Joint Joint Assessment Mission (JAM)
Nyarugusu Camp, Tanzania
Final Report August 2013





Photo Credit: WFP/ Jen Kunz

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIRD	African Initiative for Relief and Development
ANC	Antenatal Care
ARV	Anti Retro Viral Drugs
ART	Anti Retro Viral Treatment
BID	Best Interest Determination
CHS	Community Household Survey
CTC	Care and Treatment Centres (for AIDS)
CTC	Community Therapeutic Care
CSB	Corn Soya Blend
DRC	Democratic Republic of the Congo
EDP	Extended Delivery Point
EVI	Extremely Vulnerable Individuals
FCM	Food Committee Member
FDP	Final Distribution Point
HIT	Health Information Team
HIV	Human Immune-Deficiency Virus
IGA	Income Generating Activities
IP	Implementing Partner
IRC	International Rescue Committee
JAM	Joint Assessment Mission
Kcal	Kilocalories
MHA	Ministry of Home Affairs
NFIs	Non Food Items
MoU	Memorandum of Understanding
NGO	Non Governmental Organization
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV/AIDS
PSNs	Persons with Special Needs
SC	Stabilization Centre / Separated Children

SIT	Sanitation Information Team
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
TC	Tripartite Commission
TWESA	Tanzania Water, Environment and Sanitation Agency
TRCS	Tanzania Red Cross Society
UNHCR	United Nations High Commissioner for Refugees
UINCEF	United Nations Children's Fund
UNWFP	United Nations World Food Programme
VCT	Voluntary Counseling and Testing
VRF	Voluntary Repatriation Forms
WVT	World Vision Tanzania

EXECUTIVE SUMMARY

This report provides a detailed analysis of the JAM in Nyarugusu camp which was carried out from 4th to 7th March 2013. Nyarugusu camp, in north-western Tanzania, hosts refugees predominantly from the Democratic Republic of Congo. The assessment was coordinated by UNHCR, WFP and UNICEF and was conducted in collaboration with the Ministry of Home Affairs (MHA), Care International, International Rescue Committee (IRC), Tanzania Red Cross Society (TRCS), TWESA, and World Vision Tanzania. The mission reviewed the status of the 2010 JAM recommendations, and took into consideration findings from the recent 2012 Community Household Survey and the 2012 Nutrition survey. The mission further assessed current health, nutrition and household-level food security situations and proposed realistic and achievable recommendations for 2013 onward. In addition, the mission assessed operational issues related to food and logistics as well as self-reliance and environment.

The purpose of a JAM is to understand the situation, needs, risks, capacities and vulnerabilities of refugees or internally displaced people with regards to food and nutritional needs. Specifically, the purposes of a review of an ongoing operation are to: (1) assess the effectiveness of the operation since the last assessment/review; (2) review changes and other dynamics that have impacted the operation and occurred in the same period; (3) examine specific issues that have arisen in relation to the situation or assistance operations; (4) examine the status of implementation of key recommendations from the 2010 JAM report; and (5) make recommendations to various actors based on the findings of the assessment, in addition to recognizing good practices in programme delivery and advocating for additional resources as required.

The main findings of the mission and the thematic groups are outlined below:

The Health and Nutrition group reported that water availability in the camp is above the minimum sphere standard of 20 litres per person per day, and that 95.3% of refugee households have latrines. The latest nutrition survey, conducted in October 2012, found that most indicators for wasting are within acceptable standards. Stunting prevalence however, among children under five years of age, had remained stagnant at a high rate of 46.2%, and anemia among pregnant women had increased (from 13.2% in 2010 to 37.3% currently). There was a shortage of vaccine supplies for Polio and DTP from January to May 2012, leading to yearly immunization coverage of only 75% and 80% respectively. However, the nutrition survey found a vaccination rate for under-fives, which included DTP and Polio vaccines, of 94%, signifying acceptable protection. Coverage for Vitamin A supplements and de-worming were similarly good (96% and 92% respectively).[1] Malaria is the most prevalent disease in the camp, affecting children under five an average of twice a year. Upper and lower tract respiratory infections are the second and third most common illnesses. Thus, WASH (Water, Sanitation and Hygiene) issues do not appear to constitute a particular concern. Maintaining environmental health with regards to mosquito proliferation is important – the last distribution of mosquito bed nets was conducted in 2010, while the effects of repellent impregnation last for up to two years only.

The mission found a lack of technical capacity for effective coordination between UNHCR and TRCS. There is also continuing problem of space in the two dispensaries, particularly during the rainy season when there are more patients than there are beds. There is a shortage of ambulances, as one is in need of repair and the other is used for internal and external referrals and repatriation movements.

[1] NOVEMBER 2012 Nutrition Survey

Stigma around HIV/AIDS is high. Only 79 of the 760 people who tested positive are on ART (anti-retroviral therapy) as people are typically unwilling to disclose their illness.

The Food and Logistics group reported that rations often do not last the planned 14 days. Refugees use their rations to purchase non-food items (NFIs), or engage in food-for-food bartering and food for exchange. Refugees reject food they do not like or, occasionally, are not given full rations. A number of beneficiaries are not registered on food lists - the CHS reported that approximately18% of sampled households have an average of four unregistered members[2]. Refugee leaders claimed that WFP staff are not always available to address such issues during general food distribution (GFD). Food-related issues, therefore, are often dealt with by World Vision Tanzania (WVT). Pipeline breaks and subsequent ration cuts during the first half of 2012 affected the food security of refugees, potentially leading to a deterioration of consumption and nutrition indicators.

The group assessing self-reliance found over 700 specialised income- generating micro-project groups in the camp. On average, groups had five persons and in total covered 20 different trades. Vocational training facilities also exist in the camp, with approximately 300 trainees per trimester enrolling to study one of eight different trades. There are also groups of traders who raise income through the sale and exchange of food and NFIs supplied by WFP, UNHCR, and other partners.

The mission reported insufficient infrastructure in primary schools, specifically referring to a lack of furniture, a laboratory or a library, and the use of pit latrines. There are limited opportunities for higher learning after secondary education.

The general refugee population can move freely within a four-kilometre area around the camp. This space was used for the collection of firewood, though now the supply has been exhausted.

There are considerable risks to refugees who leave the designated area. The risk of rape, exploitation, and conflict with local communities is present. The buffer zone is rarely respected by local communities which are located in close proximity to the camp. There have been reports of local villagers asking for payment to access firewood. Local police also reportedly demand a fine before allowing refugees to return to the camp, on the basis they have been outside the camp boundaries. The JAM noted that, as a coping mechanism, a majority of the refugee population engages in bartering and trade of their food rations.

This report highlights issues which need to be reviewed, specifically nutrition, health and environment, food, non-food items and logistics, and self-reliance. The report also makes a number of recommendations for future actions.

[2] 2012 CHS report

INTRODUCTION

UNHCR and WFP conduct joint assessments for all refugee operations every two years in accordance with the July 2002 global Memorandum of Understanding (MoU). The JAM process allows for a review of ongoing programmes, the findings of which are used to implement improvements. As was the case for the previous JAM, this year's mission was a joint undertaking by WFP, UNHCR and UNICEF.

Reference will be made to the 2010 JAM as required, and to background documents used by the mission[3].

Assessment Overview

This year's mission comprised 50 participants including government, UN and Implementing Partner (IP) staff. The mission assessed the management of the refugee operation, including supply of food and non-food items, and the overall living condition of the refugees, with a focus on education, water and sanitation, nutrition and health services. This JAM is the first in-depth assessment of self reliance and livelihood activities.

This period of assessment, from 4-7 March 2013, covered only Nyarugusu camp due to the official closure of Mtabila camp in December 2012. Discussions were held with relevant government authorities at regional, district and camp level, including camp management staff, health service staff, food distribution staff, IP staff, UN agency staff, and refugees and refugee leaders.

Methodology

The JAM mission was made up of three teams. Each team was allocated specific areas for assessment: 1) health and nutrition; 2) food and logistics; and 3) self reliance. Specific terms of reference (TOR) were developed for each group (for details on the team structure and their respective TORs please refer to Annex II).

UNHCR, WFP and UNICEF were the lead UN agencies of the 2013 JAM. The JAM also included the Government of the United Republic of Tanzania and Implementing Partners. Donors and development partners were not able to participate in this JAM due to other commitments.

Information was collected and compiled by the assessment teams through a combination of:

a) Review and analysis of available studies and reports;
b) Field visits to the camp, direct observations, and group / individual interviews with refugees and various stakeholders according to responsibilities and areas of specialization;
c) Meetings with relevant national, regional and local authorities, NGOs and other organizations working with refugees.

[3] Relevant documents including CHS 2012, Nutrition survey report 2012, AGDM 2012, HIS report 2012, WFP project document 2012-2014, IP briefing reports, various UNHCR briefs on refugee programme, and data on Camp profiles were circulated as background documents to the JAM members.

Rationale for the 2013 JAM

Assessments are essential in a continuous protracted relief and recovery operation such as the one in Tanzania, particularly if significant changes took place in the preceding year. The refugee operation in Tanzania has shifted its focus to durable solutions for refugees and is scaling down its humanitarian assistance. This move comes after the closure of Mtabila camp and the repatriation of the majority of the Burundian refugees. In January 2012, there were 37,692 Burundian refugees and 63,761 Congolese refugees living in two camps in Kasulu district, Kigoma region. As of 31 January 2013, there were 4,785 Burundian (including refugees and people of concern) and 63,572 Congolese refugees, all hosted in Nyarugusu camp. The shift in the refugee operation entails different requirements and operational priorities.

Specifically, the objectives of the review of an ongoing operation are to:

- Assess the effectiveness of the operation since the last assessment/review;
- Review changes that have occurred in the same period and impacted the operation;
- Examine specific issues that have arisen in relation to the situation or assistance;
- Examine the status of implementation of key recommendations from the 2010 JAM report; and
- Make recommendations to various actors based on the findings of the assessment, in addition to recognizing good practices in programme delivery and advocating for additional resources as required.

The 2013 JAM covered the following areas:

1) Nutrition and Health
2) Food and Logistics
3) Self-Reliance, Non-Food Items, and Environment

JAM Objectives

The main goal of this JAM is to determine whether and how the performance of the ongoing operation can be improved in relation to the defined objectives for the food security, nutritional status and self-reliance of the refugees.

BACKGROUND TO THE REFUGEE SITUATION

In a troubled region, the United Republic of Tanzania has remained peaceful and stable while many of its neighbours have undergone internal conflict and instability.

Tanzania has been a country of asylum for more than 40 years, during which time the north-west Kigoma region has hosted one of the largest refugee populations in Africa. Fortunately, over the past two decades the vast majority of refugees have been able to return home. This has left just over 68,000 refugees, primarily Congolese, residing in Nyarugusu, the one remaining refugee camp in Tanzania. In addition, over 162,000 former Burundian refugees – present in Tanzanian since the 1970s – are currently residing in self-sufficient settlements in Tabora and Katavi regions, having been naturalized by the Government of Tanzania. Finalization of this process is still pending.

The situation in Eastern DRC remains volatile, especially in the Kivu region where most of the refugees in Nyarugusu originate. In North and South Kivu alone nearly 1.7 million persons are internally displaced (OCHA, October 2012). More than 54,000 Congolese fled to Uganda, Rwanda and Burundi throughout 2012 (UNHCR December 2012). It is therefore unlikely that the Congolese refugees in Nyarugusu will repatriate in the near future. The more likely scenario is a new influx of refugees as the security situation in Eastern DRC deteriorates further.

In line with the decision of the Tripartite Commission of the Government of Tanzania, the Government of Burundi and UNHCR, Mtabila camp closed in December 2012. This followed a joint UNHCR-Government of Tanzania interview process to identify those Burundians still requiring international protection. More than 90% (37,582 persons) were found to have no further need for international protection given the improved conditions in Burundi. On 1 August 2012, the Government of Tanzania announced the end of refugee status of these individuals but allowed them until the end of the year to take part in ongoing voluntary repatriation.

The 2,715 Burundian individuals deemed still to be in need of international protection have been relocated to Nyarugusu and will continue to reside there while other durable solutions are pursued. A further approximately 2,000 Burundians remain in Nyarugusu pending a final decision on their status.

Since January 2011, resettlement has been used as a protection tool for a small number of individual cases, with 924 refugees resettled since 2011. Resettlement figures are projected to increase substantially, focusing in 2013 on the remaining Burundian refugees and Congolese refugees in 2014-2016.

The United Nations Development Assistance Plan (UNDAP) is the common business plan of 20 UN agencies, funds and programmes in Tanzania for the period July 2011 to June 2015. This 'One Plan' for Tanzania supports the achievement of international development goals, the Millennium Declaration and related Millennium Development Goals (MDGs), and national development priorities. It also supports the realization of international human rights in the country, including the right to protection and assistance for refugees.

A Working Group on Refugees led by UNHCR was established under the UNDAP. The group meets regularly to discuss all issues relevant to providing protection and humanitarian assistance to the refugee population in Tanzania.

Demographic Profile

The following table shows the UNHCR overall population figures for refugees living in Nyarugusu camp as of 31 January 2013:

Table I: Nyarugusu population as of 31 January 2013

Type	Number
Burundi refugees	2,895
Burundi Persons of Concern	1,889
DRC refugees	63,327
Other	242
Total	68,353

Source: UNHCR fact sheet January 2013

Status of Implementation of 2010 JAM Recommendations

WFP, UNICEF and UNHCR, in collaboration with partners, have made various efforts to implement 2010 JAM recommendations. However, some of the issues are recurrent and will need to be addressed over the coming years.

The summary of the status of implementation of 2010 JAM recommendations by agencies is attached as Annex III.

ASSESSMENT FINDINGS AND RECOMMENDATIONS

Health and Nutrition

The post of Public Health Officer in UNHCR was discontinued from December 2012. The required technical support is currently provided from UNHCR Nairobi. There is a liaison for this role in place, but who lacks the necessary technical capacity for coordination and strategic planning. As a result, the joint annual planning between TRCS and UNHCR has not yet taken place and there is limited coordination.

Recommendation

- A meeting should be called by UNHCR to enhance coordination and define implementation plans and targets for 2013. Health & Nutrition & WASH meetings in the camp should be reactivated for information exchange, ideally leading to the timely addressing of challenges.

Malaria is the most common illness in the camp, with 9,889 cases in 2012 of which 3,570 were children under five. This is an average of two episodes per child, per year. In 2012, malaria also accounted for 28% of the crude mortality rate (CMR) and 37% of deaths in children under five. Malaria can often lead to anemia, having a severe impact on children's growth.

The Health Information Team (HIT) in collaboration with the Sanitation Information Team (SIT) under TWESA provides education for the prevention of malaria in the community. However, the last distribution of mosquito nets was in 2010 and the effects of the repellent impregnation last only up to two years.

Recommendations

- UNHCR should guarantee the availability of Rapid Diagnostic Tests (RDT) for diagnosing malaria in children under five, and of COARTEM as a first treatment at health facilities. Health and nutrition stakeholders should identify interventions to address the prevalence of malaria, particularly in under fives (ST).

- Environmental campaigns should be conducted to promote the backfilling of ponds and combating stagnant water to prevent mosquito breeding.

- The effective use of mosquito nets should be promoted. Another distribution of long-lasting ITN mosquito nets should be carried out or, alternatively, nets currently in use should be re-impregnated with repellent.

Diarrhea is the fifth most common illness in the camp, representing 3.5% of total morbidity. The prevalence of diarrhea has been significantly reduced by improvements in health education among the refugee community. Yet, the promotion of good hygiene practices at household level must continue to maintain low incidences of diarrhea, particularly in the vulnerable under-five age group. While two health facilities were rehabilitated by TRCS in early 2012, there is a shortage of the funds necessary to **renovate the third health facility.**

There is a consistent capacity problem in the two dispensaries, particularly in the rainy season when there are more in-patients than there are beds. Upgrading the facilities is therefore required. The current capacity is 176 beds in the main dispensary and 80 beds in the annex. A total of 60 additional beds - 40 in the main dispensary and 20 in the annex - are required to meet the needs of the community.

The dispensaries have sufficient sanitation facilities. In Nyarugusu health clinic there are 31 drop holes and 20 bathing shelters, while in Nyarugusu health clinic II there are 10 drop holes and 4 bathing shelters.

While referrals from dispensaries to hospitals are not an issue, there is only one functioning ambulance. As this ambulance is used for internal and external referrals and repatriation activities, and a second ambulance is in need of repair, there is a risk of none being available in an emergency. A request has been submitted to UNHCR for a new ambulance.

Recommendations

- As a matter of priority, UNHCR should purchase a new ambulance to ensure availability of transport in case of an emergency.
- UNHCR should mobilize funds for the renewal of the third health post (LT).

The availability of medical supplies has improved. However, in 2012 there were still some delays in the delivery of HIV tests, reproductive health drugs, and consumables by UNICEF. Additionally, some of the items were delivered with short shelf life (the minimum should be one year). Special attention has to be given to some items due to a limited shelf life and/or a shortage of stock. This applies in particular to Ferrous and Folic, micronutrients, HIV test kits, and therapeutic foods.

Some refugees reported that the drugs prescribed are not always available, in which case alternatives are given. Health workers noted that there is a tendency among refugees to request curative drugs rather than using preventative actions.

The new OPD registry system to prevent the misuse of drugs is in place and functional. However, refugees have been found to carry more than one medical registration card, meaning they can access medicine from different health facilities. To combat this, the cards are now kept at the health facilities.

Challenges also come in updating the refugee database, particularly regarding the Burundian refugees transferred from Mtabila and Congolese refugees who are still unregistered.

The objective of the new record system is to maintain a patient's information according to Ministry of Health and Social Welfare (MOHSW) medical protocol, to have accurate records of the number of patients served in the facility, and to prevent the misuse of drugs. Prior to implementing the new system, sensitization meetings were held and the reception among refugees was positive. However, since implementation, the community has raised a number of issues. Firstly, they are uncomfortable with their cards being kept at the health facilities. There have been complaints that cards cannot be found when they come for treatment, which is seen as a means of asking for bribes. Secondly, patients have asked to see what has been written on their cards, as they often believe they are not given what was prescribed. Lastly, there are complaints they are not receiving their full prescription from pharmacies. TRCS is conducting information campaigns to help combat these issues.

Recommendations

- Strengthen coordination among the agencies / organizations involved in the supply of drugs (UNICEF, UNHCR and TRCS) to ensure availability, with a special recommendation to UNICEF for the improvements in delivery.

- Conduct further community sensitization on medical registration, drug abuse, and the need for preventative interventions. TRCS might consider providing a copy of the prescription card to the patients.

There is no fee for refugees using the dispensary or health centres; however, refugees have reported being asked for payment before treatment. Specific examples given were a 50,000 Tanzanian shilling (Tsh) registration fee for babies not born in a health facility, and a 3,000 Tsh fee for providing Pictocin to induce delivery and avoid a caesarean. There have also been complaints about the use of harsh language by medical staff, discouraging some patients from seeking treatment. TRCS has been taking action against any reports of unethical behaviour, including terminating the services of some staff. Other measures implemented by TRCS to combat corruption include: compulsory ID cards for all staff; heightened supervision of refugee health staff; regular meetings with health staff, with the participation of the Ministry of Home Affairs (MHA); and suggestion boxes at all health facilities for complaints or comments.

Refugee health workers are not paid a salary, but are given an incentive package on top of their usual rations. The community believes that any corruption and theft is prompted by the inequality in pay between refugee and national health workers.

Recommendation

- TRCS/UNHCR should follow up on reports of alleged corrupt practices and harsh treatment by health workers, and take action if required (ST).

It has been noted that some pregnant women, despite counselling during ANC on the importance of delivering in a health facility, wait until the very last moment before attending one. This occasionally results in deliveries outside the facility, which poses health risks for both the newborns and mothers. Two cases of maternal death were registered in the past year, despite the preventative measures and protocols in place. Each case has been discussed in a review meeting to determine the cause and discuss preventative interventions. All measures put in place since 2010 to prevent maternal death should be continued.

Focus group discussions revealed a number of issues around communication with the partner/husband. Women find it difficult to inform their partners if they are diagnosed with an STI. Fathers have complained that they are asked to attend the first post-natal visit, but that only mothers and babies receive attention for medical check-ups, birth registration, and family planning. Efforts are being made to improve the current level of male involvement, particularly in safer motherhood practices. There were also comments from patients that single mothers should be treated with respect and offered care and treatment without discrimination.

Misconceptions surround criteria for admission to the supplementary feeding programme for pregnant women. It is made clear the first antenatal care (ANC) visit should take place as soon as possible. However, admission to SFP takes place in the second trimester (16 weeks / three months) when the mother starts to require more energy.

Confirmation of birth notifications has been taking three months, instead of the planned 40 days. Birth notifications sent by TRCS to UNHCR in January had not been returned at the time of the JAM mission.

There has been an increase in the use of contraceptives. However, there is still poor cooperation and understanding of contraceptives between men and women. The female condom is therefore not widely used due to a lack of acceptance by men.

Recommendations

- The promotion of male involvement in antenatal and postnatal care should continue, with a supportive environment at ANC. Community sensitization on family planning and the risk and treatment of STIs should be ongoing (ST).
- UNHCR should ensure the timely processing of birth notifications.

Stigma around HIV/AIDs within the refugee community is high. People are therefore generally unwilling to disclose their status. Discussions with people living with HIV (PLHIV) revealed a few cases of discrimination, including children refused by schools and families disowning diagnosed members. It is widely believed PLHIV are infectious, preventing them from income-generating activities such as selling food.

There are 79 ART clients receiving free treatment in Makere Care and Treatment Centres (CTC), outside the camp, including health education and counselling. PLHIV, and their children, have easy access to healthcare through the designated CTCs. However, attendance rates are low as the HIV/AIDS stigma extends to the Centres. This may be one of the reasons most clients request Cotrimoxaxole to prevent infection, in addition to the ART. There were also reports of waiting times of up to eight hours at some centres for ART. Funds are required to support the patients.

Recommendations

- IRC, WVT and UNHCR should follow up with PLHIV disowned by family members and refused entry to schools to ensure proper service delivery.
- TRCS to continue providing health education to PLHIV, encouraging them to live positively and acknowledge their status. This should include providing information on the appropriate use of drugs. Such education should also include community sensitization to address stigma.
- UNHCR should consider identifying potential donors to support the programme and help with the provision of food and drink for patients waiting at CTCs.
- UNHCR to do a full assessment of needs for medical supplies, as a matter of priority, to PLHIV.

Some refugees claim that the quality of health service is poor, leading to undue high mortality. Verification shows however that the average CMR and the under-five child mortality rates are within the acceptable limits. Respectively, they are 0.33/1000 population/month (standard <1/1000/population/month) and 0.64/1000population/month (standard <2/1000/child population/month).

Claims were made about the unnecessary delays faced by patients needing blood. Justifiable delays are often caused by patient counselling and the screening of donors before transfusions. In emergencies, there is a stock of screened blood stored in the TRCS blood bank for immediate use.

People with albinism are provided with sunglasses by the Spanish Red Cross and have made further requests for protective skin lotions. Any other medical care is provided on the same terms as other refugees.

Recommendation

- Hold quarterly/biannual meetings with implementing partners at field, sub-office and headquarters to discuss progress/challenges, rather than waiting for biannual JAMs.

- **WASH**

The JAM observed that water consumption is averaging 32 litres per person per day, which is well above the Minimum Sphere standard of 20 litres per person per day. Taps are used at an average of 125 people per tap, though the Sphere standards call for 80 people per tap. The shortage of taps leads to congestion at the water points. However, the situation has improved since the closure of Mtabila camp, as parts of the taps were moved to Nyarugusu camp. Prior to this, 145 people were using each tap.

A shortage of construction materials means only 95.3% of households have latrines; 95.2% have garbage pits; and 85% have family washing shelters. This issue has been pending for two years. It is therefore urgent that a source for materials, particularly poles, be identified. It has been taken to the highest level within MHA, but requires further follow-up. The priority should be latrine (re-)construction for sanitation and the prevention of disease.

Recommendations

- UNHCR/MHA to come up with a sustainable solution for sourcing poles and logs for the construction of latrines, garbage pits, and washing shelters (ST/LT).
- UNHCR to provide TWESA with a fund for the purchase of water pumps, three new generators, and water reserve tanks of 90,000 litres. This will improve water pressure and cover the entire camp. The current water pumps and generators frequently stop working.
- Washing slabs should be maintained and new ones constructed.
- Cleanliness at water points should be maintained through the provision of tools and materials. This was recommended by the 2010 JAM but has not yet been implemented.

- **Nutrition**

The latest nutrition survey carried out in October 2012 found an increase in acute malnutrition. Rates have risen from 1.1% in 2010 to 2.6% currently, of which 0.9% constitutes severe acute malnutrition. Despite the increase, the percentage is still under the cut-off for acceptable acute malnutrition rates (5%). No cases of kwashiorkor were found.

Stunting in children under five years of age has remained stagnant at a high rate of 46.2%.

The survey found a significant increase in anaemia among pregnant women (from 13.2% in 2010 to 37.3% currently). The prevalence of anaemia among non-pregnant women declined from 34.1% in 2010 to 31.2% in 2012. While the sample size for non-pregnant women in 2012 was relatively small – only 51 – and the current rate does not signify a serious public health problem, the findings must be interpreted carefully.

Anaemia in children under five years of age is highest in the youngest age group (54% in children aged 6-17 months), and deserves urgent attention. For other age groups under five years, the prevalence remains under the cut-off for a public health issue.

A pipeline break in general food distribution meant a half ration of all commodities in March and a half ration of cereals and pulses in June and July. However, this break has not necessarily been a contributor to the increases in acute malnutrition or anaemia as the effects of the pipeline break should have passed by October. Treatment for acute malnutrition is in place and recovery rates are high at 96.44% in CTCs for acute malnutrition, and 97.5% for moderate malnutrition. Both figures are above the target of 75%.

The highest number of admissions for stabilization and out-patient therapy (OPT) were seen in April and May; the highest numbers for therapeutic supplementary feeding were in April, May and June. This can be attributed to seasonal circumstances, as opposed to the pipeline break in July and August.

There was a temporary shortage of Polio and DTP vaccines from January to May, leading to a yearly coverage of only 75% and 80% respectively. BCG and Measles vaccinations were administered as planned. Despite shortages, the nutrition survey found an overall vaccination coverage rate of 94% for children under five. Coverage for Vitamin A supplements and de-worming were similarly good at 96% and 92% respectively.

Malaria is the most common cause of illness in the camp for children under five, and increases the risk of malnutrition in general and anaemia specifically. Upper and lower tract respiratory infections are the second and third most common illnesses in the camp. Diarrhea prevalence was at 13%, which is in the normal range, and the number of visitors to the out-patient department (OPD) for diarrhea was no higher than in previous years. Thus, WASH issues do not seem to constitute a particular concern.

Malnutrition screening takes place at the ANC and post-natal care (PPNC) centres in health facilities during monthly growth monitoring sessions. There is also community screening of mid-upper-arm circumference (MUAC) by the Health Information teams (HIT). There is no analysis of data on the effectiveness of referral from community to CTC and targeted supplementary feeding (TSF) services.

Yet, comparisons of admission numbers and estimated caseloads with prevalence of acute malnutrition shows that coverage of the CTC and TSF programmes seems to be high. Treatment efficacy is good, with recovery rates of 99.3% and 95% in CTC for wasting and kwashiorkor respectively. Recovery rates for children under five years of age treated for acute malnutrition in TSF are 97.5%. Recovery rates for national patients from the host community are lower, most likely due to late presentation and higher rates of defaulting.

Recommendations

- In consultation with all health and nutrition stakeholders, identify interventions to prevent a further increase in anaemia prevalence in PLW, and to reduce anaemia in children under two.
- To prevent stunting and reduce anaemia, implement blanket supplementary feeding with fortified blended foods, such as Supercereal plus, for children aged 6-13 months. However, sensitization on stunting and correct feeding practices for young children is essential.

Health education is given at ANC and PNC departments of health facilities. Specific messages concern diet, infant and child feeding practices, and the importance of not sharing TSF rations. Parents also receive education, with a focus on breastfeeding, before the weekly TSF ration distribution. However, these practices have not yet been proven to effectively change behaviour in the community.

At community level, the HIT teams regularly organize four sessions of participatory group education over two weeks, for groups of about 40 women of reproductive age. Outside of these sessions however, they do not function as peer groups to support and exchange knowledge on nutrition and child feeding practices.

Focus group discussions with lactating women present for SFP ration distribution revealed reasonably good knowledge of the signs, symptoms, and main causes of acute malnutrition. Respondents were aware of infant feeding recommendations in terms of breastfeeding, frequency, and types of food. Yet both the focus group discussions and interviews with individual women revealed sharing of rations in households. Most commonly, the supercereal ration is used as breakfast for all family members. Therefore, the weekly ration lasts only two to three days and benefits to target beneficiaries are minimal.

Similarly, participants in the PLHIV focus group discussions stated that they share rations. It was also claimed that they sometimes receive three, instead of four, weekly rations per month. However, PLHIV are categorized as persons with special needs (PSN) and will therefore be prioritised for full rations in the case of pipeline breaks.

Many lactating women and PLHIV claim that they and their families skip one meal per day to ensure the GFD ration lasts for two weeks.

HIV-positive mothers have requested infant formula in place of breastfeeding after 12 months. However, such assistance would be against all guidelines and protocols.

Recommendations

- UNICEF, WFP and UNHCR should support a review of current nutrition messages and education, specifically addressing obstacles to better practices. New messages on stunting and its prevention should be constructed.
- A revised set of visual aids and materials for large sensitization meetings would make sessions more memorable.
- Behaviour change communication must be strengthened at community level. Consideration should be given to forming facilitated peer groups for long-term support on improved feeding practices.
- A small in-depth qualitative study should be done on consumption and food preparation practices in households. This will help better understand the causes of reported food shortages.

The JAM observed improper storing of food at the health dispensary. Food for SFP and in-patient wet-feeding is stored in bags against the walls, with no space for ventilation, nor a temperature gauge as per requirements. However, bags are kept off the floor according to correct standards.

Recommendation

- WFP guidelines for food storage should be shared. Necessary improvements to be implemented by TRCS.

The SFP ration was found to be non-compliant with commodity recommendations. Until now, maize meal has been mixed with CSB and oil, but beneficiaries have complained that the coarse milling of maize meal takes too long to cook. They have requested sugar be added. Beneficiaries were also concerned with the scoop size, but a weighing test proved ration sizes were correct. WFP is already in the process of a move to the recommended commodities of Supercereal and Supercereal plus.
However, the JAM revealed SFP targeting has included groups who do not necessarily need supplementary feeding to meet their nutritional needs.

Recommendations

- WFP should orient TRCS staff on quantities and type of foods to be used in blanket supplementary feeding (BSF) and TSF. Clear guidelines for identifying beneficiaries need to be established and communicated, alongside a review of current SFP beneficiaries.

- BSF distribution should be linked with enhanced community nutrition education, including messages on child growth and development.

Data collection on health and nutrition activities from the dispensaries and health facilities is taken from standard registration tools. It is then fed into the standardized UNHCR Health Information System. However, means of interpreting data in each of the systems is unclear, which often leads to discrepancies and confusion. This refers in particular to: numbers of admissions for malnourishment in ODP; mortality from malnutrition in IDP; and coverage and number of severe acute malnutrition (SAM) cases.

Recommendation

- A consultative session between UNHCR, WFP and TRCS should be organized to discuss issues of data collection. Moves should be made to ensure reporting is harmonized and streamlined.

Food and Logistics

The JAM exercise was undertaken at a time when most indicators for the availability of food and NFIs seem to be regressing. This is as shown by CHS 2012 and PDM 2012 reports. On average, refugees ate two meals per day, with no significant difference between adults and children age 6-17 years. Neither was there a major difference between the CHS of 2012 and that of previous years. Further analysis indicates that only 20% of children in sampled households consume three meals a day, while 19% eat only one meal a day (CHS, 2012). This therefore may account for the stunting rate of 46% - slightly decreased compared to the 2010 Nutritional Survey but still higher than the national average.

The interdependence of food assistance and NFIs is well documented. The inadequate supply of NFIs and limited coping mechanisms of refugees places a greater burden on food assistance, which assumes the status of "universal commodity" or "universal currency". On one hand, it acts in parallel with money as a measure of value and medium of exchange; on the other, it can be sold to generate income for purchases of other food and NFIs. Food assistance is the most valuable commodity available to the majority of the refugees. Increased availability of, and access to, NFIs would reduce dependence on food assistance.

According to the 2012 CHS report (page 10), "about 18% of the sampled households reported having an average of four unregistered members". Consumption and expenditure indicators suggested these households are disadvantaged, and that unregistered members share the food provided to registered members. This is one of the key reasons distributed food lasts for less than the planned 14 days.

Mission findings also suggest inconsistencies between entitlements and the amount of food received. Receiving less food can be attributed to: less than full rations; penalties issued to group members by the group and/or leaders; debt repayments; inconsistencies in weight and size of scoop tools (1.5 kg bowls compared to 2 kg bowls, for example); and lack of understanding of weight conversions from scoop unit to kgs.

In certain circumstances, penalties may be issued to group members. Reasons include: a failure to participate in moving food from distribution chutes to shelters; being late and therefore failing to participate in in-group distribution; or causing delays in the process of in-group distribution.

Recommendation

- UNHCR and MHA should review inactivate cases and consider possibility of activating those still in the database.

Regular food basket monitoring exercises (FBM) help to verify ration entitlements and control the distribution system. The sample size for FBMs remains 60 households, irrespective of population size. A systematic selection of the sample has inherent potential for introducing bias towards, for example, a certain family size.

Recommendations

- Review sampling procedures and modalities so as to reflect the camp population, population breakdown per family size, and population changes.
- Review the roles of group leaders, and establish and provide training on food distribution guidelines to improve monitoring.
- Educate the general population on food and entitlements, and emphasize the importance of following guidelines to group leaders.
- Standardizing scoops to ensure that beneficiaries receive their full entitlements. Train the beneficiaries on unit conversion from scoops to weight measurements.
- Create a chart for information on entitlements, including rations according to family size in both kgs and scoops. Review number of staff compared to population per chute, with a view to either increasing the number of staff assigned to each chute, or the number of chutes.
- Heighten efforts to stamp out any form of unofficial transactions within the distribution centre.
- Increase size of redistribution shelters. Many refugees seek shelter when it rains creating large crowds and offering little protection from the weather.
- UNHCR should provide authentic documents to minimize, or completely eliminate, the risk of refugees claiming excess food.

Ration cards are worn out, meaning it is sometimes difficult to verify ration card numbers. Additionally, many cards are full meaning punching them for each distribution is not possible and making it harder to tell whether or not a refugee has received their ration.

Recommendation

- Issuing new ration cards should be a top priority for UNHCR/MHA and it would be advisable not to tie it to population verification.

The practice for persons with special needs (PSN) has been that when one or more members meet the criteria, the whole family is classified as PSN.

Recommendation

- The criteria for the classification of families as PSN should be reviewed.

As stated earlier, when food commodities run out before the planned 14 days, refugees rely predominantly on food exchange and bartering as a coping mechanism. In all the cases, refugees use their own exchange rates.

Many refugees state a primary reason for food not lasting as planned is the distribution of coarse maize meal. This must be sieved before cooking, which reduces the weight even further. Refugees estimated each bag of white maize meal, milled in Isaka, is underweight by up to 3kg. This is not raised as an issue when yellow corn meal is provided.

Refugees state most beans are consumed as opposed to exchanged or sold. However, studies have shown that split peas are preferred over beans, as the latter has more exchange value and is frequently used as 'currency'. There should be more fact-finding work on which pulses have better consumption rates, and which are more popular for bartering.

Coping mechanisms for lack of food include skipping meals, working in the host community, and exchanging food aid for preferred foods such as cassava flour, palm oil, and sweet potatoes, among others. There are plots available in the camp for gardening but they are disappearing as family sizes increase and homes are extended.

Refugee leaders noted that WFP staff are often not available to address food issues due to limited presence in the camp during distribution. They therefore claim that most issues are addressed by WVT and ask that each organization's respective responsibilities be clarified. Refugees have suggested that WFP, like UNHCR, should have an office in the camp.

Recommendations

- UNHCR, WFP, and WVT to explore the possibility of financing more micro-credit projects in an attempt to reduce the burden on assistance as the sole source of food and income in the camp.
- Re-open the common market for refugees and locals in order to increase the supply of, and access to, food commodities among the refugees.
- WFP should devise means to ensure refugees receive their proper entitlements at each distribution.
- Food preferences should be taken into account and quantities increased or decreased accordingly.
- WFP to continue monitoring the maize milling process in Isaka.
- Conduct case-by-case reviews of inactive or unregistered beneficiaries. WFP should also increase its presence in the camp during food distribution.
- WFP and WVT to ensure that meetings with refugee leaders on GFD occasionally include sensitization on the organizations' respective responsibilities.

Pipeline breaks and subsequent ration cuts increase the burden on refugees – especially women – of sourcing food and feeding themselves. Refugee leaders, including Food Committee members, have also complained about the late delivery of food which in turn delays distribution. This has been common in recent months.

Refugees have problems with always receiving the same food - soya, beans, ugali, and porridge without sugar. The need for variation in their diets was cited as one of the main motivations for food exchange and bartering. Specifically, the lack of sugar is a recurring issue.

Refugees suggested WFP should consider procurement of other foods to allow them some variation in their diets. For example, refugee leaders suggested rice as an alternative to maize meal and canned fish as a source of protein.

In the rainy season, food commodities sometimes arrive wet. This is a particular problem with white maize meal packed and transported from Isaka.

Recommendations

- WFP should attempt to secure enough funds for stockpiling food commodities, especially during the rainy season when road access poses a great challenge.
- If funds are received, WFP should explore the possibility of purchasing the food commodities preferred by the refugees.

Food Committee Members (FCM) and elected group leaders (Capitas) have argued that they are taking on distribution-related responsibilities of WFP and WVT, and should therefore receive incentives. Otherwise, they argued, CPs should substitute individuals for group distribution as the latter overburdens them.

Camp leaders had the same request. In addition, they requested improvements to their working conditions, including office stationery, and transport as needed. FCMs and Capitas also stated a need for protective gear for heavy rain. In addition to improvements in working conditions, material and financial incentives could be considered. This should be taken into consideration by WVT and UNHCR, as well as WFP.

Refugee leaders questioned the outcomes of missions and exercises such as the JAM, Nutrition Survey, AGDM, PDM, and CHS, as they see no changes in the services provided. Results of the mission are not shared with them.

Recommendations

- Develop plans to budget for and organize feedback workshops. Meetings between CPs, refugees, and agencies should be planned for information exchange and discussion on the way forward.
- Sensitize and strengthen the sense of community ownership for refugee leaders.

Refugees consider the scoops provided by WFP as too small, causing group distributions to take longer. They have therefore started using their own and have suggested WFP use their scoops as a model for size and shape.

Recommendation

- WFP scoops are designed according to weight measurements. WFP should therefore provide more information to refugees so they accept and use WFP scoops.

Refugees noted the time since the last UNHCR distribution of cooking and general household utensils. The last distribution to the general population took place in 2000; to the caseload relocated from Lugufu it was 2009; and to the population transferred from Mtabila it was 2012.

Refugees complained that the distribution of tarpaulins does not take into account the age and gender composition of families, placing refugees of different ages and gender together in a small house.

Recommendations

- UNHCR to distribute household utensils.
- UNHCR to distribute tarpaulins taking into consideration age and gender composition of the households.
- UNHCR/WVT to procure a sufficient amount of clothes that are gender and age specific.

Refugee representatives have complained that soap is distributed irregularly instead of every month. Capitas have proposed that soap distribution and GFD should take place together.

Recommendations

- UNHCR to fix the frequency and regularity of the distribution of soap and other NFIs.
- UNHCR, WFP and WVT to consider how to carry out soap distribution and GFD for maximum efficiency and benefit to the refugees.

Food delivery to the FDP from EDP is the responsibility of the African Initiative for Relief and Development (AIRD). Trucks are in good condition due to regular maintenance. However, it was noted that:

- AIRD vehicles sometimes arrive late for the prepositioning of food at the EDP. There have been delays of up to four hours. On the other hand, trucks sometimes arrive early and find there is no WVT staff at the EDP.
- Sometimes commodities are lost between the EDP and the FDP during the prepositioning exercise.
- These two factors, including delays in food delivery by WFP, prolong the prepositioning, despite only one camp remaining open.
- The access road to food distribution centre II is in poor condition and some commodities, notably vegetable oil containers, are damaged en route.
- Repair of small vehicles takes up to four days, rather than the standard two days, at the AIRD workshop.
- The number of available flat weighing scales at the EDP does not meet requirements.

Recommendations

- Improve communication between the EDP staff and AIRD management whenever a truck leaves Kasulu for the EDP, or is departing. VHF radios are recommended for easy communication.
- WFP to procure a sufficient number of flat weighing scales.
- AIRD/UNHCR to repair the road stretch between EDP and Distribution Centre II.
- AIRD to coordinate with UNHCR to ensure the number of trucks available are in line with specific/given requirements.

Asylum seekers are seen as a separate group within the refugee community. As a result, they experience many of the challenges faced by the refugees, in addition to problems particular to them. They have been living at the Departure Centre under the status of asylum seekers since 2010. Their refugee status has yet to be determined.

Asylum seekers report that the Departure Centre is congested and leaks in heavy rains, leading to health issues. They also report there has been no distribution of household utensils since their arrival in 2010. To combat this, they sell part of their food or they work as agricultural laborers in the local community in order to buy utensils and other NFIs.

Recommendation

- Determine asylum seekers' status in order to facilitate moving them from the Centre to the camp villages for improved living conditions.

Food-related issues were explored with a cross-section of the refugee community. Similarly, asylum seekers should be considered for every NFI distribution.

Refugees carry their food from the EDP to their households. When circumstances compel them they pay for transportation with food and the price depends on the distance and size of the load. Sometimes they are forced to spend a whole day collecting food from the chute and distribution shelters, despite arriving early. Arriving late is common among some group leaders, for which they compensate by collecting food directly without verifying quantities. This heightens the chances of collecting too much or too little food.

Firewood is distributed once a month, which is seen as insufficient. The entitlement per month is 36 kgs, split into big logs which are often difficult to manage. In one case, a family did not collect firewood for three months because it was too difficult to carry.

There is only one firewood collection centre in the entire camp so the distance is very great for many of the refugees, particularly those living in zone 7.

Recommendations

- UNHCR to consider the possibility of increasing the amount of firewood made available, particularly to PSNs. The suggested increase is from 36 to 50 kgs per month.
- Refugees recommend building one firewood collection centre in each zone for easier access.
- CARE/IRC to reduce the size of the logs so they are more manageable.
- IRC/WVT/UNHCR to find ways to assist in the transport of firewood to households, as well as reducing the time spent by refugees at the FDP collecting food.

Self-Reliance, Non-Food Items and Environment

This is the first time the JAM has conducted an in-depth assessment of self-reliance and livelihood activities. Specifically, the JAM reviewed current self-reliance activities, their impact on food security, opportunities that facilitate self-reliance, and proposed measures to enhance these initiatives in the camp.

There are over 700 specialised income-generating micro-project groups in the camp with an average of five persons per group, covering 20 areas of specialisation. These include, among others: crop production, vegetable gardening, livestock and animal husbandry (including fish farming), handicraft/artisanry, carpentry, tailoring, shoe repair, bicycle maintenance, baking, photography, hair dressing, credit schemes, and juice making. Over 3,500 individuals are directly involved in these

activities. The most popular specializations are vegetable gardening, and livestock and animal husbandry. The least popular is bicycle maintenance.

These activities play an important role in keeping the population occupied – particularly important for youths not in school. Additionally, the income helps refugees purchase a variety of foods, clothes, and other essentials. Each group channels 10% of their proceeds to assisting PSNs and the elderly.

There is one vocational training facility in the camp, running programmes covering eight trades including: carpentry, tailoring, construction, soap making, hair dressing, mechanics, livestock keeping, and cookery. The centre is supported by WVT and is under the coordination of the refugees. Enrolment is open to those aged 17 – 35 who can read and write, and there is an average enrolment of 300 trainees per trimester. Sessions are conducted by three teachers and 14 volunteers. Such training enables participants to start their own business, provided they have the resources, or to join other groups.

The May 2012 Community Household Survey (CHS) revealed other significant livelihood activities around the camp, including: food aid sales, casual labour, petty trade, and interest on loans. According to the report, the mean contribution of food assistance to livelihoods has decreased compared to previous surveys. This could be attributed to an increase in labour opportunities and food/crop production from such livelihood activities.

However, persons engaged in these activities have limited access to markets for their produce due to MHA restrictions on their movement. In the past, quarterly exhibitions were organised in the neighbouring communities for refugees to market their products, especially arts and crafts. Currently, sales are made only when there are visitors to the camp and therefore products accumulate and become old or stale over time.

Low sales means the refugees lack income to buy raw materials to produce more goods. This mostly affects the groups involved in fish farming, artisanry, carpentry, tailoring, gardening, and livestock keeping.

Recommendations

- In collaboration with MHA, UNHCR should organise a quarterly one-day exhibition so refugees can sell their products in the host community. This would help generate income for the refugees, with which they could purchase raw materials and buy varied foods.
- The JAM noted the presence of skilled labour in the camp due to opportunities for vocational training and participation in micro-projects. UNHCR and partners should make use of these structured groups by leasing services to them, for example, uniform production, furniture making, etc.
- N.B. MHA confirmed that refugees are entitled to open bank accounts, thus financial transactions should not be a problem.

There is not enough training focused on building the capacity of facilitators involved in livelihood activities. Capacity building for basic business knowledge, such as saving mechanisms, credit schemes, and financial literacy would promote entrepreneurship and boost growth across sectors.

The structures in place for coordinating self-reliance activities, such as the micro-projects coordination office and vocational training centres, face serious financial constraints. This impacts their ability to provide materials or technical training. Last year, WVT was only able to support the micro projects coordination office with 4 million TZ shillings, equivalent to US$ 2,654 (UNHCR exchange rate for 2012).

Recommendation

- Through the two IP service providers (Care & WVT), increase the amount of funding going towards micro-projects, particularly in the agricultural sector. Supporting agricultural groups can have a direct impact on refugee food security. Facilities such as the community development centre and micro-projects coordination office would benefit from increased funding.

- **Education**

There are 12 primary and 4 secondary schools in the camp. The number of pupils in primary school is 22,652, and 8,081 in secondary school. The ratio of males to females is almost equal in primary schools, while there are slightly more males in secondary education. The pupil/teacher ratio is 51:1 in primary schools with an attendance rate of 97%. The attendance rate in secondary schools is 87%. The medium of teaching is the French language and curriculum follows that of DRC. Pupils and students sit end of trimester exams every three months and participate in national end of year examinations.

Some of the challenges encountered in this sector include:

- Insufficient school uniforms - the last time school uniforms were provided for all pupils in grades 1-6 was in 2011.

- There are not enough buildings or pit latrines to accommodate all students. There is a shortage of classroom furniture, and no laboratory or library.

- Incentives for teachers have not been reviewed for over four years, despite continuing increases in the cost of living. The incentives are minimal compared to needs, though teachers confirm the incentives do improve their living conditions. The inadequate incentives mean that qualified teachers often resign to engage in other income generating activities, particularly agriculture. This in turn affects student performance.

- School supplies are insufficient for the requirements of secondary school students. Students are sometimes sent away by teachers if they do not have books, but parents will use any extra income to buy food rather than school supplies. The 2012 CHS indicated a lack of school supplies, as well as a lack of food (4.2%) and lack of uniform (4.2%) are key reasons for non-attendance.

Recommendations

- Review and improve teacher incentives.
- Improve school infrastructure, with priority given to secondary schools given the large number of students.

Four to five days before food distribution, attendance rates drop. Households run low on food supplies during this period, and children therefore are too hungry to attend school and concentrate in class.

Girls' attendance is impacted by their menstrual cycle. They have only one uniform each so cannot change if it is soiled. Sanitary materials were last distributed in the schools two years ago.

Recommendations

- Provide a basic hot meal (porridge) to pupils in primary schools.
- Sanitary materials are usually available at the main distribution centre for all girls over the age of 10. However, they should also be distributed in schools.

- **Market Analysis**

There are two markets in Nyarugusu (Centre 1 and Centre 2) which are particularly busy on food distribution days. The primary businesses are butcher shops, barbers, and vegetable shops, with some vendors selling non-food item vendors. Items on sale range from dried fish and meat, to vegetables and fruits, to various types of flour and pulses, to cosmetics and household items. Next to the Centre 1market are guest houses and cooked food vendors.

Most items sold in the markets come from the host community, particularly livestock, vegetables and milk. Man-made products are typically brought from neighbouring towns. The refugees were not very forthcoming on how they get their supplies, as it is well known that they are not allowed to leave the camps.

The JAM noted that the traders raise capital in several ways:

- **Sale/Exchange** →Exchanging food - for example, refugees who do not like maize flour will exchange it for cassava flour. Refugee women form groups and on a monthly basis contribute a

portion of their food to one member who will sell the food and raise capital to start a business. This "merry-go round" scheme is repeated until all the women in the group have been assisted. It continues even after they have established their businesses, and they use the additional funds to procure household items and additional trading stock.

- **Labour** → Some refugees work as labourers on host community farms and are either paid in cash, which they save up for capital, or in-kind with food crops which they sell to buy other items.

- **Vegetable Gardens** → Refugees who have vegetable gardens also sell their produce to raise capital.

- **Sale of NFIs** → The NFIs issued by UNHCR and WFP to PSNs and the relocated Burundi caseload are sold in the host community market (primarily khangas, plastic tarpaulins, empty sacks and containers).

The only group of traders who seem to have an organised structure are the butchers. There are two butchery committees for Centre 1 and 2, with male and female members. Each member is allocated a day for slaughtering and selling meat (either pork or beef). Meat is inspected and certified as fit for human consumption by TWESA meat inspectors. The traders are allowed a maximum of two days to sell the meat, and any meat left after this time is destroyed.

Some refugee traders conducted business outside the camp in the market of the host community, stating they were allowed to do so on Tuesdays and Saturdays. This was not true however, as refugees are not allowed outside the designated camp area. It was also found that those who do sell outside were very often exploited.

Overall, the main challenges to a successful marketplace include: a lack of infrastrucutre, such as proper market stalls; placement of stalls (the butcher at Centre 2 is very close to the latrines); a lack of flytraps and running water; a lack of guidance/direction on market operations; no training in basic bookkeeping; and no capital to promote/expand their businesses.

Recommendations

- Re-establishment of a proper refugee market with stalls and sanitation facilities.
- Establishment of micro-finance schemes for organised refugee traders.
- Establishment of a common market for refugees and host community traders.
- Basic bookkeeping training for traders.

- **Environment**

There are three models of improved stoves produced by CARE International's production training unit (rocket, Maendeleo mud stove, and institutional burnt brick stove). According to the 2010 JAM report, fuel efficient stove coverage increased from 53.3% in May 2010 to 65% in October 2010. Over 5,000 fuel efficient stoves were distributed to households by the end of 2010. 40% of families use rocket stoves with an average consumption of 1.2 kg per day. Of mud stoves (maendeleo) 1,873 were manufactured in 2011 and 1,098 in 2012. Coverage was 33% with an average consumption of1.8 kg/p/day. 19% of families are using charcoal stoves, while 18% of families use the traditional three stone stoves with a firewood consumption of 3.5 kg/p/day. Training is held quarterly in the camp and families have the option of daily meetings in their shelter with environmental guides.

Firewood is the major source of energy in the camp. The general refugee population is allowed to collect firewood within a four km space around the camp. However, firewood within this four km area is exhausted and refugees' safety is at risk from rape and conflict with the local community when leaving the designated area. Additionally, the four km buffer zone is rarely respected by the local communities, which extend very close to the camp.

Culturally, women are expected to collect firewood. They are often forced to travel for about three hours to reach areas where they can find wood, meaning more than seven hours a day can be spent on travel and collection. The women claim that exhaustion from the long hours means they are too tired to complete other household chores.

There are reports that local villagers ask women to pay for access to firewood. Payment tends to be with soap, salt, or food, which greatly affects their food rations. Police often also ask them to pay a fee when they return to the camp on the basis that they have been out without a permit, regardless of the designated four km area. Knowledge of the 4km limit to movement outside the camp is minimal among refugees.

Firewood is brought to the camp for PSNs from two surrounding villages - some 35 km away - through an organized firewood collection system. There is only one firewood distribution center in the camp and distribution takes place monthly, but only for PSNs and not their families. In many cases the wood is distibuted in large pieces, causing problems in transport and use. The quantity distributed to PSNs each month is insufficient.

There are no sites for harvesting and collecting construction materials (poles, logs, and bamboo). The previous harvesting site was exhausted in early 2012. Additionally, plastic sheeting was last distributed in 2000. Providing a site for the supply of construction materials and firewood is the responsibility of the government.

Recommendations

- Increase the coverage of rocket stoves and discourage the use of traditional three stone and charcoal stoves. Specific training sessions on usage should be conducted to help PSNs. MHA to review the 4km limit and allow refugees to collect firewood beyond this.
- MHA, in collaboration with UNHCR, should designate a new firewood harvesting site by zones in the short term. Long-term, space should be provided where more trees can be planted.
- Firewood distribution will remain at 1.2 kg/p/day. However, consideration should be given to the whole family when distributing wood, not only to PSNs.
- Raise awareness among refugees of the four km space in which they are allowed to move and collect firewood.

Non-Food Items

Empty food sacks and jerry cans were distributed to refugees in February 2013. These items are usually distributed at least twice a year, depending on availability. Distribution is based on family size. Due to a lack of sleeping mats/mattresses and construction materials, it is quite common for empty sacks to be used as sleeping mats or for roofing.

Recommendation

- MHA to allocate a new site for the supply of construction materials.

Two pieces of soap should be distributed as standard every two weeks. However, delays in delivery often means it just gets distributed whenever it is available, which can be every two to three months. In 2012, the refugees received only one piece of soap per person. Refugees often sell part of their food ration, or engage in bartering, in order to get soap. Sometimes complementary soap comes from WVT but it is not guaranteed.

Mattresses are provided to repatriation cases only. As stated above, refugees therefore often use empty sacks as mattresses. The last time blankets were distributed was in 2010. Upon request by PSNs, mats can be supplied by the service provider.

Distribution of sanitary materials is not consistent, with priority given to PSNs. Distribution is supposed to take place for all girls over 10 years of age every three months, but some refugees report the last distribution took place in 2010.

Recommendations

- Provision of mattresses to persons with special needs.
- Soap to be distributed with GFD, and at an increased quantity to at least two pieces per person.

While kitchen utensils are distributed to PSNs on an as-needed basis, they were last distributed to the general population in 2005. The same applies to plastic sheeting to cope with leaking roofs. Empty food sacks are used to block the leakages.

Recommendation

- Organise another distribution of kitchen utensils. Provide plastic sheeting for shelters.

The physically disabled have a number of specific needs: transport to help them collect food from the distribution centre; crutches or wheelchairs, particularly for growing children who have been using the same crutches over a long period of time; hearing-aids; glasses; and special skin care treatment for albinos.

Recommendations

- Crutches or wheel chairs need to be provided or repaired, especially for disabled school going children.
- Community workers should be trained on how to handle and work with PSNs.

Joint Action Plan

Once the JAM report is published, WFP and UNHCR will meet and agree on a date for the production of a Joint Action Plan (JAP). The JAP will provide details of actions, timing and resources required by UN agencies and its partners to implement recommendations.

ANNEXES

Annex I: List of Participants

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Annex II: Team TORs and Areas of Focus

Team 1: Nutrition and Health-Related Issues (co-led by UNICEF and WFP)

a) Review the results of the October 2012 nutritional survey, particularly related to chronic and acute malnutrition by identifying the gaps and/or needs for complementary and supplementary feeding interventions, if applicable;
b) Review key health and HIV/AIDS indicators that are linked to nutrition and make specific recommendations; and
c) Review key water and sanitation indicators and practices that are linked to nutrition and make key recommendations.

Team 2: Food and Logistics (led by WFP)

a) Review food aid and the manner in which food aid is distributed, together with complementary non-food measures and how these can contribute to protection and other objectives;
b) Review any logistical constraints and propose measures to increase capacity and efficiency, where possible; and
c) Review role of Food Committees, Capitas, and consider possible recommendations for enhanced performance of committee members in their capacity as monitors.

Team 3: Self-Reliance, NFIs and Environment (led by UNHCR)

a) Assess current opportunities that facilitate self-reliance in the camp and obstacles to attaining self-reliance, as well as proposing measures to increase self-reliance;
b) Carry out a market study in order to establish the average costs of available food items not included under the general food basket;
c) Review availability of NFIs linked to food preparation; and
d) Review related environmental issues (fuel, cooking stoves, and firewood).

The teams deployed various methodologies of data collection which include:

1. Review and analysis of the available studies and reports, including the 2012 nutrition survey and Community and Household Surveillance (CHS); the recent Women's Refugee Commission report on adolescent girls and the findings of the participatory assessment conducted in Nyarugusu camp in September 2012;

2. Field visits to the Nyarugusu refugee camp[4], including direct observations and group/individual interviews with refugees leaders based on a participatory approach including food committee members, community leaders, health officials;

3. Meetings with relevant national, regional and local authorities, NGOs and other organizations working with the refugees; and

4. Visits to warehouses, observation of the food distribution exercise, and observation of various service delivery centres, including firewood supply centres, water distribution centres, and key locations in supply and logistics chains and other facilities.

[4] In 2013, the JAM focused on Nyarugusu camp only as Mtabila camp is officially closed.

Annex III: Status of Implementation of 2010 Recommendation

	Observations	Recommendations	Priority (low, medium, high)	Agency / IP	Action taken
GROUP 1 – TRANSPORT AND LOGISTICS					
Food access and use	Following a stable pipeline situation, WFP managed to distribute the recommended daily food intake of 2,100 kilocalories throughout 2009 and for the large part of 2010. Refugees received reduced rations between January and April 2010 following a pipeline break, especially in vegetable oil. The lowest kcal received was January 2010 when refugees received 1,757 kcal, equivalent to 75% of the intended kcal, as cereals, pulses and CSB were also distributed at half rations. Food distributions in 2009 was at 2,100 kcal (100%) while in 2010 distributions averaged 2027.5 kcal, equivalent to 96.5 percent. Extremely vulnerable individuals were maintained at 100% when food rations for the general populations were reduced.	JAM recommends maintaining the general food ration at 2,100 kcal to avoid negative coping mechanisms and potential effects on health and nutrition status of the refugees. WFP should also continue appeal to donors for consistent food deliveries until refugees are able to return home.	H	WFP	Food ration maintained at 2,100 kcal
	Tanzania Red Cross conducts on site Food Basket Monitoring (FBM) to determine how much refugees are actually carrying away. According to the FBM, actual kilocalories received by the refugees in 2009 averaged 2,049 while in 2010 refugees received 2054 kcal, which				

	is equivalent to 97.6 percent and 97.8 percent of the intended kilocalories for the two years respectively.				
	Refugees mainly depend on WFP food as their major source of food and livelihood. Results of the Beneficiary Contact Monitoring conducted in Nyarugusu camp in July 2009 indicated that 98.7% of the refugees depend on food aid as their major source of food, while May 2010 Community and Household Surveillance (CHS) results indicate that food aid is the most common source of food to 82% of the refugees.				
	According to the refugees, food distributed for 14 days lasts an average of 11 days. Refugees apply different coping mechanism including reducing number of meals eaten in a day, limiting portion size at meal times and borrowing food or money from fellow refugees. Some refugees engage themselves in petty trading, casual labour and selling of grass to raise some income to meet the food gap. The ability of refugees to complement their food rations remains severely constrained by limited access to land and income generating activities.				
	Although majority of the refugees say food is not enough, some sell a portion of food to purchase other foods of preference and non food items especially soap and kerosene. Refugees also buy salt, as salt ration was reduced from 10 to 5				

	grams/person/day in January 2010 with the start of the new PRRO 200029.				
Food aid targeting, distribution and monitoring	WFP provides food to all registered refugees every two weeks, based on UNHCR request. Asylum seekers pending government decision on their refugee status also receive food. The food basket provided by WFP includes cereals (mainly maize meal), pulses, vegetable oil, CSB and iodised salt, depending on availability and funding situations. Food distribution system is clear; all stakeholders including refugees participate in the process. WFP holds food coordination meetings with agencies and refugees prior to food distribution, to discuss food related issues.				
	Refugees receive food in bulk based on groups organized by family sizes, and share among themselves in the established sharing sheds, using local scoops which are not standard. JAM noted some improvements done by World Vision Tanzania on the sharing shelters including increased number of shelters and cement flooring.	WFP, UNHCR and camp management agencies should consider reintroduction of standardized food scoops which suit refugee needs.	H	WFP	Standardized scoops produced and provided to refugees.
	Women are fully involved in food related committees and other decision making forums. Both the Food Basket Monitoring and May 2010 CHS results indicated that the recipients of the food at distribution sites were mostly women (at least 60%) which enhances their decision making on issues related to food at				

	the household level.				
	During the joint assessment mission, refugees raised some food quality concerns especially on CSB which was sour, and maize meal, which is not properly milled (coarse), thus reducing the ration when maize meal is sieved. Prior to JAM, WFP had earlier organized a cooking demonstration to verify claims raised on CSB, maize meal as well as beans which were reported to take long to cook. Although the stock of CSB which was reported to be sour is exhausted, refugees claim that the current distributed CSB tastes like maize meal.	WFP to follow up with CSB suppliers and advise the procurement unit on quality issues accordingly. WFP to follow up with Isaka to ensure proper milling is done.	M	WFP	Done and milling process improved
	Refugees also complained about receiving insufficient food amounts due to underweight bags. WVT conducts random weighing of 20% of consignment when receiving food at the EDP and the average weight obtained is 50 kg. In addition TRCS conducts on site food basket monitoring to verify how much food refugees receive compared to the intended kcal. BCM results for the past two years indicate that refugees have been receiving between 97 to 98 percent of the intended 2100 kcal.	Bags which are suspected to be underweight should be weighed and the difference compensated at the distribution site.	H	WVT, WFP	Done, bags are weighed and compensation is going on in case of under weight.
Selective feeding programmes	Selective feeding programmes are running well and refugees get required rations in a timely manner. However rations meant for intended beneficiaries are shared with other family members, thus 7 days ration lasts an average of 4 days. SFP beneficiaries are kept on full rations	WFP, UNHCR and TRCS to sensitize the community on the importance of the selective feeding programme and the impact it has on the targeted beneficiaries.	H	TRCS	On each day of supplementary ration distribution, the beneficiaries are provided with education on the importance of the food they are given for their health. The whole refugee community is aware of selective feeding programmes as this is a part of nutrition sensitization campaigns that

	even during times of reduced food rations for GFD.				are given to them.
	There were some changes in rations of selective feeding with the start of the new PRRO in January 2010, following discussions and clearance by WFP, UNHCR and UNICEF. CSB for SFP was increased from 150 grams to 175 grams per person per day, while oil ration for IPD went down from 50 to 30 grams per person per day. With the changes, provision of CSB for siblings in OTP was also stopped.	TRCS should prepare and erect ration boards indicating rations for SFP at the feeding centres to enable beneficiaries to understand their entitlement.	L	TRCS	In each supplementary feeding centre there is a Flipchart chart paper displaying the ration scale. On each day, before food distribution the beneficiaries are provided with health and nutrition education including their ration Entitlements.
Food and self-reliance strategies	There is no meaningful kitchen gardening around the refugeesô plots as the land is not conducive for gardening activities due to soil infertility. Some refugees do gardening activities in the open spaces far from their plots where they grow varieties of vegetables including greens and cabbages. Refugees consume some of the vegetables and they sell some.				
	World Vision Tanzania is supporting small scale income generating activities aiming at imparting skills to refugees especially the youth and women, to be used when they repatriate. These activities include carpentry, cookery, beautification, masonry, handcraft, tailoring, soap making, animal husbandry and gardening (horticulture).				
Markets	There is no common market around Nyarugusu but the camp market is operational. Market days are Mondays and Fridays when				

	Tanzanians come in to bring food and non-food supplies including cassava (fresh and flour), fish, palm oil, vegetables and clothes while they buy maize meal, meat, vegetables and fish. MHA gives permits to recognized refugee traders once per week to buy supplies from Kasulu town. Refugees mostly buy soap, salt, clothes, shoes, kerosene, cassava, vegetables and fish. There are limited supplies of rice and fruits at the camp market.				
	The market plays an important role in the camp as it enables refugees change their diet and gives them access to non-food items not provided by service providers. Most of the small traders, especially selling food at the market are women, leaving the minors to take care by men or grown up children.				
	According to the government policy, refugees are not supposed to move beyond 4 km zone in the camp boundary. In addition, the government discourages expansion of income generating activities as this would compromise voluntary repatriation efforts.	The JAM recognised the contribution income generating activities have on the lives of the refugees in the camp and in the future when they return home. As the government discourages income generating activities because it would compromise repatriation, the team could not recommend up scaling of income generating activities in the camp.			
Non-food items	UNHCR provides soap for general distribution on regular basis, despite	UNHCR to procure and undertake a general distribution of essential non-	H	UNHCR Program	

	intermittent shortages. For example refugees reported to have gone without soap in August and September 2010. Refugees receive 250 gm/person/month which they think is not enough as it is used for bathing and washing clothes and utensils.	food items especially kitchen utensils.			
	Kitchen utensils are worn out as refugees have not received these in the past four years. Some refugees are using one pot for cooking both staple and sauce. The July 2009 Beneficiary Contact Monitoring survey indicated that 72% of the refugees face problems with kitchen utensils. The 2010 CHS also explored major problems associated with cooking and 19% of the respondents indicated lack of kitchen utensils, after difficulties of fuel wood (27%) and insufficient food amount 21%.				
	Roofing materials are also worn out as refugees have not received plastic sheeting over a long period of time. Refugees use grass for thatching their roofs.				
	Firewood is distributed to vulnerable individuals (1.2 kg/person/day) but the general population in Nyarugusu camp is getting firewood from guided harvesting within 2 km from the camp, to avoid environmental degradation. Fuel efficient stoves coverage increased from 53.3% in May 2010 to 65% in October 2010 as CARE is introducing rocket stoves. CARE is expecting to				

	distribute fuel efficient stoves to 5,000 households by end of 2010. Due to interest and pressure from host communities, UNHCR and CARE are also supporting 10 local villages around the camps in constructing and using improved firewood saving stoves.				
	Empty food containers are collected back and WFP sells them through CARITAS, funds realized are used to support income generating activities in the refugee host community. Previously WFP supported IGAs in the camps but this was discouraged by the government. General distribution of bags is conducted based on needs and availability at least once a year.	WFP should maintain general distribution of empty bags as and when necessary to facilitate food collection and enable safe keeping of food at household level.	M	WFP	
Logistics	WFP mainly relies on the rail system, as it has proved to be the only cost effective way to move large quantity of food from Dar es Salaam to the Extended Deliver Points through Kigoma and Isaka. Between November 2009 and June 2010 railway services were suspended due to wash away of large section of the railway line between Morogoro and Dodoma, thus WFP depended 100% on trucks, which is far expensive (additional US$ 8 to Isaka and US$ 51.5 to Kigoma). The resumption of railway services in June 2010 saw a high competition for wagons by rail customers. WFP is discussing with TRL various alternatives of having dedicated wagon fleet from TRL				

	and/or private companies.				
	The storage facility at the Extended Delivery Points (EDPs) is adequate and well maintained, with regular stock control and auditing done by both WFP and WVT to ensure standards are maintained. Some improvement was done at the EDP including an additional Rubb Hall to enhance storage capacity. Nyarugusu EDP is being managed by WVT on behalf of WFP, which reduces WFPôs overall cost and proves to be cost-effective.				
	Kigoma port plays an important part to WFP as it is used for trans-shipment of food to Burundi and DRC. UNHCR also relies solely on the Kigoma Port to facilitate the transportation of the repatriating Congolese refugees to DRC. Tanzania Port Authority conducts regular sand dredging to ensure water level is high.				
Fleet capacity and Resources	Fleet capacity has improved compared to the situation during the last JAM in 2008. GTZ has adequate trucking capacity including 12 cargo trucks, 8 passenger trucks and a bus dedicated to repatriation; and 5 trucks for care and maintenance activities in the camp. GTZ operates at a rate of 84% due to frequent breakdown resulting into high repair and maintenance costs.				
	Heavy equipment condition has deteriorated, as the number of units has reduced by half since last JAM.	UNHCR and GTZ to re-assess the condition and capacity of heavy road equipment and take necessary measures	M	GIZ, UNHCR	

	However the number of camps served has also gone down to two. Heavy equipmentôs maintenance is too costly.	to improve.			
	Camp management agencies reported facing delays in arrival of trucks for food prepositioning during the peak of repatriation or when there are other competing priorities, thus delaying food distribution exercise.	UNHCR and GTZ should give priority to food prepositioning exercise to avoid delays in food distribution since the distribution time table is always pre-scheduled	H	GIZ, UNHCR	
	The condition of the trunk road is relatively good to facilitate food and non-food deliveries, following regular repair by government through Tanzania Road Agency (TANROAD). GTZ is currently working on the access roads in Nyarugusu camp. The road to the border is passable, despite some bad spots which would hinder smooth operation if private trucks are stuck on the road.				
GROUP 2 –HEALTH AND NUTRITION					
Primary health care	Almost all the indicators within the acceptable standards except for family planning. Poor infant-feeding practices remains as a challenge particularly in Nyarugusu camp.	Maintain the standards that are already met and intensify the awareness-raising for the family planning. (Increased involvement of the male refugees through HIT, peer educators, etc.) Continue educating lactating and pregnant women and community members on exclusive breast-feeding.	H M	TRCS, TRCS,	Contraceptive prevalence rate has increased (from 7.3% in Mtabila to 32.1%; from 32.5% to 66.5% in Nyarugusu by April 2012, however long term adherence to the family planning program is still a challenge as the abandon rate for the different family planning methods is high. Health education on family planning is ongoing so as to overcome some traditional and cultural barriers to modern family planning methods. Meetings with religious leaders, street/village leaders, women groups and family health promoters were conducted to raise community awareness .A number of trainings on modern family planning methods were done to health workers and FP providers.

					Promotion of best practices in infant and young child feeding has been on going through provision of community health education in several health campaigns. Promotion of best IYCF practices is also being done at the antenatal and post natal clinics. Before supplementary food distribution, pregnant and lactating women are provided with education on best practices in IYCF.The use of media (Radio Kwizera) has helped to reach the community at large with special radio programs on the subject.
	JAM appreciates the efforts of the health partners, particularly, TRCS supported by the bilateral contributions from ECHO, Spanish donors through Spanish Red Cross, Japanese Red Cross, American Red Cross, BPRM, USAID as well as other UN agencies. These contributions have been instrumental in maintaining and improving the standards of the health services.	Donors are encouraged to continue the bilateral funding to TRCS. Increased UN involvement in service delivery is encouraged to assure the maintain standards in the health services.	H M	TRCS, TRCS,	Japanese Red Cross is not supporting TRCS in the RRO since 1st January 2011. However SRC-ARC funds have been increased during 2011 and 2012.
	The procurement and delivery of medical supplies show a marked improvement compared with the last	Further improve the procurement and delivery, such as projection of supply requirement, coordination in order to	M	TRCS,	The procurement of drugs and delivery of medical supplies has been improved by the selection of medical suppliers with strong

	JAM with 3 months buffer stock made available.	avoid stock-outs.			capacity and proved experience. Delivery time frame from Dar es Salaam to the camps has been also reduced. On the other hand ,stock-outs due to misuse of drugs at the health facilities will be minimized by introduction of a new OPD registration system which is to start in June 2012.
	Contingency plans for epidemic preparedness and response in place against the diseases of epidemic potential.	Update the contingency plans on an annual basis and share with partners.	M	TRCS,	Contingency plans for Malaria, Cholera and Meningitis are in place and they will be updated and shared with others.
	Health workers are not always updated with the latest national guidelines on essential drug list.	TRCS and UNHCR to ensure the guidelines are well understood by the health workers and explained to the refugees.	H	TRCS,	The existing list of drugs and consumables was reviewed with reflection to the morbidity trend and the current UNHCR Essential drug list valid (from October 2011 to October 2013). Thirty five new drugs/medical items were included in new list of essential drugs from March 2012, most of them were paediatric formulations and other were for HIV/AIDS patients. Sessions to inform staff and explain the new drugs prescription, treatment guidelines and its availability at the health facilities have been conducted.
	The current birth delivery rate in delivery beds in health centres is 100.	TRCS and UNHCR to maintain the quality of the facilities and the services to sustain the achievement.	M	TRCS,	Between January and December 2011, a total of 4.062 deliveries (Mtabila 1.691 and Nyarugusu 2.371) were conducted among the refugee community; All the cases (100%) were attended by skilled health personnel at the health facilities and no home delivery was reported.

	JAM notes with regret 4 maternal deaths in Mtabila (Jan-Oct 2010). The analysis was made on 3 cases which were involved complicated deliveries and were caused by anaesthetic accidents, due to lack of adequate skills to deal with complicated cases.	TRCS to deploy the competent staff and conduct refresher training, on-the-job training, exchange visits (Nyarugusu-Mtabila). ï The action was already taken.	H	TRCS,	Several corrective measures were putted in place since 2011 to improve both reproductive and general health services as follows; National health Staffsô shifts are covering 24 hours a day, Competent staff for anaesthesia were deployed The number of skilled health staff in the maternity ward has been increased through regular trainings on management of obstetric emergencies. In order to equip the newly recruited staff with the required skills, quick induction sessions are being conducted with focus on the Code of conduct, medical skills & ethics and on the TRCSôs work organization and regulations.
	Three health posts are in a poor condition in Nyarugusu camp. Currently the SPHERE standards of 1 post: 10,000 persons is not met, and the population is increasing. (5 posts: 61,000 persons).	Rehabilitation of the facilities is highly recommended. UNHCR, UNICEF and TRCS to look into the matter.	H	TRCS,	The TRCS constructed 2 new health posts out of three .The construction work was completed by the end of March 2012 and the facilities are running since April 2012. The rehabilitation of the third health post is still pending as the resources were not adequate.
	In Nyarugusu camp, late seeking of the medical treatment remains as a challenge. Traditional herbal treatment is more commonly sought by the refugees, which is delaying	TRCS to work with the traditional healers and educate them to be able to identify the dangerous signs and encourage them to refer the patients to the dispensary.	M	TRCS,	Community health workers have been sensitizing the community on merits of timely seeking of medical help and the traditional healers have been trained on various danger signs that need to be urgently referred to the

	than proper treatment.				health facilities so as to save the lives.
	In Nyarugusu camp, refugees are raising concerns regarding the delayed referral services. The team considers that this is due to the lack of feedback on the referral process and wrong expectation among the refugees. The logistical challenges are also identified. The existing ambulance is poorly functioning.	TRCS and UNHCR to explore the way to provide feedback to the refugees and proper information regarding the referral policy. It is recommended also to overcome the logistical challenges and improve the referral system. UNHCR to procure/ a new ambulance or redeploy an existing one in a functional state.	M	TRCS,	Medical referrals to the secondary and tertiary health facilities are being offered to the refugees as per UNHCR referral policy.Feebacks and counselling on prognosis and referral outcomes are provided to all referred cases. A new ambulance was deployed in Nyarugusu in early 2011 and of recently a new ambulance has been deployed in Mtabila camp.
Malaria	Malaria remains as a main public concern with seasonal variations.	UNHCR, UNICEF, TRCS to intensify the efforts to prevent malaria and enhance the curative measures. TRCS to improve the contingency planning to prepare for the rainy season. TRCS to improve the contingency planning to prepare for the rainy season.	H M	TRCS, TRCS,	A joint action plan to minimise morbidity due to Malaria during rain season has been developed with focus on; environmental sanitation, refresher training of health staff on Malaria diagnosis and treatment, use of media(Radio Kwizera) to reach the community with educative messages on malaria, promotion of ITN retention and use etc. Adequate medical stock pile for malaria case management has been maintained during rainy season, no stock out reported
	Funds are not secured for rapid diagnostic test (RDT) for malaria in the both camps.	UNHCR, UNICEF, TRCS to explore the funding opportunities to maintain the provision of RDT.	M	TRCS,	RDT have been out of stock since June 2010, microscopy (Blood slide) for malaria parasite is being done to all suspected cases of malaria, a process which is labour intensive and time consuming despite of being a gold standard for malaria testing. Efforts are on going for a sustainable source of the RDTs
HIV/AIDS	JAM recognizes the efforts and achievements to prevent HIV/AIDS	Sustain the efforts and momentum made.	H	TRCS,	Refugees have access to a spectrum of HIV/AIDS intervention as it is for the host

	and provide support to the PLWHIV. However, some earmarked funds are ending.	UNHCR, UNICEF, TRCS to review the current programme and seek the cost-effective form of the programme as well as explore the funding opportunities.	M	TRCS,	population, they include VCT, PMTCT, access to free condoms, home based care services, anti retroviral drugs etc. According to April 2012 figures there are 159 and 104 patients in Nyarugusu and Mtabila respectively, they all attend weekly medical clinic and those eligible are on anti retroviral drugs. They are all enrolled in the supplementary feeding programme and they regularly receive social and material support whenever the resources are available.
	PMTCT coverage is 100%, and male involvement improved to 79% through the community sensitisation. The new national guideline on ART has been introduced and services are provided in line with it.	UNHCR, UNICEF, TRCS to continue providing the services.	M	TRCS,	PMTCT services have been maintained and the coverage rate is 100%. In addition, trainings of health staff on new PMTCT guidelines were conducted.
	Inconsistent supply of ART from the national ART programme.	UNHCR, UNICEF, TRCS to coordinate with DMO Kasulu to identify the bottlenecks and find ways forward.	M	TRCS,	The problem has been solved.PLWHIV are attending a nearby government owned CTC clinic in Makere village and they all get their required drug supply from the clinic.
	Poor usage of female condoms.	Conduct awareness campaign.	L	TRCS,	Awareness campaigns on the use of female condoms were done however its use remains to be unpopular due to not being user friendly and some cultural reasons.
	Delay in obtaining the results for the early infant diagnosis of HIV remains as a challenge.	UNICEF, UNHCR and TRCS to continue close follow-up with the Bugando hospital. UNICEF to continue looking into the matter with MoHSW at the national level.	M	TRCS,	There is an improvement in obtaining the results, the specimens are being sent to Bugando Hospital by TRCS on monthly basis and the results are obtained in one month.
	PEP kits are available. However, due to late reporting, only 40% of the survivors of the rape cases are assisted.	UNHCR, IRC, TRCS, UNICEF, JRS to continue sensitizing the community by involving the various refugee groups to increase early reporting.	H	TRCS,	Number of Rape survivors seen and treated per camp from January to December 2011 are 11 and 34 in Mtabila and Nyarugusu respectively. In Nyarugusu the percentage of survivors

					assisted has increased up to 71%.The percentage in Mtabila has not improved due to late reporting. Sensitization campaigns are continuously done but late reporting is still prevailing.
Nutrition	Stock-out of the therapeutic milk was observed at the beginning of 2010. Situation improved, and the stock is available until the mid 2011.	UNHCR and TRCS to maintain the constant supply stock without stock-outs.	H	TRCS,	No stock out of therapeutic milks was observed during 2011 and 2012. A new consignment to cover the rest of 2012 and part of 2013 has been received in the field.
	Global Acute Malnutrition ï GAM ï and Severe Acute Malnutrition ï SAM ï are within the acceptable standards (1.9% and 0.7% respectively), in spite of s slight deterioration from the results of the last survey in 2008. Stunting rates also (38%) slightly deteriorated, compared with the results of the last survey.	UNHCR, UNICEF, TRCS to remain vigilant on the situation and continue appropriate supplementary feeding programmes.	H	TRCS,	The Health Information Team members have continued to identify malnourished children in the community and refer them to appropriate feeding programme. They also provide health and nutrition education in the health facilities and in the community. Growth monitoring and promotion of best practices on infant and young child feeding are on going.
WASH	JAM has observed that the key indicators for water (30L in Mtabila, 31L in Nyarugusu) and sanitation exceed the minimum standards. Refugee Watsan committee noted that the situation improved after the relocation of the refugees from Lugufu.	UNHCR and TWESA to continue the efforts to maintain water and sanitation systems operational.	H	TWESA,	All 3 water sources have been protected and well maintained. One bland new pump was procured to replace the old pumps and keep the supply of water constant. Spare parts for doing services were procured For the sanitation part, TWESA received support from UNICEF to construct 20 latrines to 12 primary schools. Sanitation team from TWESA is going on with community sensitisation on how to improve sanitation conditions. House top house visit to assess the sanitation conditions is done on monthly basis
	In June 2010, 71 water tubs were stolen.	WVT, Police, UNHCR, TWESA, and *sungusungu* to ensure that the water facilities are adequately protected and properly used.	H	TWESA	Community mobilisation has been done by TWESA in collaboration with UNHCR, Police and camp management to the refugees to bring the sense of ownership of the water system.

					Each village is now taking care of their water and sanitation facilities. For the shallow wells which are a bit away from the dwellings, there are security guards who take care of the hand pumps during the night. Water committee members are responsible of taking care of the water points.
	Refugee Watsan committee noted that an insufficient quantity of tools is delaying latrine construction in the communities.	UNHCR to procure additional tools to be distributed to refugees on a loan basis, and TWESA to put the control mechanism in place.	H	TWESA,	Digging tools including spades/shovels pick axe and hoes were procured by TWESA and handed over to the refugee leaders in each village. The refugees have access to take tools for digging latrines and return the tools once latrines construction is completed.
	JAM noted that the need for distribution of the additional jerry cans and buckets to enhance refugeesô safe and clean water storage capacity at the household level.	UNHCR to procure and distribute the adequate number of jerry cans and buckets.	H	UNHCR	Due to limited resources and funding constraints that UNHCR Tanzania is facing, this could not be implemented. However, effort is going on to assist those who have few water storage containers to assist them especially people with special needs.
	Borehole number 1 is functioning below capacity. This could be useful as an additional stand-by water source.	UNHCR and TWESA to look into the matter and consider repair in consideration of the programme priorities and funding capacity. (Considering the availability of 31 ls.per person)	L	TWESA	Minor repair of the borehole number 1 was done to keep the borehole in working condition and continue to be standby in case of emergency and/or repair of the other operating water sources. With the supply of more than 31 litres per person per day, effort was put on the operating system to maintain the supply.
	Further efforts for hygiene promotion are required in both camps, especially in the primary schools.	UNICEF to obtain IEC materials and distribute through TWESA.	M	TWESA,	TWESA received IEC materials from UNICEF and have been distributed to various areas in the camps. UNHCR also provided funds to TWESA to prepare more IEC materials.
GROUP 3 – SGBV AND COMMUNITY SERVICES					
Youth	Community-based activities have high levels of participation and interest from youths. Programs have had success in returning children to schools. However, space is limited and more children could be reached with further facilities and space.	Establish and staff second youth centre. Increase budgets allocated to Youth sector in order to reach more youths at zone and village levels.	L M	IRC IRC	Recognizing the importance that a youth centre plays in the camp context and the low participation of girls as compared to boys, the IRC has requested and secured funds from UNICEF to build a second youth centre near zones 6 and 7. The second youth centre is currently being constructed and nears completion.

					However, the budget for youth activities as provided by UNHCR has reduced as they have across all sectors as a result of funding shortfalls.
	Drug use is increasing amongst youth, including alcohol, valium, opium, petrol and chamkwale leaves.	Youth workers and teachers to incorporate drug awareness education into programs.	M	IRC	IRC works closely with Youth Peer educators in the camp who often lead on conducting mass awareness campaigns on ASRH and HIV/AIDs and drug and alcohol abuse prevention. Last year, 2,354 girls and 2,518 boys were reached through these campaigns. Peer educations, in collaboration with youth social workers organize meetings in the seven zones and discuss the consequence of HIV/AIDs and early pregnancies and marriages. 26 girls and 166 boys participated last year. In addition, the IRC conducted trainings with 366 youth and adolescents (157 girls and 220 boys on ARSH and HIV/AIDs prevention and care sessions.
	Youth have been sensitized on repatriation to DRC through mass information campaigns.	Continue funding Radio Kwizera. Include youth participants in Go and See and Come and Tell visits.	H	UNHCR	
	Girls are increasingly reporting engagement in transactional sex. Youth pregnancy remains high in both camps. Idleness remains high amongst girls who do not attend school.	Introduce activities targeting girls including income-generating activities.	H	IRC	Recognizing endemic unsafe sexual practices, the IRC has initiated several initiatives. These include cross-sectoral collaboration with other sectors such as GBV and TRCS in conducting awareness raising campaigns and co-facilitating trainings targeting both boys and girls. The IRC endeavors to engage youth in informational entertainment content through video show sessions focusing on ASRH/HIV/AIDS prevention and care support aiming to Informing them to protect themselves from unhealthy sexual activities. Last quarter, 3,436 youth (girls 1,867, boys 1,596) attended various youth activities at the youth center. Additionally, 3,357 girls participated in recreational activities such as football, dances, dramas and various other performances at the youth centre

					277 youth girls were enrolled and completed skills training last year on topics related to tailoring, knitting, baking, and hair/beauty skills at the youth centre. The training targeted young mothers who are not enrolled in school. This year, 100 youth and adolescent girls have registered for the skills training. In terms of sports activities, the IRC organized 81 friendly matches and 11 league matches with 92 teams involving 2,848 player s of which (688 girls and 2,160 boys) participated. Out of these matches 25 football friendly matches were for girlsôteams and 1 league made up of girls.
Child Protection	Child parliament is functioning well and is a useful tool in educating children through peer-to-peer methods about child protection, child rights, education and additionally monitoring welfare of UAMs in foster care.	Maintain child parliament and provide training to parliamentarians to reach an increased number of children in Nyarugusu camp. Increase outreach activities to the village and family levels	M	IRC	Child parliament remains one of the foremost key actors in the prevention of child protection abuses and the IRC continues to engage them in Nyarugusu camp. Last year, child parliament members were trained on the New Child Act for 4 days including recognizing abuse and exploitation and different reporting mechanisms. Child parliament are the ones who are leading awareness efforts at the community level in reducing abuse and violence perpetrated against their fellow children.
	School retention rates from primary to high school are lower than desired, particularly for girls. There are reported instances of children being prevented from attending school by parents due to household responsibilities, costs and customary barriers.	Work with fatherhood groups and refugee leaders to emphasise parents on importance of education for their childrenôs futures. Community workers and teachers to closely monitor school attendance.	H M	IRC	
	In Mtabila, non-formal education has been a vital tool in combating youth idleness.	Maintain while practicable non-formal education in Mtabila camp.	H	IRC	The running of non-formal education activities continues to be an important priority as a protection tool for children in the context of camp closure in Mtabila camp. At the time of reporting, 15,602 children (6,919 boys and 8,683

					girls) are enrolled in non-formal education activities. Among these, 34 are children with special education needs (18 boys and 16 girls). There are 257 community volunteers currently supporting non-formal education activities (188 male and 69 female). The total number of community volunteers comprises of 227 NFE volunteer facilitators and 30 parent committee members.
SGBV	There has been a marked increase in reported SGBV assaults. Trends include youthful perpetrators as young as eight years of age, assaults committed on babies, and statutory rapes.	Include in school curriculum programs on diversity, stigma, bullying and violence for children as young as five years of age. Immediate closure of the 30 reported pornographic video screening sites. Emphasis on rehabilitation for youth offenders including access to psychosocial counselling. All parties including IRC, camp staff, security and social workers to continue to sensitize the community and provide safe spaces for SGBV survivors to access justice and social and legal protection.	H H H H	WVT WVT IRC IRC	Note : Apart from this suggestion, IRC initiated the training /forums with school personnel i.e. teacher, school committee, volunteer facilitators to raise awareness on GBV incidents that occurs to children. IRC Child Protection is starting to work on rehabilitation and reintegration of child perpetrators whenever the key actors referred the child to the sectors. The activities are mainly focusing on psychosocial support, reintegration to community. IRC GBV program had started the training and awareness raising sessions widely in both camps on the outreach of services, emphasizing the needs of survivors in health, justice, psychosocial, and safety to the community. The focus is also on the community leaders to ensure the understanding of such needs and to provide the space to support survivors. Many case were not reporting to DICs as it was stopped in the community level as the community leaders viewed it as ñnormalò in the tradition and cultures. IRC GBV in collaboration with other keys actors have been conducting forums and

					discussions on this issue. It resulted in higher numbers of reporting cases on the categories of ñother GBVô showing that the community were more open to report such incidents and seek for assistance.
	ôHuman Compensationô occurs in Nyarugusu camp whereby girls are transferred between families to pay off debts. This reportedly has occurred in hundreds of situations and is a heavily protected cultural phenomenon.	Address this issue through SGBV taskforce and child protection working group including refugee leaders.	H	IRC	GBV program established GBV forums for women, men, youth and children which aimed to strengthen community based group to encounter the GBV problems in the camps. These groups are aiming to be the link to the program and the community to extend the outreach of information. At the same time, they will be the representatives of the community to channel the problems and the initiatives to find community based solutions to the GBV problems. These groups have been supported by IRC on training, meetings and some material supports. As described above. IRC have been working closely with community leaders to address this human compensation issue. During 2011 ,no GBV taskforce establish as it should be discussed and agreed among keys actors about the clear terms of references of this taskforce. In response services, it is not quite appropriate to establish such group to create another layer for survivors to access the services she/he wants. Nevertheless, in prevention activities, this taskforce could be useful to brainstorm and mobilise resources to conduct activities to prevent this incidents. At the moment, the IRC are working with keys actors on this issue through the regular discussion and through GBV monthly coordination meeting. In September 2011, there was a joint campaign on harmful practices led by IRC and key actors. The community reported more cases to DICs, and the traditional leaders were involved in helping to find appropriate solution for cases.
	Traditional justice mechanisms	Nola to continue to provide legal	H	NOLA	Regular training for police contingent were

	preferred to mediate SGBV claims. Reported instances of intimidation of claimants, witnesses and staff by alleged perpetrator families particularly as a repatriation issue.	support to victims and families. Camp staff, police and sungusungus to continue to receive training in SGBV victim protection. The SGBV strategy should be reviewed/ strengthened to respond to the protection issues arising in the context of repatriation.	 H H	 IRC IRC	conducted to each group when they started the mission. The focus will be on general GBV knowledge and the needs of survivors using guiding principles especially of safety of survivors when seeking justice. The police and sungsungus were aware of the importance of this issue. However, intensive monitoring were done by GBV staff to ensure the implementation of police and sungusungus when they provided the services to survivors. The GBV strategy are reviewed especially on response services to ensure that it is in line with international standards and best practices for survivor-centred approach. The drastic change is that the GBV program will stop working/counselling the perpetrators as it posed more risk on survivorsô safety as well as to the staff safety. Also, it created the lost of accountability and trust in the services if the program were seen to serve both survivors and perpetrators. In respect of repatriation, the GBV strategy is aiming to ensure continuation of safe access to services both in Tanzania and in Burundi by closely coordinating with IRC Burundi for the handover of cases that wish to continue receiving GBV services when repatriate to Burundi. The small group discussion with women
	SGBV awareness and reporting needs continue to be heavily emphasized in both camps. Mechanisms used include schools, youth centres, anti-SGBV groups, human rights groups and youth clubs which have been established in the fight to increase awareness on SGBV matters leading to increases in reporting. Collaboration and	Continue to fund all SGBV programs. Conduct impact assessment of SGBV programs in both camps. Continue to provide on-the-job training to all staff, volunteers, security and government officials.	H H M	IRC IRC IRC	The GBV receiving sufficient funding in 2011 ; however, due to some budget management by donor, the funding was stopped in October which resulted in many activities implementation especially 16 days of activism against violence against women where the IEC materials are limited for the participants. In 2012, the funding situation is still challenging as in all aspects of the GBV program as human resources, support in prevention and response

	response/referral mechanisms established between OP, IP and agencies.				activities were funded in smaller amount. This provided some constraints to the implementation of the program especially for Mtabila situation. IRC had conducted the program quality assessment in early 2011 and 2012 to see the gaps and the way forward in designing the program. Regarding GBV program, the result had shown that the women are still in risk in other forms the use of ñcultural practicesò which is actually not generated from the traditions but rather on the human justification on such violence. For examples, some traditional leaders expressed that some practices such as widow inheritance are no longer used in the camp; still the perpetrators always claim that it is the way of the culture to treat the widows. The GBV program aims to strategise the activities to find solutions for such problems by working with the community closely on case by case basis and in general to raise awareness Training for staff for both national and refugees incentive staff have been regularly conducted by GBV manager, IRC technical unit, and other sectors lead to ensure the quality of the work. The key skills and knowledge are psychosocial support and case management on survivor-centred approach to ensure the services to be in line with the best practices and international standards.
Special Needs and EVIs	Disabled refugees reported receiving insufficient access to services as well as non-food items, including missing three consecutive months of soap distribution.	Ensure EVIs receive essential medical, social and material support.	H	IRC	IRC has been able to increase funding for essential material support for disabled refugees and those with special needs through other donors such as Taft and PRM. Persons with disabilities and persons with special needs, specifically mentally challenged and physically

					disabled refugees have been supported with items including cooking pots, bed sheets and laundry soap. From November 2011 to April 2012, IRC has been able to support 241 PSNs with laundry soap on a monthly basis. Cooking pots, local mats and bed sheeting were also provided to 1,246 PSNs from January to March of 2012- items reported by PSNs to be the most in need. Across all IRC sectors, emphasis on improvement of program quality including the strengthening of case management in the provision of services has been a major focus. Subsequent trainings, workshops and development of tools and documentation are expected to have a significant effect on the provision of IRC services to refugees.
	Significant advances have been made in physical support services for disabled refugees including physiotherapy, orthopaedics and provision of mobility aids and hearing aids.	Maintain services for disabled refugees	M	IRC	Medical rehabilitation services for disabilities have been successfully maintained whereby 234 PWDs received rehabilitation services through physiotherapy treatment from January to March 2012. An average of 72 mentally ill and epileptic cases are monitored and provided with psychosocial support. IRCôs CBR sector also continues to identify new cases- 7 new cases with disability were identified in the first quarter of 2012. Last year, 530 persons with disabilities (253 females and 277 males) and 1,244 (651 females and 593 males) were clients with muscle skeletal injuries including 23(8 females and 15 males) cases from host community who were provided with physiotherapy treatment at CBR centre. 30(12 females and 18 males) clients with disabilities were supported with different items of mobility aids to facilitate their mobility functions and

					integrate into community activities The CBR centre is equipped with an orthopaedic workshop were simple repairs and devices are produced under the supervision of a licensed and trained orthopaedic technician. Last year, 29 (6 females and 23 males) clients had measurements taken for new orthopaedic appliances, 8 (3 females and 5 males) clients were assisted with new orthopaedic appliances out of 29 clients whose measurements were taken. 118(65 females, 53 males) clients brought their appliances and mobility aids for repair. 71 pairs of orthopaedic shoes, 37 tricycles, 27 metal axillary crutches, 3 long leg callipers, 5 prosthesis and 2 neck collars were repaired.
	Stigma and marginalization continues to be an issue for vulnerable individuals including the disabled, the elderly and single-parent households.	Continue to provide services and check-ups on EVIs including provision of firewood in a supervised collection. Ensure, however, that firewood is dry as affected refugees reported their yields halved by wood being damp. Introduce community sensitization on disability awareness and tolerance in schools.	H M	IRC IRC IRC	IRC monitors the distribution of firewood for PSNs in collaboration with CARE whereby 1,281 PSNs have been receiving firewood on a monthly basis. Whilst IRC has not received any complaints on firewood being wet, PSNs report challenges on the size of the firewood which makes it difficult to cut into small pieces due to their physical and health conditions and the allocated amount as being inadequate to cover the month. Two major campaigns were conducted on the rights of PWDS for last year and other forms of awareness rising were through the production of posters and printed T-shirts through PRM and TAFT where 620 Printed T-shirts were procured and distributed to PWDs disseminating messages on disability rights and empowerment. A further 70 t-shirts were

					distributed during commemoration of International Day of persons with disabilities, 120 have been procured in late March and contain messages on the rights of clients with hearing loss in relation to communication through sign languages. These will be distributed to clients with hearing loss, CBR staff and key actors who participated in a sign language training organized by the IRC. In addition, 6 sign boards have been prepared for PSN and PWDs with messages on the rights of PWDs and PSNs, they will be fixed at different places in the camp to allow community to get the message and recognize disabled and PSN opportunities in the camp. The following are the msgs reflected on the sign boards: community to play part in caring for elderly persons, protect mentally disabled clients against violence and physical harm, different alphabet and number for communication with deaf/dumb or hearing impaired clients, elderly persons are very important in the community, hearing impaired clients have the right to communicate with other community members. Through sign boards many community members can read the messages widely and they will be maintained in the camp on a permanent basis.
	There is a reported high proportion of preventable disability within Nyarugusu camp through pregnancy-, injury- or illness-related causes.	Provide training for medical practitioners and maternal health actors on preventative health and early diagnosis/treatment.	M	IRC	CBR sector held six training sessions to CBR staff and community members outside and inside the camp with 463 participants. The training objectives for incentive CBR staff were to capacitate CBR staff with knowledge in relation to diseases that cause disabilities, and management of cases with disabilities (physical and mental) in relation to rehabilitation

					techniques in order to improve the quality of rehabilitation services rendered to clients. The sixth session was on sign language which aimed at improving communication with the persons with hearing impairment/ deaf/dumb whereby 30 individuals (care givers and service providers from different sectors) participated.
General	Qualified IP staffôs retention was affected by the low salary, short contracts, and recruitment procedures.	UNHCR and IPs to address the issue through periodic salary review and better recruitment procedures.	H	UNHCR Program	
	The JAM noted with satisfaction the achievements made by UNHCR and its partners in environment conservation and tree planting in the refugee camps.	Continue with environmental activities in the camps	M	CARE	
	MHA reiterated its position on the need to close the Mtabila camp and to resume the voluntary repatriation to DRC.	These recommendations, beyond the scope of the JAMôs TORs, were noted.			
	The JAM visited some projects implemented jointly by UN agencies and the Government in North West Tanzania (further to the closure of several refugee camps) in the context of the One UN/ Delivering as One Initiative under the Joint Programme 6.1 on the ñTransition from Humanitarian Assistance to Sustainable Developmentò.				