



UNHCR/WFP JOINT ASSESSMENT MISSION REPORT

Osire, Refugee Settlement, Namibia



October 2011



Conducted together with:

Ministry of Home Affairs and Immigration
Ministry of Health and Social Services
Ministry of Education
Africa Humanitarian Action







EXECUTIVE SUMMARY

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. Presently, the total number of the population of concern is 6,936 of which approximately 62% are from Angola and 29% are from the Democratic Republic of Congo and 4% from Burundi.

Progress on the envisioned solutions, preparatory actions and completion of the action plans on the cessation clause by UNHCR did not materialize as at the end of December 2011. UNHCR with other stakeholders have decided that the original envisaged date of the coming into force of the cessation clause, 31 December 2011, should be put back to 30 June 2012. Angolan refugees living in these countries will continue to receive food and protection assistance until end of 2012. However, in 2013 the protection and assistance will be reduced dramatically as alternative status has been sought for them in terms of voluntary repatriation and possible local integration.

A UNHCR/ WFP Joint Assessment Mission (JAM) was carried out in Osire in June 2009. The objectives of the last mission were: to assess and review the aspects of the operations and to understand the current food security, livelihoods and nutritional/health situation of the Angolan refugees and non-Angolan asylum seekers/refugees. One of the main findings of this JAM was that only about 38.5% of the settlement population were highly food secure and deemed capable of providing for themselves in the absence of external food assistance and 61.5 % are food insecure and still heavily dependent on food assistance to survive.

The 2011 JAM was comprised of two teams: I) a **household survey and health team**, which administered a questionnaire to 244 households and conducted Hemoglobin tests; 2) **an assessment team** that reviewed secondary data, conducted focus group discussions and held interviews with key informants and conducted transect walks.

Preparatory meetings were held with various stakeholders such as the Ministry of Home Affairs, Ministry of Education, Ministry of Health and Social Services, Africa Humanitarian Action, UNHCR and WFP. UNHCR and WFP Regional offices based in South Africa provided technical assistance before, during and after the JAM.

Main findings:

The current mission concluded that 8.5% of the settlement population is severely food insecure and is still heavily dependent on food assistance to survive. A large majority of those in the Moderate Food Insecure category also depend on food assistance for the major component of their food consumption. The food security groups with their characteristics and numbers were classified as:

Severely Food Insecure 8.5% (590 people): all these households have a combination of poor and borderline food consumption, with poor food access. They rely entirely on general food assistance for the provision of maize; they have limited opportunities of earning income and the majority of the households are asset poor.

Moderately Food Insecure 88.4% (6,131 people): these households have only acceptable food consumption scores but average or poor food access. Even though they still rely on food assistance for their consumption, a few of them are able to purchase food. About 52% are not asset poor. Special attention should be given to those with poor food access, as their food security levels could deteriorate, if their income sources go down or if they don't maintain their current food consumption scores.





Food Secure 3.1% (215 people): this group of households have acceptable food consumption levels with good food access score. Only 66.7% from the sample mentioned food assistance and the main source of maize and the rest (33%) was from purchases. They demonstrate a high degree of self-reliance and could cope with a reduction of assistance.

Anaemia is a significant public health problem in Osire settlement as 25% of children under-5 years are anaemic. However, this data should be interpreted with caution as a significant number of children and women aged 15-49 years of age did not turn up in the haemoglobin assessment stations and it is likely that those who turned up may not have been truly representative.

Key recommendations:

- 1. WFP should continue the food assistance programme to December 2012. Given that only 3.1% of the population is food secure, distribution of 2,100 Kilocalories ration should be extended to all refugees and persons of concern.
- 2. WFP should maintain the current food ration comprising of maize meal, pulses, CSB plus, oil, sugar and salt.
- 3. WFP should consider introducing supplementary feeding programme for clients with higher physiological demands such as pregnant women, undernourished children and patients with chronic diseases such as tuberculosis, HIV/AIDS. A take home CSB plus ration providing 450 kilocalories per day should be considered.
- 4. As UNHCR prepares to invoke the cessation clause for Angolan refugees in June 2012, UNHCR should promote voluntary assisted repatriation and local integration.
- 5. UNHCR should provide adequate fuel (currently I litre of paraffin per month) for cooking and discourage sale of the food ration and illegal collection of firewood from the neighbouring farms.
- 6. UNHCR and its implementing partners should promote and sensitize persons of concern on preparing pulses before cooking as an energy saving measure.
- 7. UNHCR and its implementing partners should continue to support and promote kitchen gardens, diversify the types of vegetables in order to diversify vitamin, minerals and nutrients intake.
- 8. UNHCR and its implementing partners should promote hygiene and proper waste disposal to decrease risk of watery diarrhoea outbreak.
- UNHCR and its implementing partners should conduct best interest determination for all unaccompanied minors to determine options for UAMS in the light of impending cessation clause for Angolan refugees in June 2012.
- 10. To decrease the number of defaulters who failed to turn up in the haemoglobin level assessment, future nutrition and JAM surveys should ensure that haemoglobin is measured in the homestead soon after the interview.





TABLE OF CONTENTS

EXEC	UTIVE SUMMARY	2
TABL	E OF CONTENTS	4
PART	ICIPANTS TO THE MISSION	6
ACKN	IOWLEDGEMENTS	6
ABBR	EVIATIONS	7
BACK	GROUND FOR THE ASSESSMENT	8
ОВЈЕ	CTIVES	8
METH	IODOLOGY	9
PART	I – GENERAL INFORMATION	11
a)	Refugee numbers and demography	1 1
b)	General context	
,		
	2 - FOOD AVAILABILITY AND AGRICULTURE	
	Osire neighbourhood	
	Farming system in Osire settlement	
	Crop cultivation activities	
d)	Livestock production activities	
DADT	3 - HOUSEHOLD FOOD SECURITY & SELF-RELIANCE	
	Food assistance	
	Food supply	
,	Non-Food Assistance	
	Access to Market	
e)		
f)	Coping Strategies	
g)	Food Security	•••••
	4 - HEALTH AND NUTRITION	
	General Information	
	Mortality and morbidity in children and women	
	Nutritional status of children	
	Infant feeding practices	
	Nutritional Deficiencies	
	Existing Interventions	
g)	Other health related issues	
	5 – OTHER COMMUNITY SERVICES AND PROTECTION	
,	Water and Sanitation	
,	Shelter	
,	Education	
,	Social Services	
e)	Gender and protection concerns	
	6 - PARTNERSHIPS, PLANNING AND OTHER ISSUES	
	Co-ordination arrangements	
b)	Settlement demographics and expected evolution	





c)	Registration and ration card control
d)	Review of the 2009 JAM recommendations
PART	7 – RECOMMENDATIONS25
a)	Scope for ration adjustment:
b)	Food assistance:
c)	Non-food assistance:
ď)	Promoting self reliance:
e)	Health:
ъ́	Working towards durable solutions:
g)	Social rights and protection issue:
h)	Relations with host population:
i) [′]	Next JAM assessment
FINA	L CONCLUSIONS27
APPE	:NDICES
	pendix 1: Household questionnaire
	pendix 2: Food Consumption Score
Ac	pendix 3: Food Access Score
	pendix 4: Food Security Classification Framework
	neendly 5: Terms of Reference for WFP/LINHCR Joint Assessment Mission (IAM

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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 Commissioner for Refugees

UNICEF United Nations Children's Fund
VCT Voluntary Counselling and Testing
WASH Water, Sanitation and Hygiene Promotion

WFP World Food Programme
WHO World Health Organization

ASSESSMENT BACKGROUND

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 trickle number of asylum seekers from the Great Lakes region. The total population of concern registered in the settlement at the time of this mission was 7,850.

A UNHCR/ WFP Joint Assessment Mission (JAM) was carried out in Osire in June 2009. The objectives of the mission was to assess and review the aspects of the operations and to understand the current food security, livelihoods and nutritional/health situation of the Angolan refugees and non-Angolan asylum seekers/refugees. One of the main findings was that only about 38.5% of the camp population were highly food secure and deemed capable of providing for themselves in the absence of external food assistance and 61.5 % is food insecure and still heavily dependent on food assistance to survive.

The Government of Namibia provides land in Osire for refugee 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 at the settlement and the extreme difficultly 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 secondary level. Opportunities for increasing the self-reliance of the refugees are limited.

Self-reliance initiatives are being encouraged and a few refugees (about 43 business groups comprising some 65 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 this to the high unemployment rate of around 51.2% (broad). 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.

OBJECTIVES

The objectives of the 2011 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) assessing the current food security, livelihoods and self-reliance as well as the health situation of the Angolan refugees and non-Angolan asylum seekers/refugees;
- 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 PRRO 200061 and UNHCR protection, care and maintenance of refugees 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.

METHODOLOGY

Preparatory meetings were held with various stakeholders such as the Ministry of Home Affairs and Immigration, Ministry of Education, Ministry of Health and Social Services, Africa Humanitarian Action, UNHCR and WFP. In the refugee settlement the UNHCR Field Office and the Settlement Administrator held various meetings with the Multi-functional Team (MFT), 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, which administered a questionnaire to 224 households. Of these, 222 were valid and used in the analysis. Children and women were then referred to the Hemocue stations where their hemoglobin levels were measured by a separate team of qualified health professionals. Using systematic random sampling, a first sample of 300 households was drawn from the proGres database generated list of persons of concern. The aim was to reach 225 households in this survey, translating to 15 households per block.

However, a similar problem which was experienced in 2009 was also encountered in this assessment, where a large number of households in the sample could not be found whereas some have moved from the blocks they were registered in to other blocks. This resulted in only 14 interviews conducted in other blocks (Blocks 6, 10, and 13) and 16 interviews done in Blocks 5 and 11, compared to the planned 15 in other blocks. About 171 households which met the set requirements for Hemocue testing were referred to the testing stations and 129 households (75.4%) had their hemoglobin levels measured.

Data was collected using a structured household questionnaire (see appendix I). The household survey was designed to provide empirical data on the food security and vulnerability of persons of concern. The data was collected by a team of 15 enumerators supervised by staff members from UNHCR and WFP. All teams were accompanied by at least one translator selected from within the settlement, in order to overcome language barriers. Hand-held Personal Digital Assistants (PDAs) were used to collect and enter survey data electronically.

The household data collection teams were trained on the household questionnaire and the use of PDAs during a one-day training session in Otjiwarongo prior to the assessment. This was followed by a day of testing the tool in the settlement, followed by a feedback session on problems and challenges encountered. The questionnaire was amended accordingly after that. The field work was carried out over 3.5 days.

The **Health team** comprising eight (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.

2) An assessment team conducted focus group discussions, held interviews with key informants and conducted field visits and transects walks. The members of this team comprised staff members from UNHCR and WFP as well as officials from each of the MoHSS, MHAI and MoE. Meetings were held in Otjiwarongo with the Otjozondjupa regional directorates of Health and Social Services, and Police Commissioner. Meeting with the Director of Education and the Governor of Otjozondjupa region were also planned but due to time restrictions and prior schedules, discussions with them never took place. During the assessment in Osire, eight (8) focus group discussions were held and the team also conducted home visits and transects walks to the open market and the storage facilities.

Table 1: List of key informants and focus groups

Key Informants and focus groups with official bodies	Focus groups
Director of Health and Social Services	Angolan refugees (male)
Commissioner for Police, Otjiwarongo	Angolan refugees (female)
Farmers Union	People involved in the micro-credit project and
	Income Generating Activities,
Health Workers	Business Community
Teachers	Unaccompanied Minors/Separated Children

The focus group 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 2009 JAM. Refugees and asylum seekers were also asked about their perceptions concerning possible return to their respective countries of origin and their understanding of the cessation clause and what their plans are once it's implemented.

Data Analysis: The household survey data was analyzed using Statistical Package for the Social Sciences (SPSS). 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.

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 and an extra half-day of data collection was added to ensure that the set target was reached.

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 and interviewee fatigue cannot be ruled out.

PART I - GENERAL INFORMATION

a) Refugees numbers and demography

The table below presents the total numbers and demographic breakdown of the population of concern in Namibia. The total number of the population of concern is 6,936, of which, approximately 62% are from Angola, and 29% are from the Democratic Republic of Congo and 4 % from Burundi.

Refugees and asylum seekers in Namibia (November 2011)											
Age Group	Male	Male F		Female							
	(numbers)	(%)	(%) (numbers)		(numbers)	(%)					
0-4	472	13	468	14	940	14					
5-11	805	22	745	23	1550	22					
12-17	773	21	754	23	1527	22					
18-59	1537	42	1274	39	2811	40					
60 and over	62	2	46	1	108	2					
Total:	3,649	100	3,287	100	6,936	100					

Source: UNHCR Namibia pro-Gress data base. Registration and validation exercise -July 2011

b) General context

Economic situation 1 2/ opportunities in local area:

With a population of 2.1 million, Namibia is classified as a "upper 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 (51.2%) and unequal distribution of wealth and income (inequality in Namibia is amongst the highest in the world). High HIV rates of 17.8% 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 Otjiwarongo 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 are said to be limited, as reported by the farmers although casual labor was cited as the second most important source of livelihood. This can either be casual labor at the nearby farms or the charcoal factories in the district. While efforts have been made to support income generation through the AHA micro-credit project, very few of those projects have been seen to be economically sustainable.

Impact on the host community: The 2009 JAM reported that tensions between the farming community and the settlement population were far tenser than had been previously understood. Focus group and key informant discussions carried out in the present assessment revealed that the relations between the host community – comprised mainly of commercial farmers in the immediate vicinity – and

² Special report FAO/WFP Crop, Livestock and Food Security Assessment Mission to Namibia, July 2009

¹ World Bank Country Brief Namibia, March 2009

the settlement population have slightly improved. Nonetheless, trespassing and theft on the farmers' land are still reported with theft being mainly of wood including that from fencing. Farmers stated that they are concerned about the impending cessation clause and the impact it would have on their farms. The main concern is that if the majority of the refugees are no longer receiving food assistance and other free services from the settlement, this might result in increased incidences of theft.

However, the farmers have also realized the positive benefits of having free health and education services for their farm workers. Some of them are even opting to buy the fresh vegetables from the garden in the settlement instead of driving to the nearest town of Otjiwarongo. Members of the farmers union would also like to explore the possibilities of establishing businesses in the settlement and they will contact the relevant people for more information and procedures.

Attitudes and expectations for the future: There was a general feeling of uncertainty and lack of clarity amongst Angolan refugees of what the real implication of the cessation clause is. Refugees are very reluctant to discuss the cessation clause however they emphasize that if the case is only because WFP and UNHCR cannot afford to provide assistance they think without any assistance they will survive as long as the Government of Namibia will allow refugees to stay in the country and if they can provide working permits for them they will survive without any assistance from both agencies. The unaccompanied children and minors who were interviewed in a group discussion also raised their fears that they do not have any plans beyond the deadline and they worry about what will happen to them.

During some of the focus group discussions, it came out that one of the main attraction for refugees to stay in Osire is the organized set-up of the education and medical system as compared to Angola, even if they are to still pay for such services in that country.

UNHCR conducted verification and profiling exercise in August 2011. One of the objectives was to obtain detailed profiles of persons of concern residing in Namibia, including their willingness to voluntarily repatriate in order to enable the development and implementation of a comprehensive durable solutions plan. Particular focus was directed to the Angolan and Rwandese refugees, as they will be affected by the anticipated cessation clause.

About 6,604 people were verified and profiled. Of these, 98% are unwilling to return to their countries of origin and they cited the lack of support system in their country as the principal reason for not going back. From this JAM exercise, 71% of those interviewed said they don't want to return to their home countries and 27% were undecided. The main reasons provided were that there is no family to return to (40%); issues of insecurity or political instability (35%); and that 22% wanted to stay in Namibia.

PART 2 - FOOD AVAILABILITY AND AGRICULTURE

a) Osire neighborhood

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 3km² 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 Potassium) in order to boost its fertility. However, it is suitable for a variety of crops such as groundnuts, legumes and cereals which are already produced.

c) Crop cultivation activities

The AHA demonstration garden, noted in the 2008 JAEM is still operational and has been consistently producing a variety of vegetables and crops. About 54% of the respondents mentioned that they have access to arable land but only half cultivated in the past season. From those who did not cultivate, 49% indicated that they could not access land physically, although this cannot be linked with any chronic illnesses as the majority of the respondents were reported not to have chronic illness. There is also a school vegetable garden which provides training to students in how to start small-scale vegetable gardens at home.

d) Livestock production activities

Very few animals were seen during the transect walks although some households had pigeons or chickens in their backyards. Indeed, many households reported that they did not own livestock but a few mentioned that they had poultry. Out of the total sample, 74 % of the respondents indicated that they did not own any livestock, and only 26% had at least one animal. The main reasons provided for not raising livestock was "no money to buy livestock" (40%) followed by "no space to shelter animals" (20.8%) and no access to grazing land (19%).

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, **97.7** % reported that they had received the WFP food ration in the previous six months; although not everyone received all the commodities they were supposed to receive. This might be due to the reported pipeline breaks due to resource constraints and also experienced logistics challenges.

Discussions from the focus groups revealed that, beneficiaries normally sell maize meal to nearby farms and the money is used to start up their individual business or buy other commodities like fish, vegetables, fire woods, etc. This was also confirmed by the household interviews and the information received from the farmers union.

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

Commodity	Monthly Ration (kilograms)	Ration/Perso n/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 "plus	1.50	50	169	24.6	1.2
Total	16.85	562	2104	72.6	37.9
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. Households reported that most of the commodities are not sufficient and not reaching the next distribution especially if the size of the family is small.

In addition to the general food distribution, WFP also supports a supplementary feeding program run by MoHSS 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 9-13 cases in 2011 - as of September 2011, only 9 children are admitted.

Pregnant and lactating women, under-5 children, persons living with HIV/AIDS, TB and person suffering from chronic illness have physiologically higher needs for nutrients; The current food ration amounting to 2104 kilocalories per person per day does not meet the high physiological needs of specific groups of refugees and is likely to breach privacy and confidentiality of PLWHA who opts to go for a wet ration every day. It is therefore suggested that WFP provides take home ration of CSB + (450 Kilocalories) to pregnant and lactating women, children under- 5 years of age and to persons suffering from chronic diseases in line with UNHCR/WFP MOU.

b) Food supply

Pipeline:

Due to a shortfall of resources experienced in May 2011, WFP, UNHCR and other stakeholders agreed to implement a reduction of 50% in the supply of commodities such as vegetable oil and sugar. The ration was reinstated in August 2011. However, another shortfall was experienced due to logistics constraint and corn soya blend was not provided during August 2011 distribution. The full ration for corn soya blend was reinstated in September 2011.

The current pipeline for WFP PRRO 200061 is secure only until January 2012 based on 6,000 refugees. UNHCR has requested WFP to continue providing food assistance to the refugees in Osire settlement until December 2012. A reduction of 50% in food basket (maize meal, beans, corn soya blend, sugar and salt) will be implemented from November 2011 to extend the availability of food to avoid disruptions of food distribution until the new contributions become available. It was again an attribute of disapproval within the refugee population.

Food Procurement:

All maize meal and salt requirements for this operation were procured locally, and the rest of the commodities in the food basket were procured from international market. There were no specific issues with the delivery of food as Namibia has a good road infrastructure which contributes to timely delivery of food assistance.

c) Non-Food Assistance

The refugees mentioned that the supply of paraffin has been a problem in the few past months and that the amount they are getting from AHA is not sufficient, especially for cooking beans as they take at least 6 hours to cook. Only 72% of the respondents received cooking fuel in the past 3 months. With this shortage, most people resort to collecting firewood in the nearby farms, and thus trespassing. It was proposed by the farmers that UNHCR/AHA should look into the possibility of issuing contracts with the farmers to buy firewood from them and reduce the use of kerosene in light of ensuring a sustainable environment. Another proposal was the usage of energy-saving stoves. On the other hand another farmer offered free collection of firewood from his farm, provided this is done in a more organised systematic way.

d) Access to Markets

Refugees can access markets outside the settlement but with an exit permit from the settlement administrator. Refugees mostly purchase products from Otjiwarongo (mostly Groceries), Windhoek (Groceries and food items), Oshikango (clothing items) and Walvis Bay (fish).

Some businesses within the settlement are able to sustain themselves even if the WFP and UNHCR support is withdrawn. However the survival of some businesses depends on refugees being able to sell off excess food ratios from WFP to buy other household items. In absence of food rations, there would be less trading within the settlement since their purchasing power depends on the ability to sell off some of the food rations.

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. Persons of Concern with paid employment were removed from food assistance with the advent of individual ration cards. Casual laborers who assist during the food distributions receive N\$20 per day. This includes loaders, off-loaders and those that assist in food ration 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.

Some of the major concerns in running business in the settlement are electricity and exit permits. Some refugees will require permits to collect goods from the suppliers and obtain permits from home affairs which may take time to be processed. Upon receiving the permits they find that they are only allowed to be outside the settlement for a few days and due to delays incurred while obtaining the permits they usually lose the opportunities with their suppliers. Some businesses make an income between NS\$500 to N\$3.000.

From the household interviews, Food Assistance is mentioned as the main source of income/livelihood (35.5%), followed by casual labour (14%), business or trade within the settlement (12%); remittances (10%) and another 8% gained income from the sale of agricultural products. Most of the business owners raised concerns about the possibility of discontinued food assistance as it will have a huge impact on their business since some of their suppliers accept the food "bartering" method to exchange goods as they know that the refugees do not have money for payment.

The provision of electricity in the settlement is of importance as people who are currently selling clothes are considering to start setting up their own tailoring business, however because they are not part of the IGA they are not allowed to use the electricity installed at the women centre. The same situation can be said with the IGA members as they reported challenges with the limited access to electricity.

f) Coping strategies

Most of the households surveyed don't seem to be employing extreme coping strategies. This might be a positive result of the full monthly food ration refugees and asylum seekers are provided with. Over 90% of households surveyed had indicated that they received their rations every month; therefore there was no need for them to engage in negative coping mechanisms. However, there were a few who reported that they would reduce the number of meals eaten per day and about 34% stated that they will rely on less expensive or less preferred food on a daily basis. About 14% mentioned that they reduce adult consumption so children can eat, while another 16% said they rely on casual labor. Some families cope by borrowing from neighbours and return the amount borrowed at the next food distribution. Others buy from the shops or neighbours (prices vary according to the availability of Maize meal within the settlement. When its too much within the families a 25kg bag goes for 25 Namibian dollars and when its less, a 25kg bad costs 40 to 50 N\$.

g) Food Security

Although it is evident that many refugees and asylum seekers in Osire are trying to earn income and pursue livelihoods, there is still high dependence on the food and non-food assistance provided by WFP and UNHCR. Analysis below provides a brief summary of the results from the household interviews conducted. Respondents were mainly Angolans (60%), followed by Congolese (31.5%) and the rest were from Rwanda (4%), Burundi (3%), Congo Brazzaville, Somalia and Namibia made-up 0.5% each.

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, current employment status, 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.

Food Consumption: Figure I shows the results of the food consumption analysis³ for Osire settlement, comparing the current results with those from the 2009 JAM and the 2008 JAEM assessments.

Only two categories were used this time, instead of the usual three (Acceptable; Borderline and Poor). The reason being that for the current assessment, only 1.8% of those interviewed fell under the "Poor unacceptable consumption"

Food Consumption Score 100% 80% 70% 60% 50% 40% 30% 20% 10% JAM 2011 JAM 2009 JAEM 2008 93.6 87.2 Poor or Bordeline 6.4 12.8 10

Figure 1: Food consumption groups

category. The two categories were then merged into one.

There is an increase of the population with acceptable consumption this year, compared to 2009, but almost at the same levels as those in 2008. On the other hand, the number of households with poor or borderline consumption has decreased by half, from 12.8% in 2009 to 6.4% in 2011. When compared by the country of origin, each nationality group had over 80% of households within the acceptable consumption range, except for the I Namibian household which was interviewed and their food consumption was poor.

There is some difference in the dietary diversity between the acceptable and the poor & borderline households. The diet consists of mainly food items from the food assistance basket. In the 7 days recall during the assessment, households with acceptable FCS have consumed more fruits, meat, fish and any dairy product, compared to the poor and borderline households who have not consumed any dairy product, meat or fruits. Vegetables were consumed at least once by the poor, and several times a week by other households. Consumption was found to be acceptable for households classified as moderately food insecure and food secure.

A high proportion of the households in Osire access their maize cereal mainly through food assistance (93%), supplemented by purchases (6%) for those that can afford to do so. Own production only plays a minor role (0.4%) in food intake. Looking at all the food types combined, the main source of food is still food aid (52%) followed by 36% of purchases and 10% own production.

16

³ 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.

Food Access:

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 labor. 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 used in this report has been modified from the previous one used in the 2009 assessment. Attentive precaution should be observed when comparing the final results of the consolidated indicator to those used in 2009. The Food Access Indicator is calculated by combining the degree to which a household uses purchase as a source of food, the number of adults who are currently economically active 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.

The level of education indicator which was used in the 2009 JAM was replaced by the number of people who are currently employed in the households. This is because education level does not necessarily provide a good indication of chances of refugees being employed due to the legal restrictions attached. For a more detailed explanation of the food access indicator, see Appendix 4.

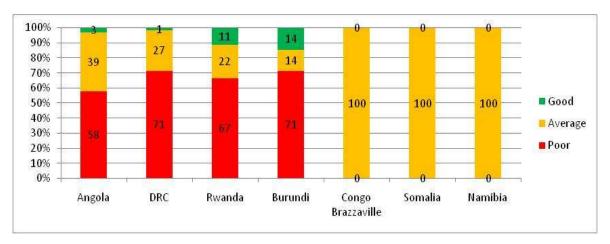


Figure 2: Food access by country of origin

Figure 2 shows the results of the food access analysis for Osire settlement, broken down by household's nationality. The graph illustrates that only a few Congolese, Burundians and Angolans have a good ability to access food and the majority of he households within each nationality group are classified as having poor access to food, meaning that their ability to acquire food for themselves in the absence of food assistance and the other components is severely limited. The results from Congo Brazzaville, Somalia and Namibia shows only 100% in average as only 1 household was interviewed respectively.

Compared to the findings of the 2009 assessments, this has changed a great deal. For the Angolans for example, there was about 37% with good access to food and only 47% with poor access. The main difference could be the education levels which were taken into consideration. As confirmed in the profiling exercise, the people in the settlement do possess high levels of education, but this does not necessarily translate to them being employed due to the factors already mentioned in the previous paragraphs. Some of the major professions and skills amongst those profiled include teaching, medical and engineering.

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;
- Severely Food Insecure households are all those that have poor and borderline food consumption, and they have poor or average food access;

The Food Secure (FS) group, with acceptable consumption and good food access, constitutes only 3.1% of the settlement population, compared to 38.5% from 2009 JAM, while the largest proportion (88.4%) falling into the Moderately Food Insecure (MFI) group. A further 8.5% of households fall into the Severely Food Insecure (SFI) group, even though they receive the regular food assistance.

Whilst only 8.5% 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 agricultural based activities. The huge differences observed amongst the MFI and the FS groups of this year and that of 2009 can mostly be explained by the difference in categorisation and choice of indicators used between the two years.

Characteristics of food security groups:

There are significant differences in the food security levels for different nationalities within the Osire resident population. Figure 3 shows that there is a higher proportion of Burundian refugees who are food secure than other nationalities in the settlement, and the majority of people from different nationalities fall under the MFI category.

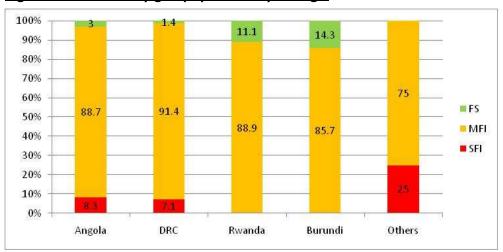


Figure 3: Food Security groups per country of origin

The following pages explore the profiles of the three food security groups, providing a brief on the demographics, household circumstances, main income sources and expenditures, assets, and food consumption patterns, for characteristic households of each group.

Severely Food Insecure 8.5% (590 people): all these households have a combination of poor and borderline food consumption, with poor food access.

The median household size is 5.8, which is the same as the settlement average and the majority of the households are headed by men. This group has a high percentage of households which don't have any member who is currently economically active (working). The main income source for the SFI group is food assistance (48%), followed by remittances at 24%, and while casual labor and business within the settlement contributes each contributes about 9.5% towards the household income. This group has the highest proportion of at least one member living outside the settlement. This group has the highest percentage of asset poor and 84% of the respondents in this group stating that they have no livestock.

They rely entirely on food assistance for the provision of maize; they have limited opportunities of earning income and the majority of the households are asset poor.

Moderately Food Insecure 88.4% (6,131 people): these households have only acceptable food consumption scores but average or poor food access.

This group would be vulnerable to deteriorating levels of food security should the food assistance cease and if their income sources deteriorate. Even though they still rely on food assistance for their consumption, a few of them are able to purchase food. The average household size is 6, which is a bit higher than the settlement average. This group has a higher percentage of at least one or two adults currently economically active, as compared to the SFI group.

The income sources for this group are more varied compared to the other two groups. The main ones being food assistance (35%); casual labor (14%); business within the settlement (12%); remittances and sales of agricultural products. There is a high proportion of female- headed households in this group compared to the other groups. About 73% of the respondents in this category didn't have any livestock, while 27% had at least one animal and 52% are not asset poor.

Special attention should be given to those with poor food access within this group, as their food security levels could deteriorate, if their income sources go down or if they don't maintain their current food consumption scores.

Food Secure 3.1% (215 people): this group of households have acceptable food consumption levels with good food access score. Only 66.7% from the sample mentioned food assistance and the main source of maize and the rest (33%) was from purchases.

There are more people involved in economic activities in this group, than in the other previous ones, with other household mentioning more than 2 people who are currently economically active. The main sources of livelihood employed by this group are food assistance (33%), casual labor (16.75) and business within the settlement (16.7%). There is also, to some less extent the sale of agricultural produce, sale of firewood or charcoal and also provision of other services within the settlement (hairdressing, cleaning etc). About 28% of these households have at least one livestock animal. Even though the majority of these households have more assets than the other groups, about 14% of those who fall under this category are asset poor, and 71% have an average access to assets while the other 14% is asset rich.

The Food Secure households demonstrate a high degree of self-reliance, and could be able to cope with reduced levels of assistance, even though they are currently receiving food assistance. This group has a stronger asset base than the other groups giving them a good basis for integration and durable solutions.

PART 4- HEALTH AND NUTRITION

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, 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.

During this assessment, there was no nutritional survey conducted as a one was conducted recently in 2010. The main objective of the survey was to carry out a nutritional survey of children under- 5 years, to estimate the prevalence and distribution of malnutrition in the refugee population. Nearly 450 children were measured and 4.5% were found to be acutely malnourished, 8.8% were underweight and 24.2% were stunted. About 35% of the households interviewed for this JAM experienced an occurrence of fever and diarrhoea in their household in the past 2 weeks.

The main implementing partner in the settlement is the MoHSS in Namibia 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 I doctor, 3 registered nurses, I TB DOT (Direct Observed Treatment) promoter and 3 community counsellors. In addition to this, MoHSS employs 6 clinical 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 17 deaths were registered in 2010 out of which 9 were children under five years. At the time of the JAM in 2011, 13 deaths had been registered of which 31% were children under five – mainly due to premature birth or still births and 1 case of severe malnutrition. It is not possible to say at this moment if the trend of increasing mortality will remain for 2011/2012. The health centre reported a total of 416 in-patient admissions from January - September of 2011 with an average of 46 per month. Among the most prevalent diseases for the under five children were upper respiratory tract infections, gastroenteritis, and skin disorders. For adults, the prevalent diseases were the same as the above mentioned in addition to hypertension and musculoskeletal diseases.

c) Nutritional status of children

The 2010 nutrition survey reported that, the prevalence of global acute malnutrition (GAM) (<-2 z-score/or oedema), based on weight-for-height z -scores (WHO standards) is 4.5% (2.5-6.5, 95% CI) among children 6-59 months of age. This compares with a prevalence of 8.6% found in the children of Otjozondjupa region which is where the camp is located (2006/07 NDHS).

d) Infant feeding practices

It was noted in the 2010 nutrition survey that about 98% of the children surveyed had been breastfed with no difference between boys and girls. In general children are weaned by the age of 21 months and complementary foods are introduced to their diet by 6 months of age.

e) Nutritional Deficiencies

Iron deficiency anaemia:

Iron deficiency is the most common and widespread nutritional disorder in the world. As well as affecting a large number of children and women in developing countries. In developing countries every second pregnant woman and about 40% of preschool children are estimated to be anemic. In many developing countries, iron deficiency anaemia is aggravated by worm infections, malaria and other infectious diseases such as HIV and tuberculosis.

The major health consequences include poor pregnancy outcome, impaired physical and cognitive development, and increased risk of morbidity in children and reduced work productivity in adults. Anemia contributes to 20% of all maternal deaths.⁴

Hemoglobin levels were tested during the JAM using the HemoCue machine at two stations set up in the settlement. The main objective of the Hemoglobin testing was to estimate the prevalence of anaemia in the refugee population by testing children below the age of 5, all pregnant and lactating women, as well as all women of reproductive age between 13 – 49 years from the referred households. People within these three target groups that were tested and had an HB of less than 10.0 g/dl were further referred to the Health Centre for assessment and treatment.

From the households interviewed, 171 households were referred for HB testing, from which 129 (75.4%) presented themselves for testing. From the 129 households, 322 people were tested. Considering the higher nutritional needs of a pregnant or lactating woman compared to a non-pregnant or lactating one of reproductive age, pregnancy tests were done on all women that were referred for HB testing and consented to it in order to accurately categories them.

WHO cut-offs were applied to define anaemia: <10g/dl for children 6-59 months and <12g/dl for non-pregnant women and <11g/dl for pregnant women. The table below shows the Haemoglobin results for the children and the mothers who were tested.

Table 4: Haemoglobin measurements in children and women

Children	n's under !	5	Preg	gnant & Lactating Women	Reproductive women (13-49yrs)		
< I I g/dl	<10g/dl	<9g/dl	>10g/dl	<10g/dl	>10g/dl	<10g/dl	
115	30	10	47	3	109	8	
74%	19%	6%	94%	6%	93%	7%	

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. Among the 10 children with an HB less than 9g/dl, 5 (five) were tested for malaria and the results were negative; 2(two) children (HB 6.6 and HB 7.9)were tested for sickle cell anaemia, I tested negative and another tested positive. Within this group of 10 children I was a known patient suffering from sickle cell anaemia. All children below five (5) that were referred for low HB were prescribed ferrous gluconate syrup, folic acid, multivitamins and Albendazole syrup for de-worming. They were also referred to the feeding centre for high protein diet. For the women of reproductive age seven (7) and one (1) lactating women, all of those referred and tested positive for pregnancy were enrolled in the antenatal care program and received ferrous/folic acid combination tablets with multivitamins.

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⁴ Nutrition -Nutrition health topics - World Health Organisation <u>www.who.org</u> .2011

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.

g) Other health related issues

Teenage pregnancy rates are still reportedly high in the settlement as it was also reported in 2009. A total of 22 pregnancies from girls between 13-18 years were reported from January to October. In 2007 15% of all births within the settlement were to girls less than 18 years of age (UNHCR statistics). Pregnancy/Marriage constitutes only 9% of the reasons given for children not attending school this year. Some of the causes cited for teenage pregnancy were poverty, lack of parental responsibilities, peer pressure and cultural differences. Discussions with a group of Angolan women revealed that they allow their children to seek marriage, even when they're still young, in order to lessen the number of mouths to feed within their households. Most initiatives like Youth & Adolescent Workshops, HIV/AIDS awareness programmes were offered in the settlement, but that doesn't seem to assist in reducing the rates.

PART 5 – OTHER COMMUNITY SERVICES AND PROTECTION

a) Water and Sanitation

The supply of water in the settlement remains consistent and above the UNHCR standard of 20l/person per day. The water is chlorinated by the WASH sector on a 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 and the respondents complain that the time allocated for collecting is not enough and they don't have enough jerry-cans to store water. The misuse of water was reported to be a concern in the settlement and a water committee consisting of community members, community leaders and WASH staff was established to educate and raise awareness in the community on the use of water.

The issues of latrines still remain a concern. About 64% of the respondents mentioned that they use traditional pit latrine and 15% use open pits while others uses VIP toilets and only a few uses flush latrine or the bush. This translates to about 79% of those interviewed having adequate sanitation and 21% with poor sanitation.

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.

c) Education

School attendance is generally high for both primary and secondary schools. Lack of stationery and the associated logistics of providing adequate exercise books for children were raised as a concern by the teachers. Most teachers expressed the need to have their incentives increased and also to be included in the monthly food assistance distributions as beneficiaries since the money they get is not enough.

d) Social services

The Refugee Committee and Block Leaders are the elected community representative bodies that serve as a link between the community and the settlement authorities. The term of office for the elected Refugee committee and the block leaders is two years, after which they are supposed to elect new leaders. Several groups, Gender peer educators and Gender equality are 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

A participatory Assessment mission was conducted in from 7th to 11th February 2011. The themes from the 2011 PA were as follows: Protection and health; Education; Livelihood & food security and Shelter and sanitation.

The key main areas of concern included: protection and health - enhancing the functioning of the Refugee Status Determination (RSD) process, provision of documentation (work permit, issues of lengthy exit permits and refugee passports), ensure provision of adequate medication and provision of a proper referral system. Education – prevent sexual harassment and exploitation, access to tertiary education, discipline at school, and capacity building for teachers; Livelihood and food security- increase livelihood and food security- ensure provision of crop and seeds and encourage the People of Concern (PoC) to utilize the available space around the settlement that was designated and reserved for Agricultural Purposes, and support PoC though capacity building to start up small Income generating projects; Shelter and sanitation – ensure constant water supply, construct durable toilets.

PART 6 - PARTNERSHIPS, PLANNING AND OTHER ISSUES

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, MHAI, 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 July 2011, there were 6,936 recognized refugees and asylum seekers in Namibia. The number of persons of concern will most likely not decrease significantly in the near future 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 declined significantly, with regular Namibia Refugee Committee meetings, and individual interviews by the Appeals Board never attended to in 2011. 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 RSD sub-project has been enforced since July 2009 to be administered by the Refugee Administration Directorate within MHAI to help address these gaps in the processing of Asylum Claims.

c) Registration and ration card control

UNHCR Namibia is currently using proGres 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.

New food ration cards for 2011/12 were issued in September during the profiling exercise. The card bears among other information, names, nationality, age, and gender of a person of concern, a card number and/or a refugee ID number and picture. For children below the age of seven their cards have, in addition to the aforementioned, names of proxies who can collect food on their behalf.

Review of the recommendations made in 2009 and action taken to address them

The 2009 JAM made a number of recommendations. The progress made regarding these recommendations is detailed below.

I. WFP/UNHC to extend assistance to refugees and asylum seekers until the end of 2011

The WFP PRRO 200061.0 operation extended food assistance to the refugees until end of 2011 and UNHCR Care and Maintenance project continues providing further protection, care and maintenance to persons of concern in Namibia.

2. GRN to provide permits for the refugees to leave settlement temporarily

MHAI provides permits for those who wish to leave the settlement temporarily to seek employment as part of the self reliance opportunity outside the settlement.

3. Family planning counseling for teenage girls and boys

UNHCR/UNFPA to provide guidance and implement reproductive health for girls and women of reproductive age in Osire.

4. Procurement of wood and charcoal from local farmers

The refugees are receiving 10kgs of charcoal and an additional 2 litres of paraffin. However one neighbouring farmer pledged to provide firewood to the refugees in return to clearing of bushes and unnecessary trees in his farm. The refugee community is undertaking follow up of the matter.

PART 7 – RECOMMENDATIONS

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.

a) Scope for ration adjustment

Whilst the 2009 mission recommended 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.

b) Food assistance

- WFP should continue the food assistance programme to December 2012. Given that only 3.1% of the population is food secure, distribution of 2,100 Kilocalories ration should be extended to all refugees and persons of concern.
- WFP should maintain the current food ration comprising of maize meal, pulses, CSB plus, oil, sugar and salt should be maintained.
- WFP should consider introducing supplementary feeding programme for clients with higher physiological demands such as pregnant women, undernourished children and patients with chronic diseases such as tuberculosis, HIV/AIDS. A take home CSB plus ration providing 450 kilocalories per day should be considered.
- UNHCR and its implementing partners should promote and sensitize persons of concern on preparing pulses before cooking as an energy saving measure.

c) Non-food assistance

 UNHCR should provide adequate fuel (currently I litre of paraffin per months) for cooking and discourage sale of the food ration to purchase firewood and the illegal collection of firewood from the neighbouring farms.

d) Promoting self reliance

 UNHCR and its implementing partners should continue to support and promote kitchen gardens, diversify the types of vegetables in order to diversify vitamin, minerals and nutrients intake.

e) Health

- UNHCR and its implementing partners should promote hygiene and proper waste disposal to decrease risk of watery diarrhoea outbreak.
- To decrease the number of defaulters who failed to turn up in the haemoglobin level tests, future nutrition and JAM assessments should ensure that haemoglobin is measured in the homestead soon after the interview.
- 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).

f) Working towards durable solutions:

- As UNHCR prepares to invoke the cessation clause for Angolan refugees in June 2012, UNHCR should promote voluntary assisted repatriation and local integration.
- UNHCR and its implementing partners should conduct best interest determination for all unaccompanied minors to determine options for UAMS in the light of impending cessation clause for Angolan refugees in June 2012.
- 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 and the moderately food secure 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.

g) 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 MHAI and discussed as part of the self-reliance opportunities.
- UNHCR should take the lead in ensuring that key findings from the 2011 JAM as well as action taken from recommendations in 2009, 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.

h) Relations with host population

- A discussion should be held between farmers, UNHCR and GRN solutions regarding the trespassing 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, MHAI and the Refugee Committee and include experts in conflict resolution. These discussions should be geared towards peaceful coexistences and provision of educational programmes between the refugees and the host communities.

FINAL CONCLUSIONS

In conclusion, there are certain households which 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 also 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 almost fully maintained thanks to the food ration either directly or from sale or exchange.

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.

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

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

Enumerator number:		01-15 (2 digits)
Block number:		00-15 (2 digits)
Date of interview:	<u> _ </u>	
Interview number:		01-06 (2 digits)
Ration card number		
Respondents Gender		

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 settlement. 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.

AI	A2	А3	A4	A5	A 6	A7	A8	А9	A10	AII	A12	A13	Al4
	First name (For record	Relation- ship to	Gender	Age	Physical Status	weeks has this Only		6 to 17 years only		Does this person live	Reason for living		
	only)	head	Male = I Female= 2	In years. If < I, then '0'		weeks has this person been ill with Diarrhoea/ Fever?	Was this person engaged in any activities that earn money for the household in the past 6 months	Child parental status (If > 18 yrs, skip to A12)	School enrolment (if 1 or 5, skip to A12)	Reasons for absence of at least one week or drop-out (Up to 3 options)	receiving any school bursary for this child?		outside the settlement
I	Household Head	01											
2													
3													
4													
5													
6													
7													
8													
9													
10													

A3 -Relationship	A6 – Physical status	A8 – Economically	AI0 - School enrolment	All - Primary Reason for Absence,	A14 Reason for living outside
I. Head	I = good,	active	I = Enrolled but absent > I	Not Enrolment or Dropping Out	the settlement
2. Head spouse	2 = ill for < 3 months,	I = Yes, currently	week in past month		
3. Child	3 = ill for 3 months or more	2 = Yes, but no longer	2 = Dropped out of school this	I = illness	I = School
4. Father/mother		3 = No/Never	year	2 = work for food or money	2 = Work
5. Brother/sister			3 = Dropped out before this	3 = help with HH work	3 = Health
6. Grandparent		A9 - Parental status	school year	4 = care for ill household member	88 = Other
7. Uncle/Auntie/Cousin		I = Both parents alive	4 = Never Enrolled	5 = could not obtain permit	
8. Niece, Nephew,		2 = Mother dead	5 = Currently enrolled and	6 = not interested in school	
Grandchild		3 = Father dead	attending primary	7 = hunger	
Adopted/foster child		4 = Both parents dead	6 = Currently enrolled and	8 = expensive/no money	
10. Step-child			attending secondary	9= child considered too young	
11. No relation			7 = Primary/Secondary completed	10= pregnancy/marriage	
12. Other relative			8 = N/A	II= incapable of continuing	
				88= Other	





B. Household Circumstances

ВІ	Have any of your household members been ch work for at least 3 of the last 12 months?	ronically ill and unable to		0 = 1	l'es	I = No	
B2	Has your household received the new ration co		1 = 0	No	I = Yes		
		I = Angola	I	5 = Ziml	pabwe	9 = Uganda	
В3	What is some according of a giving?	2 = DRC		6 = Suda	n	10= Congo Brazzaville	
БЗ	What is your country of origin?	3 = Burundi		7 = Tanz	ania (Zanzibar)	II= Somalia	
		4 = Rwanda		8 = Cam	eroon	12 = Other (specify)	
D.4	When do you plan to return to your country	I = Never		3 = Nex	t 6-12 months	88 = Don't know	
В4	of origin?	2 = Next 6 months		4 = Nex	t I-2 years		
		I = Insecurity/Political instability (including elect	ions)	4 = Road /infrastru destroye		7 = Want to stay in Namibia	
B5	What are the three main reasons that prevent you from returning to your place of origin? A. B. C.	2 = No land to cultivate place of origin	in	5 = Don't have enough resources to return		88 = Other reasons (specify)	
	5.1				ning there/No return to	98 = No more reasons	
		I = Piped into dwelling, yard or plot					
D.	What is the main source of drinking water	2 = Public tap/neighbouring house					
B6	for your household?	3 = Borehole with pump					
		4 = Rain water					
		I = Flush latrine	I = Flush latrine 2 = Tr		2 = Traditional	tional Pit latrine	
В7	What type of toilet facility does your household use?	3 = Ventilated Improved Pit latrine (VIP)			P) 4 = Open pit		
		5 = None (bush or field)					
		I = Electricity			2 = Paraffin/Kerosene lamp		
В8	What is the primary source of lighting for	3 = Candle			4 = Firewood		
50	this house?	5 = Generator			6 = Oil lamp		
		7 = None					
		I = Electricity		2 = Wood			
В9	What is the primary source of cooking fuel for this household?	3 = Charcoal		4 = Gas			
		5 = Kerosene/Paraffin		6 = Dung			
B10	Do you own a house outside the settlement?		0 = Yes			I = No	
ВП	Do you own a plot/farm outside the settlemen	t?	0 = Yes I = No			I = No	





	C. Household income and external support and debt								
activi	e complete the table, one ity at a time, using the nood source codes below	were yo	uring the past 6 months, whour household's most ant livelihood sources? (use code, up to 3 activities)	nat	C2 - Using proportional piling or 'divide the pie' methods, please estimate the relative contribution to total income of each source (%)		C3 – Is this income source mainly related to activities performed within or outside the settlement? I = within 2=outside		
А	Most important		_		_ _ _				
В	Second		_		<u> _ _ </u>				
с	Third		<u> </u> _		<u> _ _ </u>				
Livelihood source codes: I = Remittance 2 = Sale of agricultural products 3 = Sale of home gardening produce 4 = Sale of firewood/charcoal 5 = Sale of livestock/ animal products 1 = Brewing 1 = Wage labor/				nin th owns	14 = F e settlement 15 = S 88 =	Sale of Other	g sistance Food assistance re sources		
C4	During the past 3 month HH borrow money?	s, did you	or any member of your		0 = No (skip to Section D)	I = Yes			
C5	C5 What was the primary reason for borrowing? (Select one only)				= to buy food = to pay for funeral = to buy agric inputs = to start a business	2 = to pay for health care 4 = to pay for social event 6 = to pay for education			
C6	From whom did you bor (Select one only)	row?		I = friend/relative back home 2 = friend/relative in Namibia 3 = Money lender 4 = Bank/formal lending institution 5 = Informal savings group					
Please co ime	omplete the table, one activity	at a	C7. Please indicate the three do in the future to earn activities). Use the Livelil	more		supp	Please indicate the primary ort you would need to develop e activities. See codes below		
ı	Most important		Į.	<u> </u>			<u> </u>		
2	Second		Į.	_	_l		<u> </u>		
3	3 Third [.						<u> </u>		
1 = 2 = 3 = 4 =	Pport codes (for C8): Financial support to purchase Training Land Agricultural inputs	·	lp wi ork p t per	mit	tc)				
5 =	Animals								





	D – Agricultural production									
DI	Does your household have access to an	ny arable land?	0 = No <u>→ Se</u>	ction E	I = Yes					
D2	Did you cultivate in the past 2010/2011	season?	0 = No		0 = Yes <u>→ D4</u>					
D3	What is your main reason for not cultiviseason?	vating in the 2010/11	<u> </u>							
	I = Planned fallow	5 = Lack of fertilizer		9 = illness in the household						
Codes for D3	2 = Weather-related causes	6 = Lack of labor/insufficie	ent labor 10 = lack of d		Iraught power/no money to					
and D5	3 = Could not access land physically	7 = Pest problems	hire tracto							
	4 = Lack of seed	8 = Rented out		88 = Other						
	How does the total area of land that yo	II farming	I = Larger (skip to D6)							
D4	season compare to the one you plan to	How does the total area of land that you cultivated during the 2010/11 farming season compare to the one you plan to cultivate in 2011/12.Will it be larger , the								
	same or less?		3 = Less							
D5	What will be the main reason for cultiv season?		<u> </u>	<u> _ </u>						

		D10. How many kilograms did you harvest? (Ask for bags and convert to kilograms)
D6 - D9 a. By order of importance, What are the main crops that are cultivated by your household?		
Please enter below.	code for up to 3 main crops from list	
D7	_ _	
D8		
D9	_ _	<u> </u>

Crop codes	5 = Beans	10 = Sugar Cane	15 = Onion
I = Maize	6 = Sweet potatoes	II = Pumpkins	16 = Cabbage
2 = Tomatoes	7 = Vegetables (e.g. cabbage, egg plants)	12 = Paprika/peppers	98= No Other crop
3 = Millet (Mahaingu)	8 = Pulses/Legumes	13 = Potatoes	
4 = Spinach	9 = Carrots	14 = Groundnuts	

E – Household Expenditure								
Did you spend money on the following items during the <u>last 30 days</u> for domestic consumption? If none, write 0 and go to next item		Estimated expenditure during the last month in Local Currency (NAD)			Estimated expenditure during the last month in <i>Local</i> Currency (NAD)			
EI	Cereals (maize, maize flour, rice, etc.)		E8	Milk				
E2	Roots and tubers (yams, potatoes, etc)		E9	Sugar/Salt				
E3	Bread		EI0	Alcohol				
E3a	Bread flour		EII	Tobacco				
E4	Legumes (beans, peas, groundnuts)		EI2	Soap & HH items				
E5	Fruits & vegetables		EI3	Transport				
E6	Fish/Meat/Eggs/poultry		EI4	Fuel (wood, paraffin, etc.)				
E7	Oil, fat, butter							

In the past 60 days how much money have you spent on each of the following items or service?





	Use the follo	wing table, v	vrite 0 if no exp	enditure.									
				Estima Curre	ted expenditure in Local						Estimat Curre	ted expenditure in L ncy	ocal.
E15	Medical exp	enses, healt	th care		-	E20	Debt repayment						
E16	Clothing, sh	noes				E21	Education, school fees, uniform, etc						
EI7	Equipment, tools, seeds, animals E22 Celebrations, social events												
E18	Construction, house repair					E23	Funerals						
E19	Hiring labor	r (not for ho	·										
	repair/cons	truction)											
E Hous	sehold asse	ots and l	livostock										
1.11003	iciioid assi	ccs and i	IIV C S C C C C										
How many	of the follow	ing assets o	are owned by	•	ny member or your housel IF A SPECIFIC ASSET IS N		NED, ENTER	r' O'					
I. Chair			<u> _ </u>	7. Ax	ке			13. 9	Sewing	machin	е	<u> </u>	
2. Table			<u> </u>	8. Sid	ckle		<u> </u>	14. (Compu	ter or l	aptop	<u> </u>	
3. Bed			<u> </u>	9. Pa	nga/Machete			15. \	/ehicle			<u> </u>	
4. TV				10.1	1ortar/pestle								
5. Radio			<u> </u>	H. F	Hoe								
6. Mobile	phones			12. E	Bicycle								
How ma	ny of the fo	llowing	animals are	owned	l by your household?	•							
Sheep	1 1				Goats			Poul	try	1 1	ı		
	·				1								
Other (sp	ecify) _	_											
			aints that you	ı face in	raising livestock and ani		duction? A	۱. ا	<u>В.</u>		C	<u> </u>	
I = No mo	oney to buy live	estock			7 = Conflict with local community			88 = Other (specify)					
	ess to grazing	land			8 = Lack of knowledge			98	= No m	ore con	straints		
3 = Not all					9 = Lack of inputs (fodder etc)								
4 = No money to hire labor (Shepard etc)			10 = No market to sell produce										
5 = No space to shelter animals II= Not enough security/animals will be stolen													
	G. Food Consumption												
							ı	ı					
		GI	How many	meals o	did the adults (18+) in th	nis house	hold eat yes	sterd	ay?			I— NUMBER C	-I OF MEALS
		G2	How many	meals o	did the children 6 to 18 y	ears in t	his househol	ld eat	yeste	rday?		.	
		32	IF NO CHI	LDREN I	IN THE HH, WRITE 98 fo	r N/A						NUMBER C	F MEALS

G3: Over the last seven days, how many days did you consume the following foods?

Number of *days*

(0 to 7)

G4: What was the main source(s) of the food?

Source(s)





I. Maize, maize porridg	е	I_	_	I_I	<u> _ </u>	
2. Other cereal (rice, so	orghum, millet, bead, pasta etc)	I_	_	Ы		
3. Roots and Tubers (c	assava, potatoes, sweet potatoes)	I_	_	LI		
4. Sugar or sugar produ	icts	I_	-[<u> </u>		
5. Beans and peas		I_	-	<u> _ </u>	<u> _ </u>	
6. Groundnuts and cash	new nuts	I_	-	I_	_	
7. Vegetables (including	relish and leaves)	I_	-	LI		
8. Fruits		I_	-	LI		
9. Beef, goat, or other red	d meat and pork	I_	-	LI		
10. Poultry and eggs		I_	-	L		
II. Fish		I_	-	 ∟		
12. Oils/fats/butter		I_I		<u> _ </u>	<u> _ </u>	
13. Milk/yogurt/other d	airy	I_I		Ш		
14. CSB		I_I		<u> </u>		
	I = Own production	2 = Casual labor				
Source codes:	3 = Borrowed		4 = Gift			
	5 = Purchases		6 = Food assistance			
	7 = Barter		8 = Hunting/gat	thering/catching		
·					<u> </u>	

H. 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? **SELECT ONE ANSWER PER STRATEGY.**

		Never	Seldom (1-3 days/month)	Sometimes (1-2 days /week)	Often (3-6 days a week)	Daily
ні	Skip entire days without eating?	I	2	3	4	5
H2	Limit portion size at mealtimes?	ļ	2	3	4	5
Н3	Reduce number of meals eaten per day?	ļ	2	3	4	5
H4	Borrow food or rely on help from friends or relatives?	I	2	3	4	5
Н5	Rely on less expensive or less preferred foods?	I	2	3	4	5
Н6	Purchase/borrow food on credit?	ļ	2	3	4	5
Н7	Gather unusual types or amounts of wild food / hunt?	I	2	3	4	5
Н8	Harvest immature crops (e.g. green maize)?	I	2	3	4	5
Н9	Send household members to eat elsewhere?	I	2	3	4	5
HI0	Send household members to beg?	I	2	3	4	5
нп	Reduce adult consumption so children can eat?	I	2	3	4	5
HI2	Rely on casual labor for food?	I	2	3	4	5





ніз	Have you sold any household assets to buy food?			No		I = Yes		
Н14	Have you sold any household assets to pay for he expenses?	alth care/medical	0 = No			I = Yes		
	I. Food Assistance							
П	Did your household receive food aid at any time during the last 3 months?			No	I = Yes (Go to I3)			
	Why have you not received any food	I = Absent during distribution	n 5 =	= Eligible, but bia	ased ag	ainst		
12	assistance?	2 = Am not registered	= Do not have n	Do not have new card				
12	Select all that apply; when finished GO TO	3 = Did not need 7 =		= Absent during registration				
	""	4 = Do not know	= Other					
13	What was the gender of the recipient who went and collected the last food ration?	I = Male	I = Male			emale		
14	What commodities did you receive in your	I = Cereals	3 = Pulses		5 = Salt			
14	most recent household ration? select all that apply	2 = Oil	4 = CSB		6 = Sugar			
15	Did you sell or barter any food aid last month? (I = Yes; 2 = No)	I = Cereals		3 = Pulses		5 = Salt		
		2 = Oil	4 = CSB		6 = Sugar			
16	Did you share/give away any food aid last month?	I = Cereals	3 = Pulses		5 = Salt			
	(1 = Yes; 2 = No)	2 = Oil	4 = CSB _	_ _	6 = Sugar			

	J. Non-Food assistance								
JI	What "consumable" NFIs has your household received during the last (Circle all that apply)	I = Soap 3 = Condoms 2 = Cooking fuel 4 = Sanitary supplies			88 = other				
J2	Did anyone in your household use these services in the last 3 months	I =Health Services	2= Education						
J3	What "non-consumable" NFIs has your household received during the (Circle all that apply)	I = Mattress 2 = Blanket 3 = Plastic sheeting	Blanket materials						
J4	What is your main source for the following NFIs?	Soap Fuel			Firewood Health supplies				
	Codes for J3:1= UNHCR/AHA distribution,	2 = Government, 3 =	NGOs, 4 = Church	organization,					
	5 = Market purchase, 6 = Barter for it, 7 = collect from field	ds, 8 = Gifts, 9 = Healt	th center I 0 = UNHCF	Ngovernmen	t 88 = Ot	her			
J5	J5 Which NFI is the one you most urgently need more of?			les	Non-consumables				
			<u> </u>			<u> _ </u>			
	Codes for J4 are	the same as in JI	and J2						
	M/h-r	I = Scarcity in the f	2 = Don't e îelds settlement	xist in the	the 3 = Too expensive				
J6	What are the three main constraints faced by your household in acquiring enough firewood? A B C	4 = Too far to go al collect	nd 5 = No exit	permits		ecurity reasons when			
		7 = Illegal to collect 88=Other (s		(specify) 98 =		No more constraints			





K. Mobility										
KI	How often do members of your household leave the settlement? Specify below		I= Daily	2= Every week	3= Every mont h	4= Only occasionally	5 = Continuous ly for longer periods	6 = Never	7 = Not applicable	
Kla	Kindly Use Source codes from above KI		a)Male Adult:	b)Female Adult:		c) Teenagers/ Adolescent	d) Young Children			
К2	What are the three main reasons that make members of the household leave the settlement? A. B. C.	 I = To collect firewood 3 = For formal employment 5 = To sell agricultural produce 7 = Trade with other areas 9 = For social reasons 88 = Other (specify) 			2 = Casual labor on surrounding farms 4 = For educational purposes 6 = Visiting friends and family 8 = To sell animal/livestock production 10 = Shopping					
К3	What are the three main reasons that prevent you from leaving the settlement more often? A. B. C.	permi	Other	2= Securit 98 = Nothing/N more reas	0	3 = No need to leave	4 = No mone for transport	ey tra	Lack of nsportation ans	





Appendix 2: 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)
ı	Maize , maize porridge, rice, sorghum, millet pasta, bread and other cereals	Main staples	2
	Cassava, potatoes and sweet potatoes, other tubers, plantains	Main scapies	
2	Beans. Peas, groundnuts and cashew nuts	Pulses	3
3	Vegetables, leaves	Vegetables	I
4	Fruits	Fruit	I
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).
- Ic. Sum the weighed food group scores together, thus creating the food consumption score (FCS).
- ς. 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 3: 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. About 65% of households in this sample have good access to purchase food. Households with no market purchased food were classified as having poor access, those that purchase between I 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:

Each household member was asked the status of their current economic activity. Employment is closely linked to food security, and is such an important proxy indicator of the ability to access food. In this assessment we did not distinguish the types of activities carried out. HHs with no economically active member were classified as having poor access, those with at least one person as average, and good access as those with more than 2 people employed.

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. However, expenditure figures on the high end are highly influenced by a small number of households with very high costs, especially for schooling and clothing and most of them are business people, and they count some of the business expenditure under household expenditure.

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 is however closely related to income generation ability and therefore non-productive assets are important indicators of a household's socio-economic status. 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:

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).

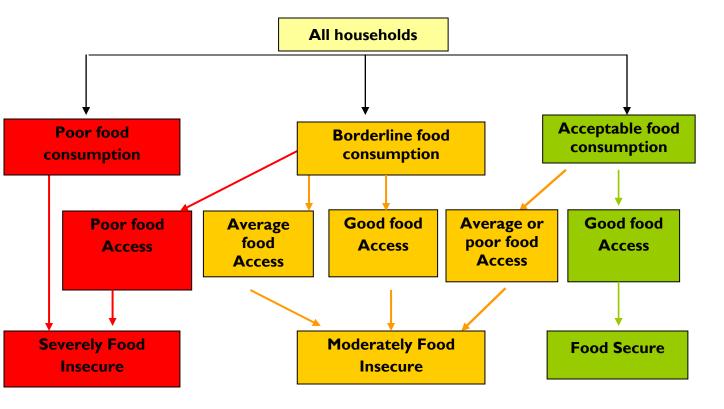
In this survey, non-productive assets asked for included chair, table, bed, radio, cell phone and TV.





Appendix 4: 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.



- 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 5: Terms of Reference

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

Dates: 10 - 15 October 2011

Location: Otjiwarongo and Osire Refugee Settlement, Namibia

Team Composition:

World Food Programme (WFP):

1. Ms. Veronica Rammala, VAM Officer, Johannesburg

2. Ms. Catherine Tiongco, Logistics Assistant

United Nations High Commissioner for Refugees (UNHCR):

- 1. Mr. Patterson Njogu, Senior Regional HIV/Public Health Officer, RO Pretoria
- 2. Mr. Antonius Kamerika, Assistant Programme Officer
- 3. Ms. Jennifer Kandjii, Field Associate
- 4. Mr. Tobias Tjivirura, Senior Database Assistant
- 5. Mr. Deogratias Tibanyendera, IUNV Community Services Officer

Africa Humanitarian Action (AHA):

- I. Ms. Aynalem T/Giorgis, Country Representative
- 2. Ms. Abeba Haile, Programme Coordinator
- 3. Ms. Virginia Sepo Slinger, Project Officer
- 4. Mr. Uria Shafuda, Warehouse Manager

Ministry of Home Affairs and Immigration (MHAI),

- I. Mr. Jason Absalom, Acting Settlement Administrator
- 2. Ms. Olivia Kuume, Clerical Assistant
- 3. Ms. Ursula Unengu, Finance Assistant
- 4. Mr. Staleni Shikwambi, IT Clerk

Ministry of Education (MoE)

- I. Ms. Ndahafa Nambira, Education Project Officer
- 2. Ms. Lindah Siyaya, Clerical Assistant

Ministry of Health and Social Services (MoHSS):

- I. Sr. Blantine Martin, Health Project Officer
- 2. Mr. Abel Jood, Pharmacist Assistant
- 3. Ms. Ndinelao Kaxuxuena, Reproductive Health Coordinator 4. Mr. Gilbert Mantanyani, Chief Health Inspector)

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. Most of the Angolans, about 11,000, made use of the organised voluntary repatriation exercise during 2003 2005.
- 2. The Office of the Prime Minister of the Government of the Republic of Namibia (GRN) made an official appeal to World Food Programme (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. Transit centres for arriving/returning refugees were established in Kassava and Okakwa 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 remained 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 verification exercise of the beneficiaries took place in the Osire settlement and Windhoek, and included the 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, over 3,759 refugee ID cards have been issued and this activity is ongoing. All asylum-seekers who have registered with the GRN and UNHCR have 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 (see 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 settlement was held from 28th Feb 05th Mar 2008 (see 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 settlement, and formulating clear recommendations concerning the future of assistance provided to Osire residents.

- 13. One of the main findings of the 2009 JAM was that only about 38.5% of the settlement 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 the 2009 JAM were implemented during 2009.
- 14. In 2009, a UNHCR/WFP Joint Assessment Mission (see Annex IV) was carried out in Osire settlement. The mission concluded that 61.5% of the settlement population is food insecure and is still heavily dependent on food assistance to survive. Therefore, relief assistance will continue to be targeted to food insecure refugees.
- 15. In 2010, A Nutritional survey (see Annex V) was carried out and nearly 450 children 6-59 months were measured the objective of the nutritional survey was to estimate the prevalence and distribution of malnutrition of children under 5. Girls were more likely to be wasted (5.2%) than boys (3.8%).
- 16. On the 15-16 April 2011 the Third Tripartite Meeting between the Governments of Namibia, Angola and UNHCR took place in Otjiwarongo, Namibia to analyze the operational plan for the Voluntary repatriation of the Angolan refugees in Namibia. During the meeting the parties concluded and recommended the following:
 - The meeting took note that the visit of the ministers and the ongoing voluntary repatriation information campaign in the Osire Refugee settlement might motivate more refugees to opt for repatriation.
 - Angolan government informed the meeting of the assistance to be provided to returning Angolans within the existing framework of reception and reintegration policy.
 - The meeting noted that Angolan refugees wishing to remain in Namibia after the application of the cessation clause will be subjected to the Namibian immigration laws and procedures.
 - The meeting discussed and recommended that the Angolan refugee population be profiled as soon as possible. The profiling on gender, age, profession, including the school-going children and their grades, is aimed to facilitate their repatriation and reintegration in Angola or their possible local integration if applicable.
 - The meeting noted the implication of the application of the cessation clause for refugee children attending school in Namibia and who wish to complete their education here. The meeting recommended that the children of grades 10, 11 and 12 could be allowed to complete their education before returning to Angola, and requested UNHCR to lead joint efforts with the other parties to mobilize sources of funding for this.

II) Current Situation

17. The Government of Namibia, through the Ministry of Home Affairs and Immigration, 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 their application on a case-by-case basis. At the same time, there are some 650 not-of-concern people residing at the settlement and not deemed eligible for external assistance.

- 18. The Government of Namibia provides land in Osire for a refugee 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 at the settlement and the extreme difficultly 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.
- 19. At present, the Government requiring refugees and asylum seekers to reside at the Osire settlement and require a permit to leave the Osire settlement. Self-reliance initiatives are being encouraged and a few refugees (about 43 business groups comprising some 65 persons) have been given microproject 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 51.2% (broad). 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.
- 20. The GRN has the primary responsibility for the protection, care and maintenance 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, and sanitary kits for girls and women of reproductive age, blankets, mattresses, jerry cans, paraffin and soap.
- 21. Current WFP assistance is based on a Protracted Relief and Recovery Operation (PRRO) 200061 "Assistance to refugees and asylum seekers residing in settlement in Namibia" (see Annex IV) originally covering the period 01 January 2010 31 December 2011 for an average caseload of 6,000 refugees and asylum seekers residing in the settlement. In view of the slow progress in identifying durable solutions and the positive donor response, the project could be extended through to the end of 2012.
- 22. Many of the recommendations of 2009 JAM were implemented during 2009, such as:
 - WFP/UNHCR to extend assistance to refugees and asylum seekers until the end of 2011 -PRRO 200061 operation is to extend food assistance to the refugees until end of 2011 and UNHCR to continue providing further protection, care and maintenance to persons of concern in Namibia.
 - GRN to provide permits for the refugees to leave settlement temporarily MHAI provides
 permits for those who wish to leave the settlement temporarily to seek employment as part of
 the self reliance opportunity outside settlement.
 - Family planning counselling for teenage girls and boys UNHCR/UNFPA to provide
 guidance and implementing reproductive health for girls and women of reproductive age in Osire
 settlement.
 - Procurement of wood and charcoal from local farmers The refugees are receiving 10kgs of charcoal additional to the 2 litres of paraffin.
- 23. The November 2010 Nutritional survey found the following malnutrition prevalence rates among children younger than five and living at Osire settlement: 4.5% were found acute malnourished, 8.8% were underweight, and 24.2% were stunted. The findings are comparable to those for children in Otjozondjupa region from the 2006/2007 DHS. The haemoglobin testing 0-59 months was also





carried out and 179 children were tested. 18% were found to have haemoglobin level below 10.0 g/dl which is an indication of moderate or severe anaemia.

24. The most recent, June 2011 feeding figure was 5,739 refugees and asylum seekers.

III) Objectives

- 25. 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 self reliance as well as health situation of the refugees and n asylum seekers;
 - ii) 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 PRRO 200061.0 and UNHCR protection, care and maintenance of refugees and any other assistance provided to the Angolan refugees and non-Angolan asylum seekers/refugees;
 - iii) provide an update on the ongoing efforts to identify and implement durable solutions and suggest possible external assistance exit/increased of ownership strategies.
- 26. The mission report should outline to the relevant stakeholders including GRN 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 caseload of refugees / asylum seekers resident in refugee settlement, and provide recommendations for improvement.
- 27. Concerning the application of the cessation clause for the Angolan refugees, by end of 2011. This clause will be applied to Angolan refugees living in Namibia and in other neighboring countries like Zambia and DRC on the 31st December 2011. This decision is taken on the basis that the original cause of refugees leaving Angola to seek refugee in neighboring countries ceased to exist. Progress on solutions of UNHCR envisioned achievements of solutions and completion of preparatory actions to stage for the coming into force of the cessation clause at the end of December 2011 has not been met. UNHCR with other stakeholders have decided that the original envisaged date of the coming into force of the cessation clause, 31 December 2011, should be put back to 30 June 2012. Angolan refugees living in these countries will continue to receive food and protection assistance until end of 2012. However, in 2013 the protection and assistance will be reduced dramatically as alternative status has been sought for them in terms of voluntary repatriation and possible local integration.
- 28. The mission recommendations should be specific, measurable, attainable, relevant, time-bound and should add value to the existing knowledge base that exists in the country.

IV) Methodology

Qualitative Methods:

29. **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.





30. The methodology will build strongly on previous assessment approaches in order to provide trends and comparative analysis.

31. Consultations:

- **31.1.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.
- 31.2. **Key Informants:** Data will be collected from interviews/meetings with key informants in WFP/UNHCR head offices, NGO partners, refugees including their leaders, Government Officials from the MHAI and other ministries and key donors and embassies.
- 31.3. **Group Interviews, Focus Group Interviews:** The mission will conduct discussions with a community group and representative gender and age subgroups (men, women, boys, girls and persons with specific needs).
- 31.4. Other RRA/PRA techniques Visual techniques, such as mapping, ranking and scoring, and verbal techniques, such as transect walks will also be applied.
- 32. **Observations/Inspections:** The mission will visit health, water and sanitation facilities, households, schools, income generating activities, and local markets in the settlement. 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:

33. Household Survey/Interviews:

- Household interviews will be conducted collecting data using questionnaires in a representative sample.
- Anaemia measurement data will be carried out in the settlement, thus allowing for an analysis of the current malnutrition rates and historical trend/s, among other.

IV) Outputs

- 34. **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.
- 35. **JAM mission report** presenting technically adequate analysis and relevant recommendations vis-àvis 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 17-19 October 2011) and finalized within one month upon completing the mission.
- 36. 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.





V) Itinerary

I - Preparatory work

UNHCR/WFP CO Staff - week 19-23 September 2011 Briefings and consultations with WFP / UNHCR, MHAI and other key donors

- Logistics Arrangement (cars, accommodation, anaemia equipments)
- Enumerators selection /hiring (NPC, MoHSS, UNAM)

Team Leader - weeks 03-07 October 2011

- Preparation of survey tools (HH questionnaire/ qualitative tools/ Nutrition Survey Tool)
- PDAs programming/ Transport
- Training material development

2 - Data collection and field work (all)

- Day I Arrive Otjiwarongo, Check-in (Sunday, 09 October 2011)
- Day 2 Training (Monday, 10 October 2011)
- Day 3 Cont. Training/Testing of tools (Tuesday, 11 October 2011)
- Day 4 Assessment Osire (Wednesday, 12 October 2011)
- Day 5 Assessment Osire (Thursday, 13 October 2011)
- Day 6 Assessment Osire (Friday, 14 October 2011)
- Day 7 Assessment Osire and Wrap up return to Windhoek (Saturday, 15 October 2011)
- Day 8 Preliminary results summary (initial 2 pages brief Monday, 17 October 2011)

3 - Report writing and debriefing

- Day 9 Finalize executive summary, continue report writing (Tuesday, 18 October 2011)
- Day 8- Brief UNHCR/WFP (Wednesday, 19 October 2011)