b>B11</b>	If the males are not attending regularly, list the 3 main reasons: <b>A.</b>  __  <b>B.</b>  __  <b>C.</b>  __  <b>D.</b> Other:	If the females are not attending regularly, list the 3 main reasons: <b>E.</b>  __  <b>F.</b>  __  <b>G.</b>  __  <b>H.</b> Other:	
<b>Codes for B11</b>	1 = Illness 2 = Has to work for food or 3 = Incapable of continuing	4 = Help with HH work 5 = Care for HH member 6 = Could not obtain permit	7 = Not interested in school 8 = Hunger 9 = Expensive/no money 10 = Pregnancy 11 = Marriage 88 = Other (specify) 98 = No (more)
<b>B12</b>	Are all of your children that are eligible for grade 11 and 12 attending school regularly?	<b>A. Males:</b> 1 = Yes, 2 = No (go to B13)	<b>B. Females:</b> 1 = Yes, 2 = No (go to B13)
<b>B13</b> Same codes for B11	If the males are not attending regularly, list the 3 main reasons: <b>A.</b>  __  <b>B.</b>  __  <b>C.</b>  __  <b>D.</b> Other:	If the females are not attending regularly, list the 3 main reasons: <b>E.</b>  __  <b>F.</b>  __  <b>G.</b>  __  <b>H.</b> Other:	

<b>B14</b>	Are you receiving any school bursaries for your children? <b>Enter number of children receiving bursaries (if no=0)</b>	<b>A. Grade 1-10</b>  _	<b>B. Grade 11-12</b>  _
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Section C. Household expenditures (not business-related expenditures) and debt			
<b>C1</b>	Please estimate the amount of money you spent on the following items <b>over the last 30 days</b> .  <b>Insert 00 for items on which no money was spent.</b>	Medical expenses	_ _ _ _  <b>NAD</b>
		School Expenses	_ _ _ _  <b>NAD</b>
		Equipment, tools, seeds, fertilizers	_ _ _ _  <b>NAD</b>
		Cereals (maize, millet, sorghum)	_ _ _ _  <b>NAD</b>
		Relishes (e.g. legumes, veg, meat, etc.)	_ _ _ _  <b>NAD</b>
		Condiments (salt, pepper, spice)	_ _ _ _  <b>NAD</b>
		Sugar	_ _ _ _  <b>NAD</b>
		Clothing, shoes	_ _ _ _  <b>NAD</b>
		Cooking/lighting fuel (Charcoal, kerosene etc )	_ _ _ _  <b>NAD</b>
		Hygiene articles - Soap, sanitary supplies etc	_ _ _ _  <b>NAD</b>
		Debt repayment	_ _ _ _  <b>NAD</b>
		Transport	_ _ _ _  <b>NAD</b>
		Social events	_ _ _ _  <b>NAD</b>
		Hiring of labour	_ _ _ _  <b>NAD</b>
		Alcohol & Tobacco	_ _ _ _  <b>NAD</b>
Other items	_ _ _ _  <b>NAD</b>		
<b>Total</b>		_ _ _ _  <b>NAD</b>	
<b>C2</b>	During the past 6 months, did you or any member of your HH borrow money?	1 = Yes	2 = No <b>(skip to Section D)</b>
<b>C3</b>	What was the primary reason for borrowing?	1 = to buy food	4 = pay for social event
		2 = pay for health care	5 = buy agricultural inputs
		3 = pay for funeral	6 = pay for education
<b>C4</b>	From whom did you borrow? (primary source)	1 = friend/relative	2 = money lender
		3 = bank/formal lending institution	4 = informal savings group
		88 = Other (specify)	

Section D. Household income and agricultural production			
Please complete the table, one activity at a time, using the income source codes below	D1. During the past 6 months, what were your household's most important sources of income? (use activity code, up to 3 activities)	D2. Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each source (%)	D3. Does this income source mainly related to activities performed within or outside the camp? 1= within 2=outside

<b>1</b>	Most important	_ _	_ _ _	_
<b>2</b>	Second	_ _	_ _	_
<b>3</b>	Third	_ _	_ _	_
<b>Income source codes (for above):</b> 1 = Remittance (external) 2 = Sale of agricultural (excl home gardening) 3 = Sale of home gardening produce 4 = Sale of firewood/charcoal 5 = Sale of livestock/animal production 6 = Sale of woodcraft		8 = Business/trade within camp 9 = Trade with other towns/countries 10 = Casual labour 11 = Brewing 12 = Wage labour/employee 13 = Begging 14 = Sales of food assistance 88 = Other		
		<b>Support codes (for D6):</b> 1 = Financial support to purchase stock or equipment 2 = Training 3 = Land 4 = Agricultural inputs 5 = Animals		
		6 = Inputs for animal husbandry (fodder etc) 7 = Help with transport 8 = Work permit 88 = Other		
D4. Compared to last year, has the sources of income changed? If yes to what?		<b>1</b>	Most important	_ _
(use activity code above, up to 3 activities)		<b>2</b>	Second	_ _
		<b>3</b>	Third	_ _

Please complete the table, one activity at a time		D5. Please indicate the three activities <b>you would like to do in the future</b> to earn more income (existing or new activities). <b>Use the income source codes above.</b>		D6. Please indicate the primary support you would need to develop these activities. <b>See codes above</b>																					
1	Most important	_ _ _		_ _ _																					
2	Second	_ _ _		_ _ _																					
3	Third	_ _ _		_ _ _																					
D7	How many members of your household are involved in formal employment?			_ _ _																					
<b>Agricultural Production (including vegetable gardening)</b>																									
D8	What is the size of total HH arable land holding? (Note: 1 acre = 70 x 70 steps; 1 ha = 0.4 acres)			_ _ _ .  _ _  acres If none, write '00' and skip rest of section																					
D9	How much land DID you cultivate LAST season (Nov 07 –Oct 08)? (Note: 1 acre = 70 x 70 steps; 1 ha = 0.4 acres)			_ _ _ .  _ _  acres If none, write '00' and skip rest of section																					
D10	By order of importance, what are the main crops cultivated by your household last year (November 2007 to October 2008)? Enter code for up to 3 main crops from list below.																								
	A. Main crop  _ _ _		B. Second crop  _ _ _		C. Third crop  _ _ _																				
<table border="0"> <tr> <td><b>Crop Codes</b></td> <td>5 = Beans</td> <td>9 = Tobacco</td> <td>13 = Irish Potatoes</td> </tr> <tr> <td>1 = Maize</td> <td>6 = Sweet Potatoes</td> <td>10 = Sugar Cane</td> <td>88 = Other</td> </tr> <tr> <td>2 = Sorghum</td> <td>7 = Vegetables (e.g. spinach, tomatoes, cabbage)</td> <td>11 = Pumpkins</td> <td>98 = No other crop</td> </tr> <tr> <td>3 = Millet (Mahaingu)</td> <td>8 = Pulses/Legumes</td> <td>12 = Paprika/peppers</td> <td></td> </tr> <tr> <td>4 = Wheat</td> <td></td> <td></td> <td></td> </tr> </table>						<b>Crop Codes</b>	5 = Beans	9 = Tobacco	13 = Irish Potatoes	1 = Maize	6 = Sweet Potatoes	10 = Sugar Cane	88 = Other	2 = Sorghum	7 = Vegetables (e.g. spinach, tomatoes, cabbage)	11 = Pumpkins	98 = No other crop	3 = Millet (Mahaingu)	8 = Pulses/Legumes	12 = Paprika/peppers		4 = Wheat			
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4 = Wheat																									
D11	How many kg (shelled) of <b>these main crops</b> did you harvest last season? (ask for bags and convert to kg)																								
	D11a. Crop 1 :  _ _  kg		D11b. Crop 2 :  _ _  kg		D11c. Crop 3 :  _ _  kg																				
D12	Do you have a vegetable garden?			1 = Yes, 2 = No																					
D13	If you do not have a garden, what are the three main reasons? A.  _ _  B.  _ _  C.  _ _		<table border="0"> <tr> <td>1 = No money for seeds</td> <td>2 = No land</td> <td>3 = Lack of water</td> </tr> <tr> <td>4 = Don't need a garden</td> <td>5 = No one to take care of it</td> <td>6 = No access to tools</td> </tr> <tr> <td>7 = Don't know</td> <td>88 = Other</td> <td>98 = No more reasons</td> </tr> </table>			1 = No money for seeds	2 = No land	3 = Lack of water	4 = Don't need a garden	5 = No one to take care of it	6 = No access to tools	7 = Don't know	88 = Other	98 = No more reasons											
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7 = Don't know	88 = Other	98 = No more reasons																							
D14	What are the three main reasons that prevent you from producing more food for your household? A.  _ _  B.  _ _  C.  _ _		<table border="0"> <tr> <td>6 = Conflict with local</td> <td>11 = Do not want to work</td> </tr> <tr> <td>7 = No access to exit permits</td> <td>12 = No market to sell produce</td> </tr> </table>			6 = Conflict with local	11 = Do not want to work	7 = No access to exit permits	12 = No market to sell produce																
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2 = Poor quality of land	4 = Lack of agricultural inputs	9 = Lack of transportation	98 = No more reason																						
	5 = Lack of knowledge	10 = Do not need to work																							
<b>Section E. Household assets and livestock</b>																									

E1	How many of the following assets are owned by you or any member of your household? If a specific asset is not owned, enter '0'.					
	<b>Non-productive Assets</b>		<b>Productive &amp; Transport Assets</b>			
	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	__
	6. Mobile phones	__	11. Ox Cart	__	17. Hammer Mill	__
E2	How many of the following animals do your family own?					
1. Draught cattle  __ __		2. Cattle  __ __		3. Donkeys/Horses  __ __		
4. Sheep/goats  __ __		5. Pigs  __ __		6. Poultry  __ __ __		
E3	What are the three main constraints that you face in raising livestock and animal production? <b>A.</b>  __  <b>B.</b>  __  <b>C.</b>  __					
1 = No money to buy livestock    2 = No access to grazing land    3 = Not allowed    4 = No money to hire labour (Shepard etc)    5 = No space to shelter animals    6 = Too far to grazing land 7 = Conflict with local community    8 = Lack of knowledge    9 = Lack of inputs (fodder etc)    10 = No market to sell produce    11 = Not enough security/animals will be ...    88 = Other (specify) 98 = No more constraints						

Section F. Food Consumption			
Please fill out the table below, one food item at a time.	F1. Over the last seven days, how many days did you consume the following foods?	F2. What was the source of the food? Put the two main where applicable.	F3. If purchase was the main source, what was the peak period of buying?
	Number of <b>days (0 to 7)</b>	<b>Source(s)</b>	<b>Seasonality</b>
1. Maize, maize porridge	__	__	__
2. Cassava	__	__	__
3. Other cereal (rice, sorghum, millet, etc)	__	__	__
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	__	__	__
<b>Source codes for F2:</b> 4 = Purchase 7 = Gift 9 = Barter 1 = From own 5 = Borrowed 6 8 = Food aid 88 = Other production 2 = Hunting, trapping = Exchange			
<b>Source codes for F3:</b> 3 = Jul - Sept 5 = Continuous 1 : Jan - March 4 = Oct- Dec 2: Apr - June			

### Section G. 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
<b>G1</b>	Skip entire days without eating?	1	2	3	4	5
<b>G2</b>	Limit portion size at mealtimes?	1	2	3	4	5
<b>G3</b>	Reduce number of meals eaten per day?	1	2	3	4	5
<b>G4</b>	Borrow food or rely on help from friends or relatives?	1	2	3	4	5
<b>G5</b>	Rely on less expensive or less preferred foods?	1	2	3	4	5
<b>G6</b>	Purchase/borrow food on credit?	1	2	3	4	5
<b>G7</b>	Gather unusual types or amounts of wild food / hunt?	1	2	3	4	5
<b>G8</b>	Harvest immature crops (e.g. green maize)?	1	2	3	4	5
<b>G9</b>	Send household members to eat elsewhere?	1	2	3	4	5
<b>G10</b>	Send household members to beg?	1	2	3	4	5
<b>G11</b>	Reduce adult consumption so children can eat?	1	2	3	4	5
<b>G12</b>	Rely on casual labour for food?	1	2	3	4	5

### Section H. Food assistance

<b>H1</b>	Did your household receive food aid at any time during the last 6 months?	1 = Yes	2 = No (Go to H3)
<b>H2</b>	When in the past 6 months did your HH receive food ration? (Ask for each individual month, circle all that apply)	1 = June 2009 2 = May 2009 3 = April 2009	4 = March 2009 5 = February 2009 6 = January 2009

<b>H3</b>	If you have not received a food ration during any of these 6 months, what is the main reason? <b>GO TO SECTION I AFTER THIS QUESTION</b>	1 = Absent during distribution		5 = Eligible, but biased against		
		2 = Am not registered		6 = Do not have new registration card		
		3 = Did not need		7 = Other (specify)		
		4 = Do not know				
<b>H4</b>	What was the sex of the recipient who went and collected your most recent food ration?	1 = Male		2 = Female		
<b>H5</b>	When did you receive your most recent food ration? (Specify exact date in June)					
<b>H6</b>	What commodities did you <b>receive in your most recent household ration?</b> (Circle all that apply)	1 = Cereals 3 = Oil 5 = Sugar		2 = Pulses 4 = CSB 6 = Salt		
<b>H7</b>	What quantities remain of the commodities you received in your most recent household ration? (kg, litres etc)	1 = Cereals  __  3 = Oil  __  5 = Sugar  __		2 = Pulses  __  4 = CSB  __  6 = Salt  __		
<b>H8.</b>	<b>Usage of commodities last month:</b> For each of the commodities, please indicate how they were used (consumed, sold, bartered, or given away), by using the proportional piling method to estimate a percentage for each.		A. During the last month, what percentage did you consume	B. During the last month, what percentage did you sell?	C. During the last month, what percentage did you barter away?	D. During the last month, what percentage did you give away?
		1 = Cereals	__	__	__	__
		2 = Pulses	__	__	__	__
		3 = Oil	__	__	__	__
		4 = CSB	__	__	__	__
		5 = Sugar	__	__	__	__
		6 = Salt	__	__	__	__

### Section I. Non-Food assistance

<b>I1</b>	What "consumable" NFIs has your household received during the last 3 months? (Circle all that apply)	1 = Soap 2 = Sanitary supplies	3 = Cooking fuel (paraffin/kerosene) 4 = Health supplies 5 = Condoms	6 = Education supplies 88 = other
<b>I2</b>	What "non-consumable" NFIs has your household received during the last 6 months? (Circle all that apply)	1 = Mattress 2 = Blanket 3 = Plastic sheeting 4 = Tent	5 = Building materials 6 = Kitchen set 7 = Jerrycan	8 = Sleeping mats 9 = Farming tools 10 = Stove 88 = other
<b>I3</b>	What is your main source for the following NFIs?	Soap	Sanitary supplies	Firewood

		__	__	__
		Fuel  __	Education supplies  __	Health supplies  __
<b>Codes for H3:</b> 1= UNHCR distribution, 2 = Government, 3 = NGOs, 4 = Church organization, 5 = Market purchase, 6 = Barter for it, 7 = collect from fields, 8 = Gifts, 9= Health center 88 = Other				
I4	Which NFI should be the most urgent priority for distribution?	Consumables	Non-consumables	
		__	__	
<b>Codes for H4: Same as in H1 and H2</b>				
I5	What are the three main constraints faced by your household in acquiring enough firewood? A.  __  B.  __  C.  __	1 = Scarcity in the fields 4 = Too far to go and collect 7 = Illegal to collect firewood	2 = Don't exist in the camp 5 = No exit permits 88=Other (specify)	3 = Too expensive 6 = Security reasons when collecting firewood 98 = No more constraints

Section J. Mobility						
J1	How often do members of your household leave the settlement? Specify below	1= Daily	2= Every week	3= Every month	4= Only occasionally	5 = Never
J1	<b>Kindly Use Source codes from above (J1)</b>	a)Male Adult:  __	b)Female Adult:  __	c) Children  __		
J2	What are the three main reasons that make members of the household leave the settlement? A.  __  B.  __  C.  __	1 = To collect firewood 2 = Casual labour on surrounding farms 3 = For formal employment 4 = For educational purposes 5 = To sell agricultural produce 6 = To work on land outside camp 7 = Trade with other areas 8 = To sell animal/livestock production 9 = For social reasons 10 = Shopping 88 = Other (specify) 98 = No more reason				
J3	What are the three main reasons that prevent you from leaving the camp more often? A.  __  B.  __  C.  __	1 = Issuance of permits 2= Security 3 = No need to leave 4 = No money for transport 5 = Lack of transportation means 88 = Other (Specify) 98 = Nothing/No more reasons				

## Appendix 2: Nutrition and health questionnaire

<b>Team number: only)</b>	_ _	<b>1-13 (2 digit)</b>
<b>Enumerator number:</b>	_ _	<b>01-26 (2 digits)</b>
<b>Block number:</b>	_ _	<b>00-15 (2 digits)</b>
<b>Day of interview:</b>	_	<b>1,2,3,4 (1 digit)</b>
<b>Interview number:</b>	_ _	<b>01-19 (2 digits)</b>
<b>Household key (from above fields)</b>	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _	

### 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:

- o Diarrhoea?    YES.....1                      NO.....2
- o Fever?           YES.....1                      NO.....2

- Do you wash your hands after visiting the toilet?

- o 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

<b>Mother's weight</b> (in kilograms)	_ _ _ .  _
<b>Mother's height</b> (in centimetres)	_ _ _ .  _
<b>Mother's level of Hemoglobin</b> (in g/dL)	_ _ _ .  _

<b>1</b>	Child's name _____	<b>Note: Child must be born after June 1, 2004</b>
<b>2</b>	Date of birth (check birth record if available)	Month <b>(drop down)</b> Year <b>(drop down)</b>

3	Child's age in months (this is for verification)	_ _  months (6-59 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 midwife ..... 3 Untrained midwife... ..... 4 Relative/friend..... ..... 5 Other..... 6 No one..... 7
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 bigger or smaller than other children? (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 (skip to 10)
9	Has [NAME] been breastfed in the last 24 hours?	Yes.....1 No.....2
10	ONLY if 6 - 24 months  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 .....3 Oral Rehydration Solution (ORS).....4 Tinned, powdered or fresh milk.....5. Any other liquids.....6 Solid or semi-solid (mushy) food... ..... .7 (go to 11)
11	If YES to receiving solid or semi-solid foods  Since this time yesterday, what food items did [NAME] receive?	Wheat, bread, rice, pasta .....1 Potatoes ..... 2 Beans, peas, lentils, nuts.....3 Cheese, yoghurt..... 4 Meat, liver, kidney, chicken, fish.....5 Eggs.....6 Yellow/orange vegetables and fruits... .....7 Other vegetables or juice.....8
12	Has [NAME] ever received a vitamin A capsule (supplement) in the past 6 months? (show capsule)	Yes.....1 No.....2

		Don't know..... ..9
13	Has [NAME] ever received a measles vaccination? (confirmed via health passport)	Yes .....1 No.....2 Don't know .....9
14	Has [NAME] been ill with a fever at any time in the past 2 weeks?	Yes.....1 No.....2 Don't know..... ..9
15	Has [NAME] been ill with a cough at any time in the past 2 weeks?	Yes.....1 No.....2 (skip to 17) Don't know..... ..9 (skip to 17)
16	When [NAME] had the cough, did he/she breathe faster than usual with short, rapid breaths?	Yes.....1 No.....2 Don't know... ..9
17	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
18	Has (NAME) ever visited the supplementary feeding center?	Yes.....1 No.....2 (If no go to 21)
19	For how long?	Less than on month... ..1 One month..... ..2 1-2 months... ..3 More than two months....4 Don't know... ..9
20	In the 6 months following the stay at the supplementary feeding center, was the child readmitted?	Yes.....1 No.....2
21	Child weight – (In weight in kilograms, with one decimal place)	_ _ _ .  _
22	Child height/length (in centimetres, with 1 decimal place)	_ _ _ _ .  _
23	Above measurement taken:	Standing.....1 Lying.....2
24	Blood hemoglobin concentration (in g/dL with 1 decimal place)	_ _ _ .  _

### Appendix 3: Food Consumption Score

**Definition:** The frequency weighted diet diversity score or "Food consumption score" is a score calculated using the frequency of consumption of different food groups consumed by a household during the 7 days before the survey.

#### Data collection module:

- I. See attached household questionnaire (section F. Food Consumption)

#### Calculation steps:

- II. Using the data collected from the household questionnaire, group all the food items into specific food groups:

	FOOD ITEMS (examples)	Food groups (definitive)	Weight (definitive)
1	Maize , maize porridge, rice, sorghum, millet pasta, bread and Cassava, potatoes and sweet potatoes, other tubers, plantains	Main staples	2
2	Beans. Peas, groundnuts and cashew nuts	Pulses	3
3	Vegetables, leaves	Vegetables	1
4	Fruits	Fruit	1
5	Beef, goat, poultry, pork, eggs and fish	Meat and fish	4
6	Milk yogurt and other diary	Milk	4
7	Sugar and sugar products, honey	Sugar	0.5
8	Oils, fats and butter	Oil	0.5
9	Spices, tea, coffee, salt, fish power, small amounts of milk for tea.	Condiments	0
10	Corn Soya Blend	CSB	2.5

- III. Sum all the values for each of the food groups, and multiply the value obtained for each food group by its weight (see weights in table above).
- Iç. Sum the weighed food group scores together, thus creating the food consumption score (FCS).
- ç. Using the appropriate thresholds (see below), group the food consumption scores into categories.

Once the food consumption score is calculated, the context-specific thresholds are determined based on the knowledge of the consumption behavior in each country. In Southern Africa, WFP has used the following thresholds through 4 years of data collection:

FCS	Profiles
0-21	Poor consumption
21.5-35	Borderline consumption

---

> 35      Acceptable  
consumption

Hence, a household with a score below 21 is categorized as having poor consumption, between 21.5 and 35 as borderline, and above 35 as acceptable. For more information, validation of the indicator as a proxy of food security, and discussion of these thresholds, please refer to the Food Consumption Score Technical Guidance Sheet, WFP Vulnerability Analysis and Mapping Branch (January 2008).

#### **Appendix 4: Food Access Score**

The food access score was a combination of the following four measures. For each measure, every household surveyed was rated as having poor, average, or good access.

##### **I. Purchase as a source of food:**

The first food access indicator is the percentage of food sourced from the market. 65% of households do purchase food, and over 30% purchase more than 20% of their food in the market, with Congolese households purchasing slightly more than Angolans. Hence, we chose to classify households with no market purchased food as having poor access, those that purchase between 0 and 20% of their food in market as having average access, and those that purchase more than 20% of total food consumed as having good access.

##### **II. Human skills:**

Education is an important part of a household's social capital, is closely linked to food security, and is an important proxy indicator of the ability to access food. In addition, education is a critical factor distinguishing the livelihood strategy options of the poor from those who are better off (see table X). HHs with nothing/lower primary education were classified as having poor access, upper primary/junior secondary as average, and good access as having finished at least senior secondary school.

##### **III. Monthly per capita total expenditure:**

Expenditures are normally underreported, and logical thresholds are therefore difficult to establish. Instead of deriving complicated thresholds, the upper third of the population in terms of monthly per capita total expenditure were categorized as good, the lower third as poor and the rest average. Analysis of mean per capita expenditure by household country of origin show that Congolese, on average, spend about twice as much as Angolans. However, expenditure figures are highly influenced by a small number of households with very high costs, especially for schooling and clothing.

##### **IV. Assets ownership:**

Given the limited role of agriculture in Osire camp, productive assets do not play an important role in determining food access. The ownership of non-productive assets<sup>22</sup> is however closely related to income generation ability and therefore non-productive assets are important indicators of a household's socio-economic status. Many refugees own cell phones (55%), radios (30%), and TVs (20%). Households that own 4 or more of the assets listed in the survey were classified as having good access, 2-3 assets as medium, and 0-1 assets as poor.

#### **Creating a consolidated access indicator:**

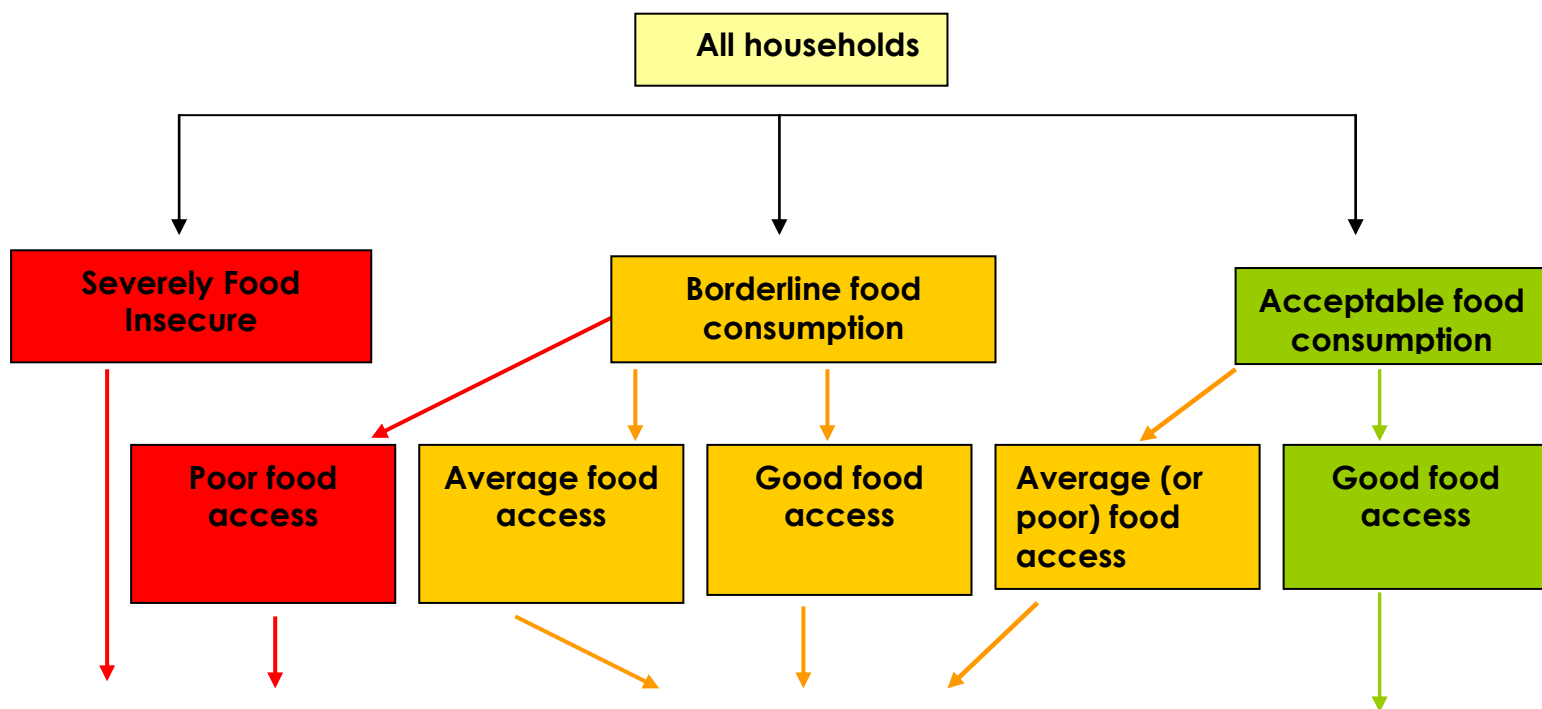
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22      In this survey, non-productive assets asked for included chair, table, bed, radio, cell phone and TV.

The four access indicators listed above were validated through a statistical analysis that confirmed their significant correlation with the FCS. The access indicators were then consolidated into one overall access indicator, which combines the previous classifications for education, food purchasing ability, monthly per capita expenditure, and asset wealth. As explained above, each household was rated as having good, average, or poor access to each of the four single access indicators. These ratings were then converted to scores (poor = 1, average = 2, and good = 3) and the four scores summed in one total score that ranges from a minimum of 4 to a maximum of 12 for each household. Logical cut-offs were then chosen to divide this score into one consolidated classification of poor (4-6), average (7-9) and good (10-12) overall access to food. In this way, a household will always be classified in the category which it indicates the most number of times. In addition, a household that scores poor twice and medium twice on the single indicators is classified as having poor food access (score of 6), while household that scores twice medium and twice good is classified as having good food access (score of 10).

#### Appendix 5: Food Security classification framework:

Flowchart depicting the process of assigning households to a food security group based upon their Food Consumption Score and Food Access Score.



**Severely Food  
Insecure**

**Moderately Food  
Insecure**

**Food Secure**

- *Food Secure households* are those with good acceptable consumption and good food access
- *Moderately Food Insecure households* are those with acceptable consumption and poor access, or borderline consumption and average access; they also have acceptable consumption and average food access, or borderline consumption and good access;
- *Severely Food Insecure households* are all those that have poor food consumption, in addition to households from the borderline group that have poor food access;

## Appendix 6: List of people met

Ms Joyce Mends-Cole	UNHCR Representative
Mr Baton Osmani	WFP Head of Program
Ms Petrina N. Haludilu	AHA / Osire
Dr Apama Victoire Mpelo	Medical Officer, Osire health Centre
Mr Paulus Haikali	Osire Settlement Administrator
Refugees Committee	Osire Settlement
	WFP/UNHCR/AHA Warehouse guard
Mr Zacharias Taapopi	Director of Health, Otjiwarongo, Ministry of Health
Mrs Faustina Caley	Director of Education, Otjiwarongo Ministry of Education
Mrs Veronica Nghipondoka	Head of Crop and Livestock production Extension, Ministry of Agriculture, Otjiwarongo

## Appendix 7: Terms of Reference

Terms of Reference for WFP/UNHCR Joint Assessment Mission (JAM)

Dates: 22 -26 June2009

Location: Windhoek and Osire Refugee Settlement, Namibia

### I) Background:

1. As a result of the prolonged civil war in Angola, some 23,000 Angolans fled to Namibia during the period of 1999 to 2002. However, new arrivals reduced significantly in 2002 mainly due to peace developments in Angola after the death of UNITA leader in February 2002.
2. The Office of the Prime Minister of the Government of Namibia made an official appeal to WFP for the provision of food to Angolan refugees in December 1999. WFP approved Emergency Operation 6206.00 to assist 7,500 beneficiaries with 751 Mt of food assistance on 10 January 2000. Refugees were based in Osire settlement designated by the Government in central Namibia.
3. As the numbers of refugees increased, the total tonnage was revised upward to 951 Mt in June 2000 and then again to 1,399 Mt under Emergency Operation 6206.01 to assist an average of 14,000 beneficiaries for the period 01 August 2000 to 31 January 2001. Following further increases in numbers, in January 2002 WFP approved Emergency Operation 10145.0 to distribute 5,006 Mt of food to 23,000 beneficiaries for the period of Jan – December 2002 which was then extended until 30 April 2003. EMOP 10145.1 was then approved to continue the operation from 01 May 2003 to 30 April 2004 for some 16,000 beneficiaries, a number which took into account the planned voluntary repatriation programme.
4. In addition, there was and still is a continuing influx of small numbers of refugees from DRC, Rwanda, Burundi, Zimbabwe and other countries due to the unfavourable political and humanitarian situations in their respective countries.
5. In September 2002, UNHCR signed a Tripartite Agreement with the governments of Namibia and Angola to voluntarily repatriate the Angolan refugees in 2003 and 2004 with a view to repatriate about 7,000 persons in 2003 and those remaining in 2004. Returning refugees were

provided with a return package in Angola under WFP Angola PRRO 10054.1. A transit camp for arriving/returning refugees was established in Kassava in northern Namibia.

6. The voluntary repatriation programme with assisted returns for Angolan refugees was extended by UNHCR until December 2005 by which time there was a remaining population of concern of some 4,666 Angolan refugees and 1,540 non-Angolan asylum seekers/refugees totalling some 6,206 registered as resident in Osire.
7. Nevertheless, despite a significant number of refugees also returning informally, over 4,000 Angolans did not take this option; at the same time, the settlement continued to receive a small number of refugees and asylum seekers from the Great Lakes region. The organized repatriation programme effectively came to an end in December 2005.
8. In April 2006, the first UNHCR/WFP joint assessment mission (JAM) was conducted in Osire settlement. The report (see Annex I) concluded that refugees and asylum seekers at Osire settlement are food secure only due to the regular food assistance from WFP and that in the event of termination of food assistance, refugees and asylum seekers' nutritional status will deteriorate in a matter of months.
9. In February 2007, a re-registration and socio-economic profiling exercise of the beneficiaries took place in the Osire settlement including collection of biometric data. Special refugee ID cards are being issued by the Ministry of Home Affairs and Immigration, using biometric data collected. So far, 3,759 refugee ID cards have been issued and this activity is ongoing. All asylum-seekers who have registered with the GRN and UNHCR up to June 2007 have already been issued asylum-seeker certificates, which are valid for a period of six months and are renewable. This exercise is widely seen as a positive step taken by GRN in its efforts to identify durable solutions such as local integration for the refugees.
10. In July 2007, a nutritional survey was carried out by Ministry of Health and Social Services (MOHSS) and AHA (Annex II). The main findings show that malnourishment levels are moderate and that additional education of mothers is required.
11. In July 2007, a sample survey on skills, livelihoods and coping mechanisms of refugees and asylum-seekers was carried out by NEPRU (Namibian Economic Policy Research Unit) on behalf of UNHCR. One of the main findings was that there are some refugees with skills required to fill the gap in the Namibian labour market.
12. A second UNHCR/ WFP Joint Assessment and Evaluation Mission (JAEM) in Osire camp was held from 28th Feb - 05th Mar 2008 (Annex III). The mission focused on assessing food security and livelihood options for refugees and asylum seekers, evaluating the impact and effectiveness of WFP/UNHCR assistance within Osire Camp, and formulating clear recommendations concerning the future of assistance provided to Osire residents.
13. One of the main findings of the second JAM was that only about 29% of the camp population are highly food secure and were deemed capable of providing for themselves in the absence of external food assistance. As can be seen from the "Current Situation" section of these TOR (see page 5) many of the recommendations of this second JAM were implemented during 2008.

## II) Current Situation

14. The Government of Namibia, through the Ministry of Home Affairs, is responsible for refugee assistance in the country, including the granting of refugee status, and for the provision of

shelter and related assistance. The Government of Namibia has ratified the UN Convention of 1951 and the 1967 Protocol related to the status of refugees. It has, however, made a reservation to Article 26 on the freedom of movement, which up to date remains in force. While the GRN has not signed on to the 1969 OAU Convention Governing the Specific Aspects of Refugees in Africa, it has incorporated the provisions of this Convention in the Namibian Refugees (Recognition and Control) Act No. 2, dated 1999. Since February 2009, Angolan refugees are no longer given prima facie refugee status in Namibia, while non-Angolans are considered as asylum seekers until the Namibian Government decides on application on a case-by case basis. At the same time, there are some 600 non of concern people residing at the settlement and not deemed eligible for external assistance

15. The Government of Namibia provides land in Osire for a refugee camp settlement, including small-sized kitchen gardens which are by far insufficient to meet the refugees' basic daily nutritional needs. It is compulsory for refugees to reside in the camp and the extreme difficulty in obtaining a permit to work outside substantially limits the economic integration of the refugee population into the Namibian economy. Lack of funds for refugee scholarships limits their education beyond primary and junior secondary levels. Opportunities for increasing the self-reliance of the refugees are limited.
16. At present, the Government requires refugees and asylum seekers to reside at the Osire settlement and they require a permit to leave the settlement. Self-reliance initiatives are being encouraged and a few refugees (about 20 business groups comprising some 50 persons) have been given micro-project loans. Free access to the local market is slow though because of trade/legal restrictions, which the GRN mainly attributes to the high unemployment rate of around 38%. The rules are expected to be relaxed under the local integration legal framework, for which UNHCR has commissioned a study by the Legal Assistance Centre to explore legal options and restrictions in relation to local integration of refugees. However, the majority of refugees are still highly dependent on food and non-food assistance from UNHCR and WFP.
17. The GRN has the primary responsibility for the protection and care of refugees and asylum-seekers in Namibia. UNHCR, together with its partners, is assisting the GRN by providing refugees and asylum seekers with non-food items, such as shelter materials, tools required to build pit latrines, kitchen utensils, sanitary materials for girls and women, blankets, mattresses, jerry cans, paraffin and soap.
18. Current WFP assistance is based on a Protracted Relief and Recovery Operation (PRRO) 10543.0 "Assistance to refugees and asylum seekers residing in camp in Namibia" (see Annex IV) originally covering the period 01 January 2007 – 30 December 2007 for an average caseload of 6,000 refugees and asylum seekers residing in the camp. In view of the slow progress in identifying durable solutions and the positive donor response, the project was extended through to the end of 2009 – Budget Revision (BR) 01, and 03 (see Annex V)..
19. Many of the recommendations of the second, 2008 JAM were implemented during 2008, such as:
  - **WFP/UNHCR to plan to extend assistance to refugees and asylum seekers until the end of 2009** - WFP PRRO 10543.0 was extended up to end of 2009 and UNHCR project nr. 14100-200 continued to provide further protection, care and maintenance to persons of concern in Namibia
  - **WFP to adopt individualized ration cards and consider ration reductions for certain segments of the settlement population** - The individual ration card system was adopted

and is under implementation since August 2008 and causing a 10-12% reduction in the caseload. The JAM 2008 also highlighted that a small number of refugees and asylum seekers benefit from employment in health, education systems and NGOs operating in the camp. After careful review of income generated this way, they were successfully removed from assistance, marking a small but significant step in highlighting the progress towards achieving self-reliance. The impact of this measure on the efficiency of delivering assistance as well as the food security situation of the beneficiaries is not fully understood. As of April 2009, in a decision taken jointly by WFP, MHA and UNHCR, the ration of vegetable oil and sugar was reduced by 50% due to resource shortfall.

- **Discussions with the Namibian government concerning increase of ownership of service provision in Osire and identification of durable solutions for the settlement population should continue** - The Namibian government has taken positive steps in assuming responsibility for education and health provision within Osire camp. Negotiations are ongoing concerning possibilities for alternative status or local integration for sections of the camp population. In the first quarter of 2009, in a major development, GRN announced the need for designing a national policy on durable solutions such as voluntary repatriation and local integration for the Angolan refugees, representing the majority of the population. UNHCR is gearing up preparations to support GRN in this effort. In addition, there are discussions underway around the need for invoking the cessation clause for Angolan refugees estimated to take effect in 2010.

20. The July 2007 AHA survey found the following malnutrition prevalence rates among children younger than five and living at Osire camp: wasting 5.3%, underweight 12.7% and stunting 21.7%. These rates are lower than the rates found by Namibia Demographic and Health Survey 2006-2007 (NDHS) in rural Namibian, non-refugee children: wasting 8.3%, underweight 19 % and stunting 31.4%.
21. There have been no nutritional surveys after the July 2007 nutritional survey carried out by Africa Humanitarian Action (AHA). Although the 2008 JAM collected primary data to indicate malnutrition rates in the camp among 140 children, no conclusions could be made due to high non response and absence rate. An updated and comparable nutritional survey is imperative to establish the current and the historical trend in order to better understand the nutritional situation of the refugees and asylum seekers.
22. The most recent, March 2009 feeding figure was 5,671 refugees and asylum seekers.

### III) Objectives

23. This JAM will specifically assess, review and evaluate the aspects of the operation/s listed below and make clear strategic recommendations for future support by all concerned agencies. There will be a clear focus on:
  - assessment of the current food security, livelihoods and nutritional/health situation of the Angolan refugees and non-Angolan asylum seekers/refugees;
  - determine the extent to which the performance of the ongoing operations have met their objectives and provide recommendations on ways to improve future delivery of both WFP food assistance under PRRO10543.0 and UNHCR protection, care and maintenance of refugees under 08/AB/NAM/CM/200 and any other assistance provided to the Angolan refugees and non-Angolan asylum seekers/refugees;

- Provide an update on the ongoing efforts to identify and implement durable solutions and suggest possible external assistance exit / hand-over strategies.
24. The mission report should outline to the relevant stakeholders recommendations on how to improve performance thus informing the managers how best to direct the ongoing (but not limited to) WFP and UNHCR future intervention/s, with the key objective to improve the refugee food security and livelihoods and review the strategic approach, the efforts made so far as well future plans by all relevant stakeholders towards the identification of durable solutions for the refugees / asylum seekers resident in Osire settlement, and provide recommendations for improvement.
25. The mission recommendations should be relevant, realistic, time-bound, innovative and helpful and should add value to the existing knowledge base that exists in the country.

#### **IV) Methodology**

##### **Qualitative Methods:**

26. Desk Reviews and Data Analysis: The mission will undertake a desk review of relevant programme documents, particularly project logical framework, surveys and reports as well as tabulate data including those collected by the mission itself.
27. The methodology will build strongly on previous assessment approaches in order to provide trends and comparative analysis.
28. Consultations:
- Timeline: During the initial meetings with key informants and focus groups, a timeline of important events will be created, to help reconstruct events and explore the perceptions of different stakeholders regarding the sequence and importance of those events.
  - Key Informants: Data will be collected from interviews/meetings with key informants in WFP/UNHCR field office, NGO partners, refugees including their leaders, Government Officials from the MHA and other ministries and key donors and embassies.
  - Group Interviews, Focus Group Interviews: The mission will conduct discussions with a community group and representative gender and age subgroups (male, female, children and other vulnerable subgroups).
  - Other RRA/PRA techniques - Visual techniques, such as mapping, ranking and scoring, and verbal techniques, such as transect walks will also be applied.
29. Observations/Inspections: The mission will visit health, water and sanitation facilities, households, schools, income generating activities, and local markets in the camp. The mission will inspect extended delivery points (EDP), final distribution points (FDP) and storage facilities of food and non-food items, and where possible, the mission will also observe food and non-food distributions

##### **Quantitative Methods:**

30. Household Survey/Interviews: Household interviews will be conducted collecting data including health and anthropometric (nutritional) data using questionnaires in a representative sample of respondents and comparable to previous health/.nutritional surveys

carried out in the camp, thus allowing for an analysis of the current malnutrition rates and historical trend/s, among other outputs.

31. Briefing session outlining key findings (drawn from the draft executive summary of the report) to WFP, UNHCR, the GRN, key donors and other relevant stakeholders, as appropriate, before departure from the country, where applicable.
32. JAM mission report presenting technically adequate analysis and relevant recommendations vis-à-vis the objectives outlined in section III, with a draft executive brief prepared in time for de-briefing the main stakeholders prior to the departure of the external joint team members from the country (tentatively scheduled for 01-03 July 2009) and finalized within one month upon completing the mission.
33. The JAM mission report must be evidence based, showing clearly how the evaluation team applied the methods and how the findings were arrived at. Findings must always be triangulated, i.e. supported by several different sources (e.g. key informant, beneficiary and direct observation). The report should contain a well-written, one-page Executive Summary, concisely and briefly outlining the background of the JAM, current refugees state of affairs, main findings and recommendations of the mission.

## **VI) Itinerary**

### **1 - Preparatory work**

UNHCR/WFP CO Staff - week 25-29 May 2009

- Briefings and consultations with WFP / UNHCR, MHA, Embassies, other key donors
- Logistics Arrangement (cars, accommodation, nutrition measurements equipments)
- Enumerators selection /hiring
- Team Leader, Nutritionist and Regional Bureau – throughout May and June with regional nutritionist in Namibia for field test from 25-29 May
- Preparation of survey tools (HH questionnaire/ qualitative tools/ Nutrition Survey Tool)
- PDAs programming
- Training material development

### **2 - Data collection and field work (all)**

Day 1 – Arrive Windhoek, brief WFP/UNHCR, enumerator training (Monday, 22 June 2009)

Day 2 – Early morning depart for Osire, afternoon assessment Osire (Tuesday, 23 June 2009)

Day 3 – Assessment Osire (Wednesday 24 June 2009)

Day 4 – Assessment Osire (Thursday, 25 June 2009)

Day 5 – Assessment Osire wrap up, return to Windhoek (Friday, 26 June 2009)

Day 6 – Preliminary results summary (initial 2-pages brief) (Saturday, 27 June 2009)

### **3 - Report writing and debriefing**

Day 7 – Finalize executive summary, continue report writing (Sunday, 28 June 2009)

Day 8– Brief UNHCR/WFP, government/donors, depart Windhoek (Monday, 29 June 2009)

