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Mundial  
de Alimentos

**Executive Board  
Second Regular Session**

**Rome, 6-10 November 2006**

## **PROJECTS FOR EXECUTIVE BOARD APPROVAL**

**Agenda item 9**

### **PROTRACTED RELIEF AND RECOVERY OPERATION UNITED REPUBLIC OF TANZANIA 10529.0**

#### **Assistance to Refugees in Camps and Vulnerable Households among the Host Population in North-Western Tanzania**

Number of beneficiaries	290,000
Duration of project	24 months (1 January 2007–31 December 2008)
WFP food tonnage	101,420 mt
<b>Cost (United States dollars)</b>	
WFP food cost	25,044,101
Total cost to WFP	60,200,625

*For approval*



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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for approval.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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## EXECUTIVE SUMMARY

The Great Lakes region is starting to achieve lasting stability, though the transition process is fragile. Rwanda is experiencing peace and economic recovery; the election of a constitutional Government in Burundi and peace negotiations with warring factions provide the conditions for social and economic development; there is progress towards long-term stability in the Democratic Republic of the Congo, despite political uncertainties. Instability in the Democratic Republic of the Congo and drought and lack of social services in Burundi have a negative influence on Congolese and Burundian refugees' willingness to repatriate.

Voluntary repatriations of Burundian and Congolese refugees by the Office of the United Nations High Commissioner for Refugees reduced refugee numbers from 450,000 in 2004 to 350,000 at the end of 2005, but the process was slower than expected. The agency launched the promotion of voluntary repatriation on 20 June 2006 and is optimistic that the numbers can be reduced to 275,000 refugees in 2007 and 160,000 by the beginning of 2008.

Although refugees were expected to return to their countries in significant numbers, it has to be recognized that political and socio-economic factors could trigger a rapid return of refugees. The donor community needs to recognize the need for flexibility in terms of adjusting refugee numbers and resource levels.

In line with WFP's Strategic Objectives 1 – 4 and Millennium Development Goals 1, 2, 4 and 5, the next phase of the operation will continue assistance for refugees and host areas. The relief component will provide basic food needs to refugees in north-western Tanzania and the most vulnerable people in the host population. Recovery activities will enable poor communities to acquire livelihood skills to build resilience to future shocks and support construction of social assets that promote access to education, healthcare and agricultural services.

The operation has been designed on the basis of the recommendations of the 2006 joint needs assessment.

## DRAFT DECISION\*

The Board approves PRRO United Republic of Tanzania 10529.0 "Assistance to Refugees in Camps and Vulnerable Households among the Host Population in North-Western Tanzania" (WFP/EB.2/2006/9-A/3).

\* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (WFP/EB.2/2006/16) issued at the end of the session.



## SITUATION ANALYSIS AND SCENARIOS

### The Overall Context

1. Tanzania hosts the largest refugee population in Africa: 193,000 Burundians, 149,000 Congolese and 2,600 refugees of mixed origin in 12 camps, each of which has a reception centre where refugees are processed prior to registration or repatriation.
2. In late 1993, 250,000 Burundian refugees fled into Kigoma and Kagera regions after an attempted coup in Burundi. In 1994, the Rwandan and Burundian Presidents were killed in an aircraft crash, which prompted another significant influx from Rwanda and Burundi into the same regions of Tanzania.
3. In December 1996, 500,000 Rwandan refugees in Tanzania returned to Rwanda. Organized voluntary repatriations to Burundi started in early 1997; they were halted in mid-1999 because of insecurity in Burundi and resumed in March 2002. Rates of repatriation varied, however, and new arrivals were coming into Tanzania during the same period.
4. Repatriation rates had decreased drastically by the end of 2005 because of drought in north-eastern Burundi that sent 11,000 short-term migrants into Tanzania.
5. In March 2006, the Governments of Tanzania and Burundi and the Office of the United Nations High Commissioner for Refugees (UNHCR) agreed to launch the promotion phase of Burundian repatriation on 20 June 2006, reflecting UNHCR's assessment that conditions would enable safe and dignified return. UNHCR had already been promoting repatriation by disseminating information, and organizing "go and see" visits by refugees and "come and tell" visits by returnees and government officials.
6. It is expected that the negotiations between the National Liberation Forces (*Forces nationales pour la Libération*, FNL) and the Government of Burundi, which were facilitated by South Africa, will result in a resolution enabling repatriation of Burundian refugees.
7. In late 1996, many Congolese refugees fled to the Kigoma region to escape civil strife. Organized voluntary repatriations to the Democratic Republic of the Congo (DRC) started in September 1997, but ended in August 1998 because of hostilities there; as a result, large numbers of refugees entered the Kigoma region in 1999–2002. Under the transitional Government, spontaneous returns began in 2003 and continued until the third quarter of 2005.
8. A tripartite agreement for voluntary repatriation of DRC refugees was signed in January 2005; in September 2005 the tripartite group recommended that facilitated repatriation should begin in October 2005 on the basis of improving conditions in the areas of return and because refugees were beginning to repatriate themselves in unsafe boats across Lake Tanganyika.
9. Facilitated voluntary repatriation slowed in March 2006; by May 2006 only 16,000 refugees had returned home.
10. Political uncertainties surrounding the impending elections are preventing refugees from voluntarily repatriating to DRC.



11. Continuing insecurity, political uncertainty, cross-border movements and regional conflict justify continued assistance for refugees and vulnerable people in host communities in North-Western Tanzania.

### The Food Security and Nutrition Situation

12. The results of a September 2005 joint nutrition survey by the United Nations Children's Fund (UNICEF), UNHCR, WFP and cooperating partners indicate that the nutrition status of children under 5 and pregnant and lactating women<sup>1</sup> in the refugee camps is stable in terms of global acute and severe malnutrition.

TABLE 1. SUMMARY OF 2005 NUTRITION SURVEY RESULTS (%) <sup>2</sup>		
Indices	Severe malnutrition	Global acute malnutrition
Wasting	0.3 (CI* 95: 0.1-0.4)	2.8 (CI 95: 2.4-3.3)
Underweight	2.7 (CI 95: 2.2-3.3)	22 (CI 95: 20.9-23.2)
Stunting	9.9 (CI 95: 9.1-10.7)	36.2 (CI 95: 34.9-37.5)
Anaemia prevalence – children under 5		40.1
Anaemia prevalence – pregnant women		30.0
Anaemia prevalence – lactating women		18.9
Anaemia prevalence – schoolchildren		18.0
Children at risk of underweight		40.5
Children at risk of wasting		18.7

\* Confidence intervals

13. Table 1 shows high rates of stunting and underweight and high risk of wasting and underweight in a population dependent on food aid. The main nutritional problem is the level of anaemia among refugees: the levels are higher than acceptable international levels – 40.1 percent of children under 5 and 30 percent of pregnant women are anemic.<sup>3</sup>
14. The situation of the host communities is worse than that of the refugees: there is a 66.7 percent prevalence of anemia.<sup>4</sup> Poor nutrition in host communities is a result of poverty and poor food preparation and feeding practices. These high-risk groups are malnourished children, pregnant and lactating women and people affected by HIV and AIDS; infection rates range from 2 percent in Kigoma to 3.7 percent in Kagera.<sup>5</sup>
15. In the host communities, socio-economic hardships make it difficult for orphans, particularly those from food-insecure families affected by HIV and AIDS, to enrol in primary education. Lack of food and other factors often force children out of school and

<sup>1</sup> 2005 Nutrition Survey Report

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> 2006 joint needs assessment (JNA) of the Great Lakes PRRO, draft report.

<sup>5</sup> Tanzania Commission for AIDS (TACAIDS), National Bureau of Statistics and ORC Macro. 2005. *Tanzania HIV/AIDS Indicator Survey 2003–04*. Calverton, MD, USA.



into child labour. In a school mapping exercise in 1999, Ngara district was one of five selected for the pilot Comprehensive Basic Education in Tanzania (COBET) because of the number of out-of-school children, most of whom were orphans, disabled or from food-insecure households affected by HIV and AIDS. The net enrolment ratio for children between 7 and 13 in Ngara was 62.3 percent in 2003, the lowest in the Kagera region and the second lowest nationally.<sup>6</sup> WFP's assistance to COBET through food for education (FFE) aims to attract out-of-school children to enrol and remain in school.

## Scenarios

16. Pre-election tensions and uncertainties about the prospects of peace in DRC are holding back refugees who would otherwise voluntarily repatriate, resulting in a stable number of Congolese refugees in camps in Tanzania.
17. It is expected that the negotiations between FNL and the Government of Burundi will enable repatriation of Burundian refugees, but this is only one factor in successful repatriation: others are the food-security situation and access to land, education and other services.
18. Trends in the past decade show that sudden influxes of refugees can be caused by renewed conflict or lack of progress in improving conditions for return. Repatriation can occur if a host government restricts refugee movements or if support for refugees is reduced; improved integration conditions and security in the country of origin can attract returnees. Any combination of these factors could affect the number of refugees in Tanzanian camps: WFP must therefore continue to work with UNHCR, the Government and other partners in monitoring early-warning information and supporting contingency planning.

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## POLICIES, CAPACITIES AND ACTIONS OF GOVERNMENTS AND OTHERS

### Policies, Capacities and Actions of the Government

19. The Government and local authorities in areas hosting refugees face serious support constraints: Kagera region has a current population of 2.3 million and 48,000 refugees; the figures for Kigoma region are 1.4 million and 295,000.<sup>7,8</sup> Kagera region has the lowest per capita GDP in the country, contributing 3.9 percent to the national economy. In Kagera, 29 percent of households are below the poverty line; in Kigoma the figure is 38 percent.<sup>9</sup>
20. Increased restrictions on refugee movements, closure of markets in refugee camps and lack of employment have made the refugees dependent on food aid and other assistance.
21. The Government has reiterated that it will not allow integration of Burundian and Congolese refugees; it is instead facilitating the return of refugees to their countries of origin.

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<sup>6</sup> Ministry of Education and Culture. 2003. *Basic Statistics in Education*. Dar-es-Salaam, Tanzania.

<sup>7</sup> 2002 Tanzania Population Census: annual growth is 4.8 percent for Kagera and 3.1 percent for Kigoma; the figures in the text do not include refugees.

<sup>8</sup> UNHCR, UNICEF and WFP. 2006. *Refugee Situation Updates: Joint Assistance to Refugees and Host Communities in North-Western Tanzania*. Dar-es-Salaam, Tanzania.

<sup>9</sup> *Tanzania Household Budget Survey Report, 2001. Tanzania Poverty and Human Development Report, 2005.*



## Policies, Capacities and Actions of Other Major Actors

22. UNHCR supports a refugee programme covering protection, nutrition, health, water and sanitation, and non-food items (NFIs); activities are implemented by partners. WFP works with UNHCR on food distribution, health, nutrition and advocacy with the Government on increasing market access, income-generation and access to fuel wood, as stipulated in the WFP/UNHCR annual joint assessment missions (JAMs). UNHCR is facing funding constraints that restrict the supply of non-food items, which reduces the food consumed by households because refugees have to sell part of the ration to buy other items.
23. WFP also collaborates with UNHCR to support host communities: 1.5 percent of PRRO resources go to such projects, on which UNHCR has spent US\$25 million since 1995.
24. In 2005–2007, a joint human-security project funded by Japan and involving the Food and Agriculture Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), UNICEF, the United Nations Industrial Development Organization (UNIDO) and WFP was designed for North-Western Tanzania to facilitate transition from relief to recovery and development; UNHCR will join the programme in its second phase in 2006–2007.<sup>10</sup>

## Coordination

25. The country office will work with UNHCR, the Government and partners on planning through the United Nations Development Assistance Framework (UNDAF), the annual JAMs, inter-agency meetings on coordination and meetings of the self-reliance task force and the development partner sub-group for refugees.

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## OBJECTIVES OF WFP ASSISTANCE

26. The goals of the PRRO are improved food security for refugees, host communities and vulnerable groups, and repatriation of refugees. The objectives are:
- (i) maintain nutritional status among targeted refugees (Strategic Objective 1);
  - (ii) reduce mortality rates among targeted refugees (Strategic Objective 1);
  - (iii) improve livelihoods in host populations (Strategic Objective 2);
  - (iv) reduce acute malnutrition among pregnant and lactating refugee women (Strategic Objective 3);
  - (v) reduce anemia among pregnant and lactating refugee women and children (Strategic Objective 3);
  - (vi) increase enrolment of girls and boys in WFP-assisted schools (Strategic Objective 4);  
and
  - (vii) improve attendance of girls and boys in WFP-assisted schools (Strategic Objective 4).

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<sup>10</sup> The project supports security surveillance and the reduction of small arms; it contributes to (i) improved food security among farmers by reducing post-harvest losses, (ii) basic education and HIV/AIDS awareness and (iii) improved health through environmental protection and improved water supply and sanitation. It helps to strengthen communities' capacity to cope with the presence of refugees.



## WFP RESPONSE STRATEGY

### Nature and Effectiveness of Food-Security Related Assistance to Date

27. The 2005 Coping Strategy Index (CSI) survey<sup>11</sup> assessed food insecurity among refugees in terms of access to markets, sources of income and food, and household size. Seasonality, restricted movement and levels of self-reliance affect food security; less self-reliant refugees repatriated to Burundi more readily. In 2005, the percentage of households limiting portion size, purchasing food on credit and borrowing from others increased. The CSI report showed that 99.5 percent of households used at least one strategy to manage food shortfalls and that refugees did not rely on destructive strategies to access food as they had in 2004,<sup>12</sup> when many markets were closed and restrictions on movement were increased.
28. There is a strong link between food insecurity and access to external markets. Refugees have access to markets inside the camps and those outside, known as common markets. According to the CSI survey findings<sup>13</sup>, refugees with good market access are significantly more food secure than those without market access. Movement restrictions and the closure of common markets used by local Tanzanians and refugees continue to have a negative impact on the food security situation of refugees in North-western Tanzania.
29. To supplement food and non-food needs, refugees have to go outside the camps, where they may face arrest or even rape. UNHCR cannot provide fuel wood for all refugees, which hampers cooking and results in environmental degradation as refugees collect wood in the surrounding areas. They also have to sell some of their rations to buy clothing and fuel, which defeats the nutritional objectives.
30. The Government's restriction on movement to a 4 km radius limits the ability of refugees to support themselves. Land made available for agriculture in or near the camps is insufficient for refugees to be self-sustaining; they therefore depend on food distributions every two weeks to cover a significant part of their needs.

### Strategy Outline

31. Following the last joint needs assessment requested by the Board, a country approach was adopted for this operation instead of the regional approach of previous PRROs to reflect the conditions in each country and to improve targeting, resource coordination, accountability and transparency.
32. Basic relief and recovery interventions will continue under PRRO 10529.0, including protracted response through general feeding, selective feeding for severely and moderately malnourished children and pregnant and lactating women in refugee programmes, and recovery activities in host communities.
33. PRRO 10529.0 will focus on refugees' food aid needs to address the minimum dietary requirement of 2,100 kcal/person/day.
34. Supplementary feeding programmes (SFPs) will target pregnant and lactating women and children under 5 in and near refugee camps to prevent malnutrition. Nutritional interventions will be carried out through therapeutic and supplementary feeding centres, as

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<sup>11</sup> CSI Survey Report, 2005.

<sup>12</sup> CSI Survey Report, 2004.

<sup>13</sup> CSI Survey Report, 2005.





determined by nutritional survey results, proxy indicators from medical facilities and data from sentinel sites. Supplementary feeding for pregnant and lactating women will be maintained for six months before and six months after delivery; supplementary rations for women in prevention of mother-to-child transmission (PMTCT) interventions will be given for 18 months after delivery.

35. Relief activities will be considered for vulnerable groups<sup>14</sup> including people living with HIV. HIV and AIDS activities will be integrated with food and nutrition support for refugees, in line with the Inter-Agency Standing Committee (IASC) guidelines on HIV/AIDS in emergencies. Communities will be involved in identifying beneficiaries.
36. Safety-net schemes will assist vulnerable groups in host communities. Beneficiaries will be selected according to criteria set by the joint human-security project mentioned above and vulnerability assessment. Activities include FFE through COBET centres and food for training (FFT); recovery activities will help to regenerate livelihoods.
37. FFT will promote reconstruction and rehabilitation, providing temporary economic support for communities, particularly households headed by women. Activities in host areas will support projects for restarting agriculture, reducing post-harvest losses and generating income for women. Capacity-development will be built into FFT for host populations, in agreement with district authorities and partner non-governmental organizations (NGOs). Participants will be selected by NGOs on the basis of prescribed poverty criteria.
38. Activities proposed by partner agencies will be approved by WFP in consultation with government departments. NGO partners will be expected to select participants for training in participatory, gender-sensitive processes in line with Enhanced Commitment to Women III.1.

## Exit Strategy

39. Following the recommendation of the January 2003 mission of the Office for the Coordination of Humanitarian Affairs (OCHA) that humanitarian agencies address development and humanitarian challenges in North-Western Tanzania, the Western Tanzania Task Force was formed, a joint initiative to support government development projects in host communities for water, health, education and environmental protection; part of this initiative is implemented through the human-security project.<sup>15</sup>
40. The Great Lakes region is likely to move towards greater equilibrium in the next two or three years, which may allow repatriation of most refugees. As sustainable peace is established in the region, residual project activities may be absorbed into the joint human-security programme for northwestern Tanzania.
41. The current prospects for refugees attaining self-reliance are limited: food assistance in the camps could only be phased down on the basis of evidence that refugees were food-secure. The limited income-generation and small-scale agriculture in progress are mostly illegal, so refugees in camps must be assisted until they can meet their own basic needs. The only sustainable solution for refugees' food security is repatriation.<sup>16</sup> United Nations agencies should nevertheless strengthen advocacy with the Government in

<sup>14</sup> Beneficiaries include orphans, destitute families, chronically sick people and street children supported by local NGOs in institutions.

<sup>15</sup> Proposal for Human Security Project for Western Tanzania. This project is guided by the application of a human security concept to the transition and recovery phase in northwestern Tanzania.

<sup>16</sup> 2006 JNA of the Great Lakes PRRO, draft report.



favour of refugee access to agricultural land and markets and of reduced restrictions on movement.

## BENEFICIARIES AND TARGETING

42. PRRO 10529.0 would require WFP to provide food for 290,000 beneficiaries:<sup>17</sup> refugees, households affected by shocks and nutritionally vulnerable people such as the elderly, pregnant and lactating women, children and the chronically sick identified through JAMs and other assessments.

<b>TABLE 2. BENEFICIARIES BY YEAR</b> <sup>18</sup>						
	Year 1 (2007)			Year 2 (2008)		
	Men	Women	Total	Men	Women	Total
<b>Refugee programmes</b> <sup>19</sup>						
GFD (refugees)	134 750	140 250	<b>275 000</b>	78 400	81 600	<b>160 000</b>
SFP (refugees)	1 100	11 050	<b>12 150</b>	650	6 550	<b>7 200</b>
SFP(local)	200	1 700	<b>1 900</b>	150	1 050	<b>1 200</b>
TFP (refugees) *	200	150	<b>350</b>	100	100	<b>200</b>
TFP (local)	100	100	<b>200</b>	50	50	<b>100</b>
IPD (refugees) **	2 300	3 500	<b>5 800</b>	1 450	2 100	<b>3 550</b>
IPD (local)	250	350	<b>600</b>	150	250	<b>400</b>
<b>Host area programmes</b>						
HIV/AIDS	1 500	2 100	<b>3 600</b>	1 050	1 450	<b>2 500</b>
FFT	100	400	<b>500</b>	100	300	<b>400</b>
VGF***	1 500	1 700	<b>3 200</b>	1 050	1 200	<b>2 250</b>
FFE (COBET)	2 450	2 550	<b>5 000</b>	1 700	1 800	<b>3 500</b>
<b>Total</b>	<b>140 850</b>	<b>149 150</b>	<b>290 000</b>	<b>82 650</b>	<b>87 700</b>	<b>170 350</b>

\* Therapeutic feeding programme (TFP). This is a sum of refugees and local populations; refugee beneficiaries of SFP, TFP, and IPD are included under general food distribution (GFD) and so were not counted among assisted beneficiaries.

\*\* In-patient department feeding.

\*\*\* Vulnerable group feeding.

<sup>17</sup> This is a sum of refugees and local population assisted. Beneficiaries under SFP (refugees), TFP (refugees), and IPD (refugees) are included under GFD and so not included in total assisted beneficiaries per year.

<sup>18</sup> JNA of the Great Lakes PRRO, draft report: average numbers of Burundian refugees to be assisted each year were as follows: 50,000 repatriates in 2006, 75,000 in 2007 and 50,000 in 2008; annual 4 percent growth of the population was applied. For Congolese refugees, the figures are 35,000 repatriates for 2006, 48,000 for 2007 and 50,000 for 2008. UNHCR anticipates 275,000 refugees in 2007 and 160,000 in 2008. For host areas, 2006 figures apply in 2007 and then as part of the exit strategy; a reduction of 30 percent on 2007 figures gives planned beneficiaries for 2008.

<sup>19</sup> Beneficiaries in SFP, TFP and IPD programmes were calculated on the basis of past trends: SFP beneficiaries are 5 percent of the refugee population, TFP beneficiaries are 0.2 percent and IPD beneficiaries are 2.4 percent. Tanzanians account for 13.6 percent of SFP, 35 percent of TFP and 9.5 percent of IPD activities.



43. There are an estimated 4 million people in North-Western Tanzania, including refugees.<sup>20</sup> The high fertility rate among refugees results in 14,000 births in the camps each year.
44. Instability in the DRC and Burundi results in the need for regular resource monitoring and beneficiary assessments for the duration of the PRRO.

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## NUTRITIONAL CONSIDERATIONS AND RATIONS

45. WFP food assistance is the most stable source of food for the refugees. The individual daily ration provides 2,100 kcal/person/day, in line with JAM recommendations in 2004 and 2005. Rations were reduced to levels as low as 67 percent of recommended needs in 2005 and 2006 because of resource limitations.
46. According to the 2005 nutrition survey results, prevalence of underweight, stunting and anemia were above World Health Organization (WHO) acceptable thresholds. Measures to improve nutritional status will include supplying corn-soy blend (CSB), oil and iodized salt, management of malnourished children in SFPs and capacity-building for health staff. Partners will advise beneficiaries on food preparation and diet, including micronutrient-rich foods; UNICEF will provide health and nutrition education and micronutrient supplementation.
47. The rations proposed by WFP include full dietary provision for refugee households, school feeding, FFT, VGF and therapeutic and supplementary feeding, as recommended by the 2005 JAM and reiterated in the 2006 JNA report. The ration scales in Table 3 are the basis for calculation of food requirements.

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<sup>20</sup> 2002 Tanzania Population Census: annual growth is 4.8 percent for Kagera and 3.1 percent for Kigoma.



TABLE 3. COMPOSITION OF RATIONS, BY CATEGORY

Programmes	Feeding days	Total Kcal	Total Protein	Cereals			Pulses			CSB			Oil			Salt		
				Ration (in g)	kcal	Protein (g)	Ration (g)	kcal	Protein (g)	Ration (g)	kcal	Protein (g)	Ration (g)	kcal	Protein (g)	Ration (g)	kcal	Protein (g)
Refugee feeding (GFD)	365	2 164	71.9	410	1 435	41	120	402	24	40	150	6.9	20	177		10		
SFP	365	911	30.3	50	180	4.5				150	564	25.8	20	177				
TFP/IPD <sup>21</sup>	365	1 823	59.4	100	360	10	80	268	16	200	752	36	50	443		5		
HIV/AIDS	365	2 029	64.8	400	1 440	36	80	268	16	40	150	6.9	20	177		5		
VGF	365	2 029	64.8	400	1 440	36	80	268	16	40	150	6.9	20	177		5		
FFT	241	1 994	57.2	400	1 440	36	80	268	16	30	113	5.2	20	177		5		
FFE (COBET)	195	628	20.6							120	451	20.6	20	177				



<sup>21</sup> Children in phase II of TFP receive porridge of CSB and oil; caregivers receive lunch of maize meal, pulses, oil and salt.

<b>TABLE 4. FOOD REQUIREMENTS, 2007–2008 (MT)</b>							
<b>Component</b>	<b>Category</b>	<b>Cereals<sup>22</sup></b>	<b>Pulses</b>	<b>Oil</b>	<b>CSB</b>	<b>Salt</b>	<b>Total</b>
<b>Refugee</b>	GFD	65 098	19 053	3 176	6 351	1 588	<b>95 266</b>
<b>Relief</b>	SFP(refugees and local)	410	–	164	1 229	–	<b>1 803</b>
	TFP, IPD (refugees and local)	409	245	204	818	20	<b>1 696</b>
	HIV/AIDS (local)	891	178	44	89	11	<b>1 213</b>
	VGF (local)	796	159	40	79	10	<b>1 084</b>
<b>Recovery</b>	FFT (local)	94	19	5	7	1	<b>126</b>
	FFE (local)	–	–	33	199	–	<b>232</b>
<b>Total</b>		<b>67 698</b>	<b>19 654</b>	<b>3 666</b>	<b>8 772</b>	<b>1 630</b>	<b>101 420</b>

48. The protracted refugee component covers GFD for the refugee programme, accounting for 94 percent of food assistance; the relief component covers SFP, TFP and IPD for refugees, and VGF and HIV and AIDS interventions in host communities. These special nutritional programmes account for 5.7 percent of food assistance. FFT and FFE recovery activities cover programmes in the host communities, accounting for 0.4 percent of food assistance. FFT, FFE, VGF and HIV and AIDS programmes in host areas account for 2.6 percent of food assistance.

## IMPLEMENTATION ARRANGEMENTS

49. Overland transport for PRRO cargo will use the southern corridor via Dar-es-Salaam, which has roads and railways used extensively for transporting relief food.
50. Distribution sites in the camps are accessible to men and women; police posts near distribution sites maintain security in the camps. GFD is undertaken by UNHCR through an implementing partner and through refugee families of similar size distributing food among themselves. Food committees in each camp, whose members are 50 percent women, assist with monitoring and administration. Women are encouraged to participate in collection, distribution and management of food.
51. WFP will collaborate with partners in managing extended delivery points (EDPs) and final delivery points (FDPs), and food distribution, health and nutrition through UNHCR. WFP collaborates with district councils and local NGOs in relief and recovery activities. Partners will distribute food to beneficiaries and report on distribution in line with agreed standards; all reporting will cover gender analysis. WFP food aid monitors and logistics staff will provide guidance on food handling and management. WFP's main partners will include the Tanzania Red Cross Society (TRCS), Tanganyika Christian Refugee Services (TCRS), Norwegian People's Aid (NPA), the Relief to Development Society (REDESOS), CARITAS, World Vision Tanzania and district councils.

<sup>22</sup> The PRRO cereal ration for GFD is either maize grain or maize meal, depending on availability; for calculation purposes, the maize grain ration has been used; for SFP, TFP, IPD and VGF the cereal is maize meal.



52. UNHCR will provide non-food items such as plastic sheeting for shelters, blankets, clothing, kitchen sets, mosquito nets, medical supplies and water and sanitation equipment; UNHCR will provide fuel wood for cooking in hospitals.
53. Refugees do not have enough fuel wood; their use of trees for fuel wood has detrimental effects on the environment. To prevent further damage, they will be encouraged to use fuel-efficient stoves, to soak pulses, use lids on pots and cook efficiently. NGOs will support refugees in planting trees in areas surrounding the camps.
54. During 2004 and 2005, lack of maintenance and investment in equipment drastically reduced railway capacity. The Tanzania Railways Corporation is being conceded to a private company, but the transfer has been delayed several times, affecting the price and capacity of deliveries out of Dar-es-Salaam; 80 percent of cargo arrives at Dar-es-Salaam and is sent by road to Dodoma for trans-shipment into trains to Isaka or Kigoma, where it is loaded into trucks for delivery to EDPs or FDPs. Lack of railway wagons in Dodoma causes delays, so some cargo has to be sent by road from Dar-es-Salaam.
55. As part of cost-reduction measures, WFP delivers food from Isaka to two FDPs at Lukole and Nduta; for other camps, food is delivered to EDPs.
56. Because of increased traffic for the Great Lakes region, most food aid for Burundi and Rwanda will transit through Dar-es-Salaam; this cargo will compete for scarce transport and will contribute to increases in the landside transport, storage and handling (LTSH) rate.
57. WFP will rely on local and international NGOs to distribute its food. Country offices will assess the capabilities and value-added of potential NGO partners and will review their performance to ensure that only those with the requisite capacities are retained.
58. Projected PRRO needs call for storage for 50,000 mt. WFP's mills in Isaka and Dodoma will store over 50,000 mt of milled grain for the operation. WFP has a stock of essential logistics items in Isaka for rapid response to an emergency in the region. The WFP Commodity Movement Processing and Tracking System (COMPAS) will be used.
59. Assessment of food availability and markets indicates that Tanzania has limited stocks of locally produced maize and beans because of droughts and cross-border trade. Recommendations for local procurement will be based on estimates of local production by the food security information team in June 2006.

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## PERFORMANCE MONITORING

60. Performance monitoring will be based on the PRRO logical framework. Annex III provides the indicators for measuring results and the means of collecting data.
61. Vulnerability analysis and mapping (VAM) and CSI studies will be used to analyze changes in vulnerability and coping mechanisms, complemented by informal surveys and reviews of secondary data. In refugee operations, information collected through annual JAMs will provide data on changes in livelihoods and the impact of food aid. Beneficiary contact monitoring (BCM) is undertaken every six months. Rapid assessments carried out as required will ensure that nutritionally vulnerable groups receive supplementary feeding support in line with the ration scales. Gender analysis will feature in all reports.
62. Nutritional data on malnourished children will be collected at feeding centres. Trends in the numbers of beneficiaries enrolling for supplementary feeding will be monitored to enable changes in malnutrition rates to be addressed before they escalate. Joint needs assessments (JNAs) will be conducted annually.



63. WFP and stakeholders will undertake an end-of-operation evaluation to review achievements and the factors affecting the operation.

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## RISK ASSESSMENTS AND CONTINGENCY PLANNING

### Risk assessment

64. The operation will depend on resources being available throughout the implementation period.
65. The outlook for repatriation of Burundian refugees is positive; that for the DRC refugees is uncertain. Repatriation of Burundian refugees will be related to medium-term support for sustainable subsistence once they have returned. The risks of renewed conflict and insecurity in the region and of a return of refugees should be taken into account.
66. The tripartite meeting in Dar-es-Salaam in March 2006 led to the promotion of repatriation of Burundian refugees, which began on 20 June 2006; increased repatriation is expected during the second half of 2006.

### Contingency planning

67. A contingency plan for Tanzania considers regional instability and related factors; it takes into account possible scenarios such as unpredictable population movements in the Great Lakes region and the need for preparedness and capacity to respond.

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## SECURITY CONSIDERATIONS

68. WFP, UNHCR and partners will ensure that women beneficiaries and field staff are protected by positioning distribution sites in secure areas.
69. WFP complies with minimum operating security standards; the United Nations field-security structure provides the framework for staff safety. WFP and UNHCR have a common security system with a cost-sharing arrangement and travel procedures. Evacuation plans are regularly updated.
70. North-Western Tanzania is security phase I: security clearance is required for visitors to refugee camps. WFP has increased security by equipping staff and vehicles with radios and mobile telephones. Security training is mandatory for WFP staff and consultants.



## ANNEX I

PROJECT COST BREAKDOWN			
	Quantity (mt)	Average cost (US\$) per mt	Value (US\$)
<b>WFP COSTS</b>			
<b>A. Direct operational costs</b>			
Commodity <sup>1</sup>			
– Cereals	67 697	206	13 945 582
– Pulses	19 654	276	5 424 504
– CSB	8 773	293	2 570 489
– Vegetable oil	3 665	811	2 973 126
– Salt	1 630	80	130 400
<b>Total commodities</b>	<b>101 420</b>		<b>25 044 101</b>
External transport			9 986 043
ITSH			11 641 074
<b>Total LTSH</b>			<b>11 641 074</b>
Other direct operational costs			1 511 788
<b>Total direct operational costs</b>			<b>48 183 066</b>
<b>B. Direct support costs</b>			<b>8 079 260</b>
<b>C. Indirect support costs (7 percent of total direct costs)</b>			<b>3 938 359</b>
<b>TOTAL WFP COSTS</b>			<b>60 200 625</b>

<sup>1</sup> This is a notional food basket used for budgeting and approval purposes. The contents may vary depending on the availability of commodities.



**ANNEX II**

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>Staff</b>	
International professional staff	2 221 380
National professional officers	360 000
National general service staff	1 350 000
Temporary assistance	60 000
Overtime	36 000
Incentives	45 000
International consultants	120 000
National consultants	15 000
Staff duty travel	422 280
Staff training and development	170 000
<b>Subtotal</b>	<b>4 799 660</b>
<b>Office expenses and other recurrent costs</b>	
Rental of facility	250 000
Utilities (general)	132 000
Office supplies	108 000
Communication and IT services	408 000
Insurance	37 000
Equipment repair and maintenance	150 000
Vehicle maintenance and running costs	444 000
Other office expenses	180 000
United Nations organizations services	550 000
<b>Subtotal</b>	<b>2 259 000</b>
<b>Equipment and other fixed costs</b>	
Furniture tools and equipment	50 000
Vehicles	555 000
TC/IT equipment	415 600
<b>Subtotal</b>	<b>1 020 600</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>8 079 260</b>



### ANNEX III. LOGICAL FRAMEWORK

Results chain	Performance indicators	Risks and assumptions
<p><b>PRRO outcomes</b></p> <p>1.1 Nutritional status of targeted refugees maintained (Strategic Objective 1).</p> <p>1.2 Chronic malnutrition among targeted refugees reduced (Strategic Objective 1).</p> <p>1.3 Mortality rates among targeted refugees reduced (Strategic Objective 1).</p>	<p><b>Outcome indicators</b></p> <p>1.1.1 Prevalence of acute malnutrition among under 5s in refugee communities, by gender (target &lt;10%).</p> <p>1.2.1 Prevalence of chronic malnutrition among under 5s in refugee communities, by gender (target &lt; acceptable WHO threshold).</p> <p>1.3.1 Mortality rate of under 5s in refugee communities (target &lt; 2/10 000/day).</p>	<p>Other underlying causes of malnutrition – malaria, intestinal worms – are addressed by relevant agencies, and health services, water, sanitation and social services are available.</p>
<p>2.1 Improved livelihood of the host population (Strategic Objective 2).</p>	<p>2.1.1 Proportion of income derived from FFT.</p>	<p>Stable environment for communities to benefit from skills training and social services. Willingness of other humanitarian actors to intervene by providing complementary inputs/services.</p>
<p>3.1 Reduced level of malnutrition among targeted children (Strategic Objective 3).</p> <p>3.2 Reduced level of malnutrition among targeted refugee pregnant and lactating women, assessed using body mass index (BMI) and/or low birth weight (Strategic Objective 3).</p> <p>3.3 Reduced level of anemia among pregnant and lactating refugee women and targeted children (Strategic Objective 3).</p>	<p>3.1.1 Prevalence of acute malnutrition among under 5s, by gender (target &lt;10%).</p> <p>3.2.1 Prevalence of acute malnutrition among adult women (target: for women BMI &gt;18.5 or for low birth weight &gt;2.5).</p> <p>3.3.1 Prevalence of anemia among targeted beneficiaries (target for pregnant women 110 g/l; for lactating mothers 120 g/l).</p>	<p>Other underlying causes of malnutrition – malaria, intestinal worms – are addressed by relevant agencies, and health services, water, sanitation and social services are available.</p>
<p>4.1 Increased enrolment of girls and boys in WFP-assisted COBET schools (Strategic Objective 4).</p> <p>4.2 Improved attendance of girls and boys in WFP-assisted COBET schools.</p>	<p>4.1.1 Absolute enrolment rate: number of boys and girls enrolled in WFP-assisted schools.</p> <p>4.2.1 Attendance rate: % of boys and girls in WFP-assisted schools.</p>	<p>Complementary inputs provided by partners.</p>

## ANNEX III. LOGICAL FRAMEWORK

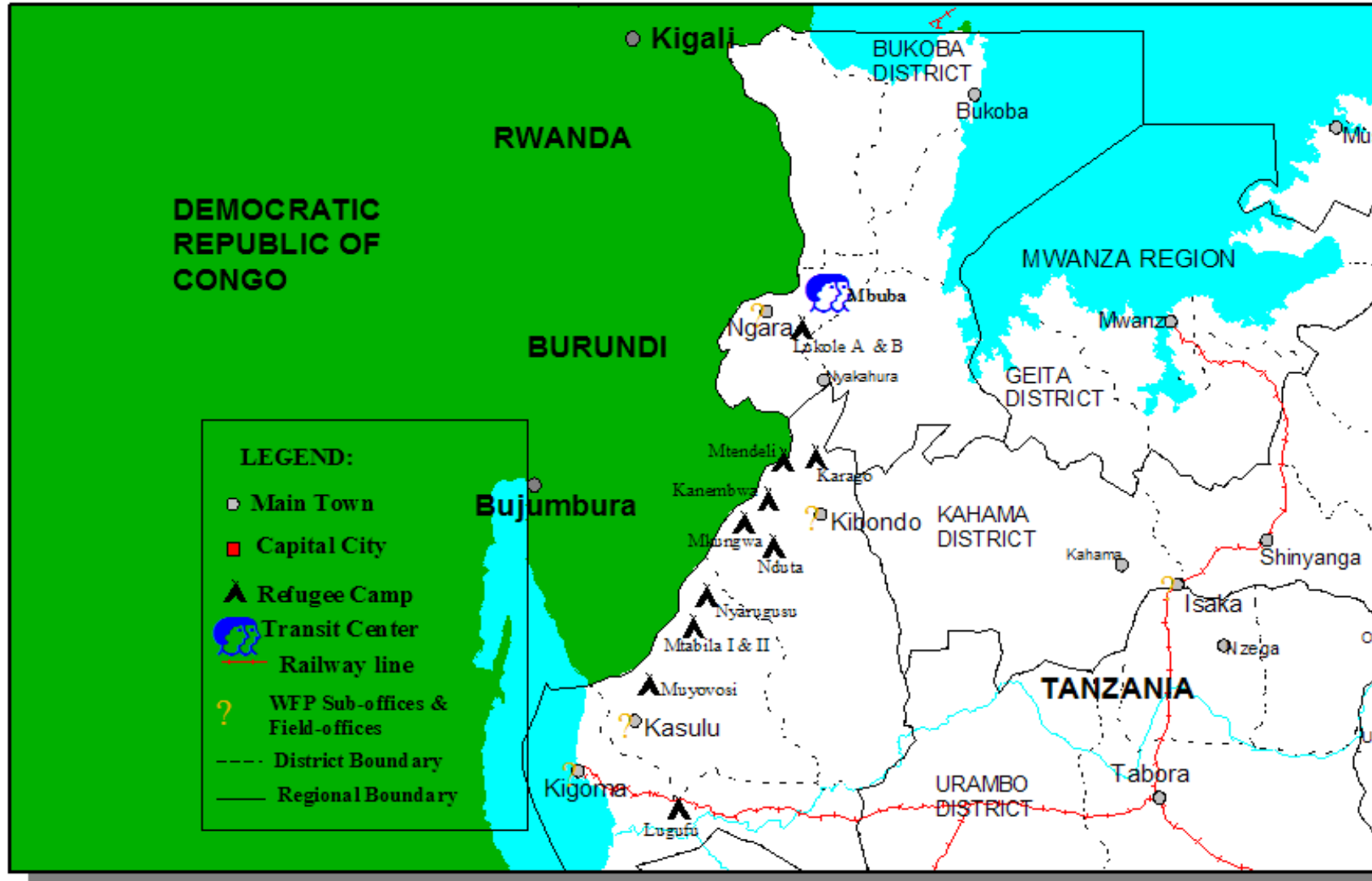
Results chain	Performance indicators	Risks and assumptions
<b>PRRO outputs:</b>	<b>Output indicators</b>	
1.1 Timely provision of food in sufficient quantity for targeted beneficiaries.	<p>1.1.1: Actual number of refugees, by age and sex, receiving food assistance through GFD (targets: 275,000 refugees in 2007; 160,000 refugees in 2008).</p> <p>1.1.2: % of GFDs occurring more than three days after the planned date of distribution (target &lt;5% for 2007 and 2008).</p> <p>1.1.3: Actual amount of food distributed as % of planned GFDs, by commodity type (targets for 2007: 41,154 mt cereals; 12,045 mt pulses; 4,015 mt CSB; 2,008 mt oil; 1,004 mt salt; targets for 2008: 23,944 mt cereals; 7,008 mt pulses; 2,336 mt CSB; 1,168 mt oil; 584 mt salt).</p>	Food pipeline remains healthy during the project.
2.1 Targeted host community beneficiaries participate in food-supported skills training.	<p>2.1.1: No. of people participating in skills training (targets: 500 in 2007 and 400 in 2008).</p> <p>2.1.2: Types of knowledge and skills provided through FFT.</p> <p>2.1.3: Quantity of food distributed (targets: 70 mt in 2007; 56 MT in 2008).  (Supplementary feeding targets for 2007: 256 mt cereals; 769 mt CSB; 103 mt oil; for 2008: 153 mt cereals; 460 mt CSB).</p>	
3.1 Acutely malnourished individuals provided with therapeutic and supplementary feeding rations.	<p>3.1.1: No. of malnourished people fed, by project category, age and gender (targets: 14,600 in 2007; 8,700 in 2008, 80% women, 10% children under 5).</p> <p>3.1.2: Quantity of food distributed to malnourished individuals. (Therapeutic/institutional feeding targets for 2007: 254 mt cereals; 152 mt pulses; 507 mt CSB; 127 mt oil; 13 mt salt; for 2008: 155 mt cereals; 93 mt pulses; 310 mt CSB; 76 mt oil; 8 mt salt).  (Supplementary feeding targets for 2007: 256 mt cereals; 769 mt CSB; 103 mt oil; for 2008: 153 mt cereals; 460 mt CSB; 61 mt oil).</p>	<p>Hospitals and health facilities have adequate medical personnel, equipment, drugs and services.</p> <p>Availability of cooperating partners with expertise to train communities.</p>





ANNEX III. LOGICAL FRAMEWORK		
Results chain	Performance indicators	Risks and assumptions
3.2 Hospital in-patients and their attendants provided with meals.	3.2.1: Average recovery period of patients receiving meals, in days (target: 3–5 days). 3.2.2: Number of admitted patients and attendants, by age group and gender, provided with meals (targets: 6,400 people in 2007; 3,950 people in 2008). 3.2.3: Quantity of food distributed (by commodity).	
3.3 Targeted children and pregnant and lactating women receive fortified food supplements under food-supported MCH programmes.	3.3.1: No. of malnourished women and children, by gender and age, receiving SFP rations (targets: 13,140 people in 2007; 7,830 in 2008). 3.3.2: At least 90% of women able to complete pre- and post-natal visits. 3.3.3: Quantity of micronutrient-fortified food distributed.	Regular participation by pregnant and lactating women in MCH programmes. Partners make adequate and timely provision of non-food items for MCH programmes.
3.4 HIV/AIDS affected individuals in targeted host households benefit from micronutrient-fortified rations.	3.4.1: No. of people living with HIV, by gender, receiving rations (targets: 3,600 people in 2007; 2,500 in 2008). 3.4.2: Quantity of micronutrient-fortified food distributed (targets: 716 mt in 2007; 497 mt in 2008).	Food pipeline remains healthy during the project life. Willingness of HIV/AIDS patients and people living with HIV to participate in the programme.
3.5 Vulnerable groups in social centres/institutions receive minimum daily food requirements.	3.5.1: No. of vulnerable people, by gender and age, receiving rations (targets: 3,200 people in 2007; 2,250 in 2008). 3.5.2: 1,084 mt of food distributed (targets: 636 mt in 2007; 448 mt in 2008).	Therapeutic feeding centres have adequate medical personnel, equipment, drugs and services for treatment of patients. Partners are capable of providing anti-retroviral drugs and medical services to eligible people living with HIV.
4.1 Food provided on time and in sufficient quantity to schoolchildren in WFP-assisted COBET schools.	4.1.1: No. of COBET children receiving in-school meals (targets: 5,000 children in 2007; 3,500 in 2008). 4.1.2: Quantity of food prepared for in-school meals (targets: 137 mt in 2007; 96 mt in 2008).	Quality basic services provided by partners and the Government. Effective targeting criteria established and followed. Food is a sufficient incentive to children from poor families to enrol and attend school.

# ANNEX IV. PRRO UNITED REPUBLIC OF TANZANIA 10529.0 OPERATIONAL AREAS



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

## ACRONYMS USED IN THE DOCUMENT

AIDS	acquired immune deficiency syndrome
BCM	beneficiary contact monitoring
BMI	body mass index
CI	confidence interval
COBET	Comprehensive Basic Education in Tanzania
COMPAS	Commodity Movement Processing and Tracking System
CSB	corn-soya blend
CSI	Coping Strategy Index
DRC	Democratic Republic of the Congo
ECW	Enhanced Commitments to Women
EDP	extended delivery point
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
FDP	final delivery point
FFE	food for education
FFT	food for training
FFW	food for work
FNL	<i>Forces nationales pour la Libération</i> (National Liberation Forces)
FSIT	food security information team
GDP	gross domestic product
GFD	general food distribution
HIV	human immune-deficiency virus
IASC	Inter-Agency Standing Committee
IDP	internally displaced person
IPD	in-patient department
JAM	joint assessment mission
JNA	joint needs assessment
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MCH	mother-and-child health
MDG	Millennium Development Goal
MOSS	minimum operating security standards
NFI	non-food item

NGO	non-governmental organization
NPA	Norwegian People's Aid
OCHA	Office for the Coordination of Humanitarian Affairs
ODK	Regional Bureau Kampala (East and Central Africa)
PDM	post-distribution monitoring
PMTCT	prevention of mother-to-child transmission
PRRO	protracted relief and recovery operation
PRSP	Poverty Reduction Strategy Paper
REDESO	Relief to Development Society
SFP	supplementary feeding programme
TACAIDS	Tanzania Commission for AIDS
TCRS	Tanganyika Christian Refugee Services
TFP	therapeutic feeding programme
TRCS	Tanzania Red Cross Society
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
VAM	vulnerability analysis and mapping
VGF	vulnerable group feeding
WHO	World Health Organization