

Community and Household Surveillance North-Western Tanzania

Programme Outcome Monitoring in Nyarugusu and Nduta Refugee Camps







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For questions and further information about this study please contact WFP Tanzania.



II. Acronyms

CARI Consolidated Approach for Reporting Indicators of Food Security

CHS Community and Household Surveillance

rCSI Reduced Coping Strategies Index

DRC Danish Refugee Council

DRC Democratic Republic of the Congo

FCS Food Consumption Score

GFD General Food Distribution

HDDS Household Dietary Diversity Score

IRC International Rescue Committee

JAM Joint Assessment Mission

MoHA Ministry of Home Affairs

NFI Non-food items

NRC Norwegian Refugee Council

ODK Open Data Kit

PDM Post Distribution Monitoring

PSN People with Specific Needs

TRCS Tanzania Red Cross Society

TZS Tanzanian Shilling

UNHCR United Nations High Commissioner for Refugees

UNICEF United Nations Children's Fund

WHO World Health Organization

WFP World Food Programme

WVT World Vision Tanzania



Key Highlights



According to CARI, only 1% of households are food secure and able to meet food needs without engaging in consumption-based and livelihood coping strategies, a reduction from 9% in 2022.



Food consumption patterns have deteriorated, with an increase in prevalence of poor and borderline consumption from 28% to 32%. This is due to reduced rations, limited livelihood opportunities and limited market functionality. About 42% of the adults ate one meal per day, compared to 18% in 2022.



Reduced Coping Strategies Index (rCSI) score has jumped from 16.6 in 2022 to 26.6, which is the highest figure on record, indicating deteriorating food security. A remarkable increase in proportion of households with high consumption-based coping (from 37% to 71%) indicate increased household stress on meeting food needs.



Average monthly expenditure on food increased by 7% due to ration reduction amid increasing food prices. Expenditure on non-food items increased by 31%, mainly driven by high expenditure on cooking fuel and soap/detergent.



Households satisfied with the food distribution process decreased from 88% to 80%; dissatisfaction was more related to small rations received than the distribution process.



Despite ration reduction, contribution of food assistance to livelihood increased from 69% to 79% following limited options for other livelihood sources



Because of reduced rations, food for 28 days lasted an average of 16 days for maize meal, 11 days for pulses, 9 days for vegetable oil and 13 days for salt. Some households replace stiff porridge (ugali) with porridge or skip meals to extend the number of days. Adults eating one meal per day increased from 18% to 42%.



Inadequate food and other essential services have increased exposure to protection risks including psychological concerns, involuntary repatriation, school dropout, child labour outside the camp, girls engaged in indecent work subjecting themselves to sexual exploitation, increased prostitution especially among young girls and increased conflicts in the households.



Households in Nduta camp, Burundian households and female headed households are more vulnerable across a number of indicators.



III.Executive Summary

Community and Household Surveillance (CHS) assessment was conducted in Nduta and Nyarugusu camps from 27th July to 7th August 2023, to monitor food assistance outcomes, determine the impact of food assistance and other services on the targeted households and to monitor food security and livelihood trends. Post Distribution Monitoring (PDM) module was included to assess food assistance implementation aspects including beneficiaries' perceptions on the quality and efficiency of the food distribution, and cross-cutting issues of protection, accountability to affected populations, gender and disability.

The food ration level has been progressively going down from 80% in July 2022, 65% end of March and further down to 50% in June and July 2023 when the CHS was conducted. As a result, food consumption patterns have deteriorated, with an increase in prevalence of inadequate (i.e. poor and borderline) consumption from 25% to 34%. Household Dietary Diversity Score (HDDS) slightly decreased from 4.4 to 4.2 and remained low). Low food diversification exposes households, especially those with poor and borderline consumption, to potential food insecurity and malnutrition.

Households applied more extreme coping strategies, which saw a surge in the food consumption-based Coping Strategy Index (rCSI) from 16.6 to 26.6, the highest figure on record. Also, the prevalence of households applying high coping increased from 37% to 71%. This indicates a deteriorating food security situation and increased household stress. Households in Nduta recorded a higher rCSI score compared to Nyarugusu, while female headed households also had a higher rCSI compared to male headed households, reflecting more stress among household in Nduta and female headed households.

The general food distribution meant to cover 28 days, lasted an average of 16 days for maize meal, 11days for pulses, 9 days for vegetable oil and 13 days for salt. A general decrease in the number of days food lasts was noted among all food commodities compared to 2022 CHS (21 days maize meal, 14 days pulses and vegetable oil, and 21 days salt). There is a remarkable increase in the proportion of households citing ration reduction as the major reason for food not lasting 28 days (86%) compared to only 17% in 2022 CHS. Households indicated that they eat once a day or drink porridge instead of eating ugali for some days to ensure food is available for consumption for a maximum number of days before the cycle ends. Adults eating one meal per day increased from 18% to 42%.

The percentage of households satisfied with the food distribution process further went down to 80% from 88% in 2022 CHS. Main reasons for satisfaction were briefing/announcement before food distribution, crowd control, use of SCOPE card and the verification process. Most of the households not satisfied with the distribution process were concerned with the small amount of food they received following ration reduction, as opposed to the distribution process. For the households that were not satisfied, the major concerns on the process include insufficient crowd



control measures, insufficient weighing scales (especially in Nyarugusu camp) and congestion in sharing shelters.

Households complained that the -food items (NFIs) such as soap, sleeping mats, blankets, clothing, water containers and dignity kits for women were not sufficient and were not regularly distributed. Most of the NFIs that were available and in use during the 2022 CHS including water containers, blankets, cooking utensils, solar lanterns, sanitary material, bed nets and clothing were no longer available for some households. Women FGD respondents indicated that non distribution of sanitary kits/pads, had a negative impact on them, affecting their comfortability to collect firewood or food from the distribution center.

Despite the ration reduction, contribution of food assistance on the livelihood increased to 79% compared to 69% during 2022 CHS, following limited options for other sources of livelihood. Contribution of casual labour, small business and skilled trade went down. About 29% of the households reported changes in their livelihood source, mostly loss of livelihood sources (51%) and change in type of livelihood sources (22%), while 21% added a new livelihood source.

Households using complaint and feedback mechanism (CFM) for food related issues slightly increased to 28% from 23% in 2022 CHS. The mostly used CFM for reporting food related issues was the help desk, while distribution related problems were handled at the litigation desks located in the distribution centres. The leading issues reported in CFM was requesting for assistance, less entitlement received and lost entitlement cards/SCOPE cards. More households were satisfied with the CFM response results (73%) compared to 2022 CHS (63%). The major areas of improvement suggested by the households were timely feedback (45%) and increasing community awareness on CFM (22%).

According to CARI, the percentage of households that are food insecure increased from 25% to 34%, following reduced rations amid encampment policy. About 65% of the households are marginally food secure, meaning that they have minimally inadequate food consumption, rely on consumption-based coping, and apply stress coping strategies to secure food needs. The percentage of food secure households that are able to meet food needs without engaging in food-based and livelihood coping decreased from 9% to 1%. Prevalence of food insecurity is higher among female headed households, elderly headed households and households in Nduta, among others.

Following reduction of food rations to 50% of the recommended kcal, refugees faced several effects, including increased number of days without food (81%), reduced number of meals (78%), increased engagement in livelihood activities such as petty trade, agricultural labour, casual labour and skilled labour, and increased movement outside the camp. Inadequate food and other essential services have also increased exposure to protection risks including psychological concerns, involuntary repatriation, school dropout, child labour outside the camp, girls engaged in indecent work subjecting themselves to sexual exploitation, increased prostitution especially among young girls and increased conflicts in the households. About 54% of the households going



outside the camp faced issues such as excessive distance (52%), mishandling by local authorities outside the camp (45%) and verbal harassment or threat (45%).

Perceived needs is a perception-based indicator used to understand and analyze how a population perceives and prioritizes unmet needs. For most of the sampled households, food was the most serious concern (92%), followed by clothing (81%) and source of income (81%). Hygiene management for women was a serious concern for 51% of the households. There were more households in Nduta perceiving all areas as of serious concern compared to Nyarugusu.



IV. Background

Tanzania is home to refugees and asylum seekers fleeing conflicts in neighbouring countries. As of 31st July 2023, the United Republic of Tanzania hosted 213,426 refugees, mainly from Burundi and the Democratic Republic of Congo (DRC). The refugees reside in Nyarugusu camp (Kasulu District) and Nduta camp (Kibondo District) in North-Western Tanzania. Renewed civil unrest in the eastern DRC caused by fighting between non-state armed groups and government forces saw a new wave of asylum seekers fleeing their homes mostly from North Kivu, in search for safety from the beginning of the year. As of 31stJuly 2023 a total of 12,245 individuals had arrived in Kigoma, out of which 11,082 were relocated to Nyarugusu camp. There was an overall increase of 3% in the number of refugees compared to August 2022 when the last CHS was conducted, following a combined effect of the new arrivals in Nyarugusu camp (increase), growth due to birth rate and reduction due to voluntary repatriation of the Burundian refugees. Between August 2022 and July 2023, a total of 6,763 Burundians have voluntarily repatriated to Burundi while 6,594 Congolese and 209 Burundian refugees and those other nationalities have been resettled to the third countries. Meanwhile, following the decision of the 23rd meeting of the Tripartite Commission for Voluntary Repatriation of Burundian refugees in Tanzania held in Burundi in May 2023, repatriation of Burundians has moved from facilitation to promotion, following improvement on security situation to guarantee peaceful return. However, a full shift to promotion phase will be guided by the development of a well-defined timeline and roadmap based on assessment of the impact of repatriation to be considered during the 28th TWG meeting to be held in November 2023 in Tanzania.

Table 1: Camp population as of 31 July 2023

| Camp | Total population |
|-----------|------------------|
| Nyarugusu | 138,058 |
| Nduta | 75,368 |
| Total | 213,426 |

Source: UNHCR Tanzania Refugee Population Update, July 2023

The level of humanitarian assistance including food, shelter, non-food items, primary health care, education and WASH (water, sanitation, and hygiene) has been severely hampered by inadequate funding. Refugees have become increasingly dependent on humanitarian assistance to meet their basic needs, following limited opportunities to engage in meaningful livelihood activities.

2023 Community and Household Surveillance (CHS) Objectives

The main objective of the 2023 CHS was to monitor food assistance outcomes and the status of other humanitarian assistance, determine the impact of food assistance and other assistance on the targeted households and to monitor food insecurity and livelihood trends of the refugees in Nduta and Nyarugusu camps.



Specific objectives

- To measure short- to medium-term outcomes of food assistance from August 2022 to July 2023
- To analyse trends of key food security indicators and livelihoods in Nyarugusu and Nduta camps with the results feeding into the October 2023 WFP/UNHCR Joint Assessment Mission (JAM).
- To investigate the effects of the recent food ration reduction on the overall well-being of the refugees, protection concerns, and risk factors associated with ration reduction and applied coping mechanisms.
- To measure how food security and livelihood status have been affected by various shocks, including changes in food ration, unavailability of markets, and the threat of pandemics.
- To measure the perception of the refugees on service delivery in the camps.
- To follow up on the status of the implementation of 2022 CHS recommendations and come up with plausible programmatic recommendations to improve service delivery in Nyarugusu and Nduta camps in a short, medium, and long term.
- Explore vulnerability categories in the camps and classify the population into different food security classes based on demographics, social and livelihood profiles/characteristics.
- To collect information for WFP corporate reporting requirements (Annual Country Report and Donor Reports).

The assessment emphasized on collecting primary data to fill the information gaps on household food security inter-alia: food consumption (food frequency and dietary diversity); household expenditure; access to food, health, water, sanitation, and education services; household exposure and response to risk including coping strategies; assets and livelihoods (e.g., income/livelihood sources, ownership of physical assets such as livestock). Moreover, the assessment analyzed protection and accountability to affected populations aspects such as gender and disability, and how they influence food security and vulnerability in the households. The findings of this assessment will provide the major inputs for the 2023 JAM, inform operational decisions for improving food assistance and other interventions and enhance household food security in the camps.

Methodology

The assessment adopted mixed methods approach. Quantitative data were collected through household interviews. Data collection was done electronically using Android tablets installed with Open Data Kit (ODK). Qualitative data were collected through focus group discussions with women, men, youth and people with specific needs (PSN) groups. In addition, key informant interviews were held with some refugee leaders and agencies working in the camps. The results of the different data sources complemented each other and facilitated triangulation to control potential bias as much as possible. Secondary data was collected through key document review.



Key respondents for the household interviews were household heads and/or their spouses, or another mature household member who is well informed about the household affairs. A household was defined as people sharing the same house and eating from the same pot, regardless of the number of ration cards they hold. Data collection was done by a multiagency team including WFP, UNHCR, the Ministry of Home Affairs (MoHA), and cooperating partners.

Sampling

The assessment adopted two stage sampling where the first stage engaged developing camp level sample size using Open EPI, a free and open-source software for epidemiologic statistics, at a 95% Confidence Interval. The second stage was development of the sample size per village¹, which was proportional to the population size of the respective village. Simple random sampling was used to draw households as the ultimate sampling units in each camp. The assessment covered a total of 760 households as per table below:

Table 2: Number of sampled households

| Camp | Number of Samples | Percentage | | |
|-----------|-------------------|------------|--|--|
| Nyarugusu | 377 | 49.6% | | |
| Nduta | 383 | 50.4% | | |
| Total | 760 | 100% | | |

Quality Control

Data collection was done by a multi-agency, multi-sectoral team of experienced staff who already participated in the past same or similar exercises, to ensure that data quality is maintained. The enumerators attended three days training on the CHS assessment tools and methodologies, to create a common understanding so as facilitate consistency and standardization. Pre-testing of the assessment tools was conducted in the camp to test their accuracy and validity prior to the assessment.

On daily basis, completed questionnaires were manually checked for completeness, consistency and accuracy before finalization and submission to the server. A thorough data cleaning was also completed before commencing analysis, to ensure duplications, errors, blanks and other data issues are rectified where possible. The assessment findings were reviewed and validated by technical officers with expertise of the operation.

Ethical Consideration and Community Consent

Prior to the interview, enumerators sought informed consent from the respondents by clearly explaining the objectives of the CHS and how their households were selected to participate in the

¹ A village is the second administrative level of the camp after a zone, and is subdivided into clusters, streets and plots.



interview. In addition, the respondents were assured of confidentiality and the voluntary nature of their participation in the interview, and that they could opt out of participating before or during the interview. The assessment team also ensured respondents' privacy and sought consent before taking photos as part of qualitative data. Photo taking followed ethical standards and assurance was given that the photos will be used only for CHS reporting purposes.

Data Analysis

Quantitative data analysis was done using IBM SPS Statistics (SPSS) Version 29. Qualitative was analyzed using context analysis, where information was organized based on different themes to bring meaning and complement the quantitative data. Comparison of food security indicators across time and socio-economic variables such as demographic characteristics and livelihood status was completed through cross-sectional data analysis. This report synthesizes the results of the qualitative and quantitative analyses, including secondary data.

Limitations of the Study

Although the assessment team took all possible measures to maintain data quality and ensure accurately reflection of the food security situation in the camps, the following limitations must be acknowledged:

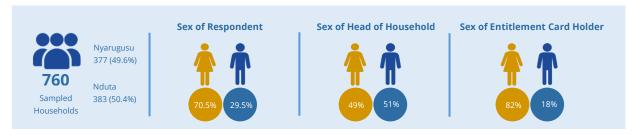
- The CHS questionnaire was written in English while household interviews were conducted in Kiswahili and Kirundi, using Kirundi translators who are proficient and have participated in similar exercises. Use of translators resulted to longer interview time. Thorough translation and review of the CHS tools was done during the training to ensure common understanding of the questions and consistency in administration of the questionnaire.
- Although enumerators were trained to facilitate accurate recall and quantitative estimates, some of the respondents may have made inaccurate recall and quantitative estimate following potential memory lapses especially for long recall periods. The assessment team encouraged spouses and other knowledgeable household members to contribute to the interview to increase accuracy.
- Although the assessment team explained to respondents that no concealed benefits were to be expected from the assessment, respondents' expectations of the assessment's concealed benefits could possibly influence some of their responses. The team explained that improvement in the quality of services depend on availability of resources, and such assessments are pertinent to agencies' accountability to donors.
- Some respondents were concerned that many assessments take place in the camps, but the level of services is not improving. Although the assessment team gave examples on how CHS



results have improved food distribution system, skepticism from some respondents could have influenced the way they responded to some questions.

V. Results of the Study

Household Characteristics and Demography



Most of the respondents were female, who tend to be more conversant on food related issues in the household. About 70% of the sampled households were from Burundi while 30% were Congolese, corresponding the proportion of the two populations. Majority of the entitlement card holders² were female as required by both WFP and UNHCR.

43.9% 48.6% 53.3% 79.9% 82.4% 84.9% 56.1% 51.4% 46.79 20.1% 15.1% 17.6% Sex of Sex of Sex of Sex of Sex of Sex of entitlement entitlement household household entitlement household head Card Holder head Card Holder head Card Holder Nyarugusu Nduta All Camps ■ Male ■ Female

Figure 1: Head of Household v/s Entitlement Cards

The sampled households in Nyarugusu had an average household size of seven while those in Nduta had a household size of six. Congolese households had bigger household size of seven, compared to six for the Burundians. More than half of the household members (52%) were children below 18 years.



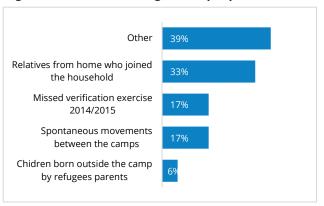
² Entitlement card holder is a person registered as the first household representative, responsible for following up assistance and services for the household. Head of household is the person responsible for governing the household and providing primary support for the household.



Table 3: Household Composition

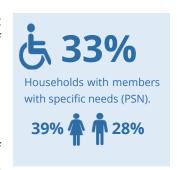
| Age group (years) | Percent of Household | Percent of Age | |
|-------------------|----------------------|---------------------------|--|
| | with Age Group | Group in Household | |
| 0 to 5 | 72% | 21% | |
| 5 - 17 | 78% | 31% | |
| 18 - 35 | 86% | 21% | |
| 36 - 59 | 52% | 12% | |
| 60 plus | 16% | 5% | |

About 2% of the surveyed households lived Figure 2: Reason for unregistered people with an unregistered household member, sharing resources with the household, including food. The main reason for unregistered household members was relatives who joined households from home country later, spontaneous movement between camps and those who missed the verification exercise. There was no difference between Congolese and **Burundians** households.



People with specific needs³

One third of the households lived with at least one person with specific needs (PSNs), which aligns well with over 13,000 PSN figure by UNHCR of over 47,000 households in the camps. Households with PSN mostly lived with elderly (39%), chronically ill (38%) and physically disabled (30%). There were more female headed households with PSN (39%) compared to male headed households (28%). About 37% of the households with PSN received assistance, mainly non-food items (e.g. clothes), cash, food (complementary food for chronically ill), cooking fuel and transport of food from the distribution centre. The percentage of households



receiving support went down remarkably compared to 63% in 2022 CHS following the overall reduction in assistance provision.

³ Within camp population, certain groups of vulnerable persons face heightened protection risks because they have specific needs. These groups may include girls and boys at risk, persons with serious health conditions, persons with special legal or physical protection needs, single women, women-headed households, older persons, persons with disabilities, and persons with a diverse sexual orientation or gender identity.



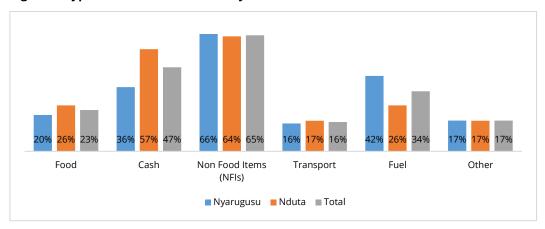
8% 9% 9% 9% 9% 13% 8% 10% 22% 36% 30% 36% 40% 38% 45% 35% 39%

Intellectually disabled People with other special needs

Nyarugusu Nduta Total

Figure 3: Proportion of households with persons with specific needs by type

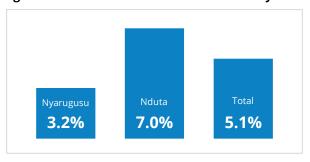
Figure 4: Type of assistance received by households with PSN



People with Disabilities

The percentage of household heads with disability, as per Washington Group Short Set of Questions (WGQ–SS) ⁴, remained the same as 2022 CHS. Having a head of household with disability may limit their full and effective participation in livelihood activities and increase household vulnerability. No difference was noted between male and female headed households.

Figure 5: Heads of Households with Disability

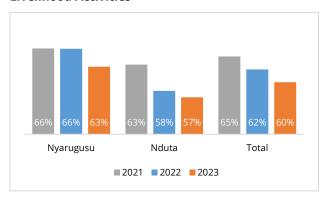


⁴ Washington Group Short Set of Questions (WGQ–SS) on functioning, focuses on vision, hearing, walking, cognition, communicating and selfcare. Household heads that reported 'a lot of difficulty' (coded as 3) or 'cannot do at all' (coded as 4) to at least one of the six functioning questions were considered persons with disability.



Persons Engaged in Livelihood Activities

Figure 6: Proportion of Households Engaged in Livelihood Activities



Households with at least one member engaged in some form of livelihood activity further went down mainly due to limited opportunities.. There were more households engaged in livelihood activities in Nyarugusu compared to Nduta due to longevity and proximity of Nyarugusu camp to surrounding villages, and access to capital from social networks. Male headed household were more likely to engage in livelihood activities (70%) compared to female headed

households (49%) because male members have more livelihood options and can engage more in risky activities such as going outside the camps compared to female. No statistically significant difference was noted between Burundians and Congolese male.

Primary School Enrolment and Attendance

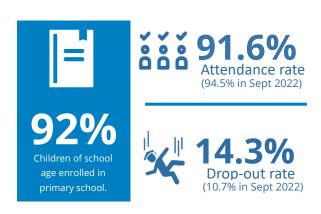
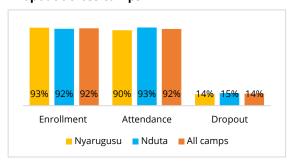


Figure 7: School Enrolment, Attendance and Dropout across camps







A slight decrease was noted on the children attending school regularly compared to 2022 CHS. The main reason for non-attendance was truancy, followed by sickness of respective child, lack of food and lack of school material. Similarly, households with children who dropped out slightly increased, the main reasons being truancy, lack of clothes, sickness of respective child, lack of school material and lack of food. A remarkable increase is noted in the children who dropped out for lacking clothes, lack of school materials and lack of food. FGD respondents in both camps indicated that there has been an increase in school absenteeism because of lack of food, where some children have reportedly left school to work outside the camp (e.g. selling eggs, mandazi).

Figure 8: Reason for non-attendance

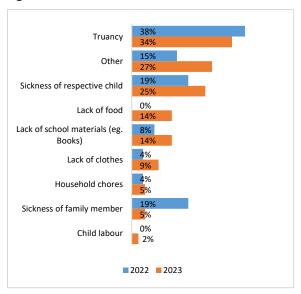
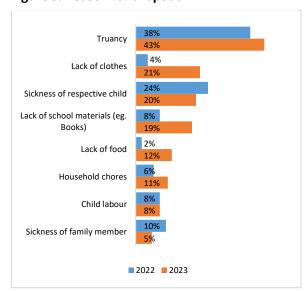


Figure 9: Reason for dropout









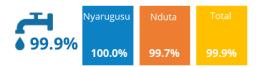


Other issues on education raised during the FGD include overcrowding in classrooms, limited opportunity for higher learning education, children dropping out of school while no one seems to care and lack of specialized teachers for special schools such as for students with hearing impairment. Burundian respondents were concerned that exams are not happening in time. They are not sure of sitting for final exams this year. Some students are exposed into risky behaviors such as theft and prostitution while waiting for exams.



Water and Sanitation (WASH)

Source of Drinking Water

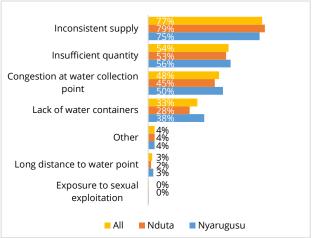


Percentage of households using improved sources of drinking water

Nearly all sampled households access safe and clean water from improved sources, mostly from public taps. Water fetching for the households was mainly done by adult women alone (45%) or adult women with

children (34%). Female children were also more likely to collect water (11%) compared to male children (6%).

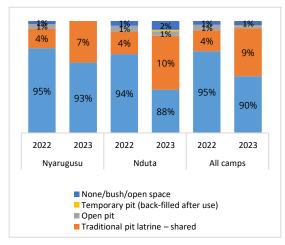
About 58% of the households indicated that Figure 10: Water problems they faced water problems, mainly inconsistent supply, insufficient quantity and congestion at water collection points. Usually, water problems increase during the dry season. Household members spent an average of 7 minutes to walk to the water collection points and an average of 37 minutes to collect water, which is less compared to 42 minutes in 2022 CHS. Households in Nyarugusu spent seven minutes more collecting water (42 minutes) compared to Nduta (33 minutes).



Sanitation

The proportion of households using their own family latrines slightly went down while those sharing slightly increased compared to 2022 CHS. There was no difference between male and female headed households. Many latrines are reportedly to be in poor condition where some full while others are broken. Refugees share latrines with neighbours when their latrines are full, where some use latrines meant for people with disability. Repair/replacement of the latrines is limited by budgetary constraints, which may cause a public health concern during the rainy season. Most of the

Figure 11: Type of toilet facility used



hand washing facilities around the latrines (tippy tap) have also been removed and jerry cans used for other uses. Soap to the tippy taps was not regularly provided.





The structures of our latrine are seriously damaged. We can only use the toilet during the night.

FGD respondent, Nyarugusu camp.

Health

A slight increase was noted in percentage of households reporting a household member who went to hospital for medical services in the past three months, compared to 2022 CHS round. Most household members seeking medical services were adult women and children. Some studies show that women seek more health assistance and report more incidents of illness than men. Household members spent about 25 minutes to walk to the health facility, and an average waiting of 2 hours and half to get medical service before going back home.

Figure 13: Households with members seeking medical services in the last three months

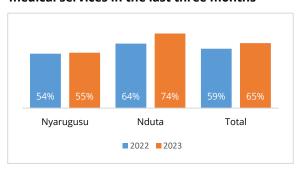


Figure 12: Household member seeking medical services

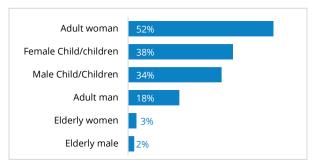
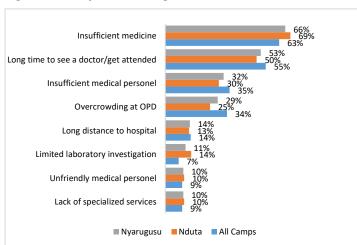


Figure 14: Hospital challenges faced



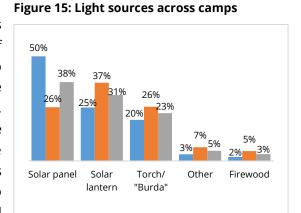
About 68% of the households faced challenges while accessing medical services, which is an increase compared to 57% in 2022. The major issues cited include inadequate medicine, long time to get attended, insufficient medical personnel and overcrowding at outpatient department (OPD). FGD respondents complained of inadequate number of medical personnel, whereby a fixed number of patients is attended in a day at the health posts. In addition,

when two patients are sick from the same household, only one person is attended. It was further learnt that some medical staff are forced to do long shifts to compensate for the shortage. Other issues raised during FGD include insufficient ambulance services and insufficient stretchers to ferry patients to hospital at the zone level.



Source of Lighting

The use of solar panel as a source of light has slightly increased compared to 36% in 2022. Use of solar panel is higher in Nyarugusu compared to Nduta since households in Nyarugusu are considered better off compared to Nduta. Similarly, use of solar panels among the Congolese households (60%) was more than double the Burundians households (28%). Solar panel is expensive, and it requires economic capacity to access it. There were also more male headed households using solar panels (41%) compared to



■ Nyarugusu ■ Nduta ■ Total

female headed households (34%), reflecting higher purchasing power among male headed households.

Cooking Fuel

The use of firewood as the main source of fuel for cooking increased compared to 2022 CHS, following an increase in the price of charcoal. As a result, the use of charcoal decreased. Use of charcoal is more prominent in Nyarugusu (12%) compared to Nduta (2%). While use of charcoal may reduce time to fetch firewood and associated protection risks such as sexual assault, it is difficult for most of the households to access charcoal due to high price. Expenditure on cooking energy almost doubled (from TZS 6,197 to TZS 11,660 per month) for the second year in a row following increasing prices especially of charcoal.

Figure 17: Main source of cooking fuel

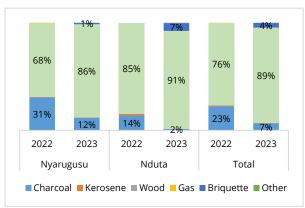
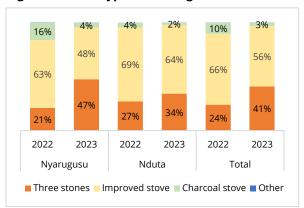


Figure 16: Main type of cooking stove

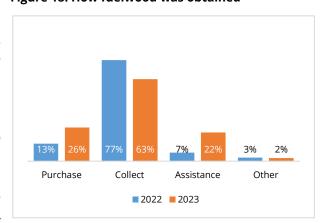




Households getting assistance with firewood also increased (mainly households with PSN).

Long distances to the firewood collection sites subject beneficiaries to protection and security risks.

Refugees spend close to two hours to walk to firewood collection site, ninety three minutes to collect firewood and more than two hours to walk back home. About 86% of the households faced issues while collecting firewood, the major ones being excessive distance, mishandling by



local authorities outside the camp and verbal harassment or threat. Households in Nduta were more likely to face different issues while collecting firewood compared to Nyarugusu. About 45% are travelling over 5 km, one way to collect firewood, which is an added burden, especially for the PSNs and mothers with little babies. About 73% of the households collect firewood once or twice per week.

Table 3: Time taken to collet firewood

| Camp | Time taken to walk to the firewood collection site | Time taken to collect firewood before walking back home | | |
|-----------|--|---|--|--|
| Nyarugusu | 1hr 43 minutes | 1hr 34 minutes | | |
| Nduta | 1hr 51 minutes | 1hr 32 minutes | | |
| All Camps | 1hr 47 minutes | 1hr 33 minutes | | |

Although PSN receive cooking fuel support (firewood or briquette), they indicated that it is not enough. From the section on PSN above, only 50% of the households with indicated to have received cooking fuel assistance. PSN households receiving firewood complained that they don't get transport and they receive logs which they need to chop while they have no tools and incur cost (in cash or in kind) to have the wood chopped.





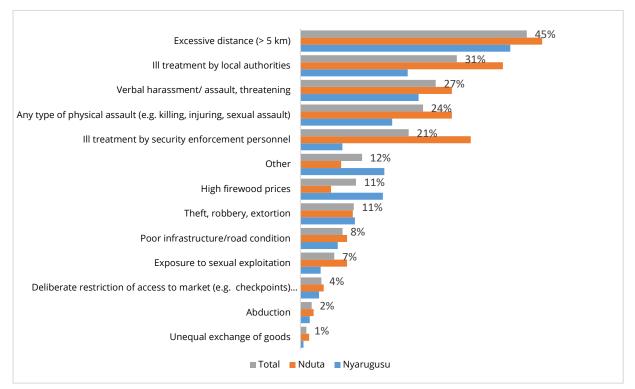


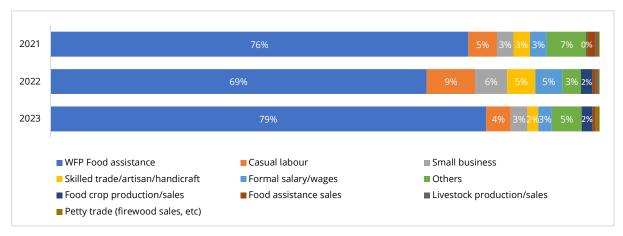
Figure 19: Issues faced during firewood collection

Livelihood Activities

Refugees mainly depend on WFP food assistance as their major source of livelihood. Despite the ration reduction, contribution of food assistance increased to 79% compared to 69% 2022 CHS following limited options for other sources of livelihood. Consequently, contribution of casual labour, small business and skilled trade went down. About 29% of the households reported changes in their livelihood source, mostly loss of livelihood sources (51%) and change in type of livelihood source (22%), while 21% added a new livelihood source to the existing source(s). Those who lost livelihood source include the ones who were depending on bicycles before they were banned in the camps.



Figure 20: Most Important Livelihood Source



About 64% of the households reported a household member who went outside the camp within seven days, mostly for agricultural activities, firewood collection and purchase of food items. Most of the members going outside the camp were adult male and female.

Figure 22: Member going outside the camp

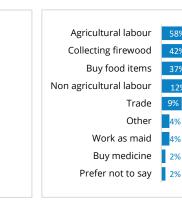
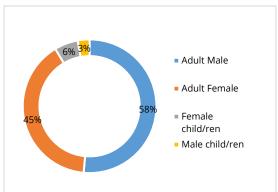


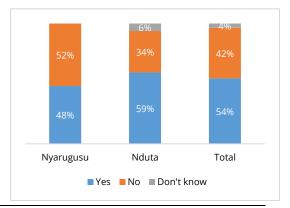
Figure 21: Reason for going outside the camp



Effects of food ration reduction:

Following reduction of food rations from 80% to 65% of the recommended kcal in late March and further reductions to 50% in mid-June, refugees faced several effects, the major ones being increased number of days without food, reduced number of meals, increased engagement in livelihood activities, some of which are illegal and increased movement outside the camp.

Figure 23: |Members faced issues when they went outside the camp last time





About 54% of the households going outside the camp faced issues, the major ones being excessive distance (52%), mishandling by local authorities outside the camp (45%) and verbal harassment or threat (45%). Other issues include mishandling by security enforcement personnel (32%), physical assault (26%) and sexual assault (19%).

Figure 25: Effects of ration reduction

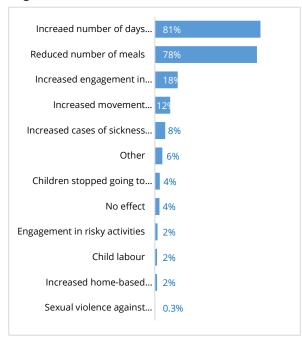
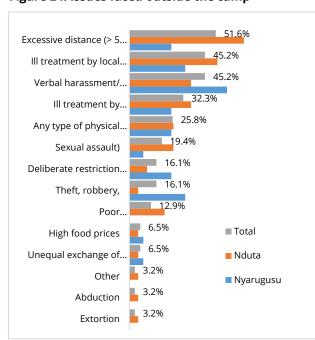


Figure 24: Issues faced outside the camp





FGD respondents in both Nyarugusu and Nduta camps indicated that the ration reduction has had devastating effect on their lives, coupled with reduced level of other services in the camps. The effects cited during FGD include increased stress/psychological concerns, involuntary repatriation, reduced number of meals/skipping meals (people eat once), increased morbidity in the household and increased school drop-out where some children go outside the camp to sell water, eggs, mandazi and cattle herding. Some girls are reportedly working in bars, lodges and as maids in the villages, subjecting themselves to sexual exploitation. There is also increased prostitution especially among young girls and young married women leading to increased conflicts in the households. There was consensus among FGD respondents that children are the most affected by the ration reduction, followed by elderly (especially those living alone), lactating women,



chronically ill, pregnant women, physically disabled, widows and single female headed households (with young children).

Borrowing:

Households borrowing money three months prior to the CHS exercise slightly decreased, mainly because of diminishing economic capacity to repay the loan. Households borrowed money mainly to buy food, which same as 2022 CHS. Households borrowed money mostly from friends and relatives (91%), which is slightly lower compared to 97% in 2022. Households borrowing from money lender slightly increased from 1% to 5%.

Figure 27: Borrowed money in the last three months

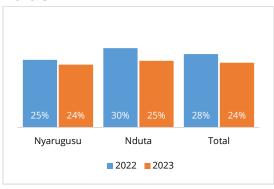
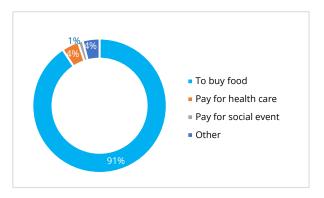


Figure 26: Reason for borrowing money



Households borrowing food or cash before the last food distribution prior to the CHS slightly increased (from 53% to 56%) compared to 2022 CHS. Households borrowed because food ration is not enough (99%). Households borrowing cereals increased remarkable from 45% to 87% while those who borrowed vegetable oil increased from 41% to 53%. Households borrowing pulses and salt decreased. Although borrowing may meet short term food needs, it is detrimental to the refugees as it exposes them to continuous food deficit and borrowing as they must repay what they borrowed after every distribution.

Figure 28: Households that borrowed food/cash to buy food before last distribution

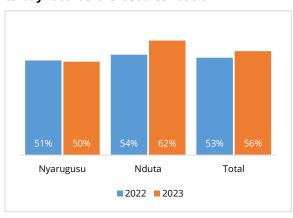
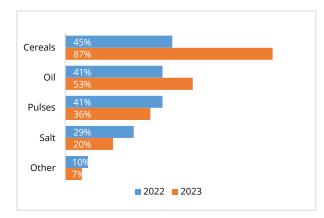


Figure 29: Type of food borrowed





Agriculture

Access to agricultural land

About 43% of the households access agricultural land inside the camp, mostly used for kitchen gardening activities. Land access inside the camp is free.

Figure 31: Access to agricultural land

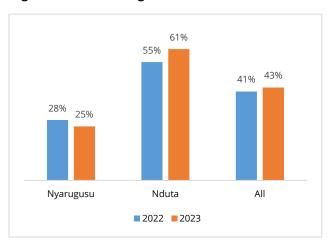
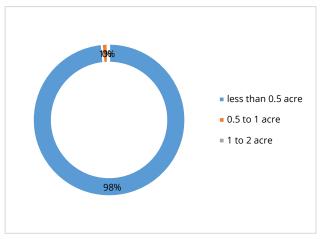


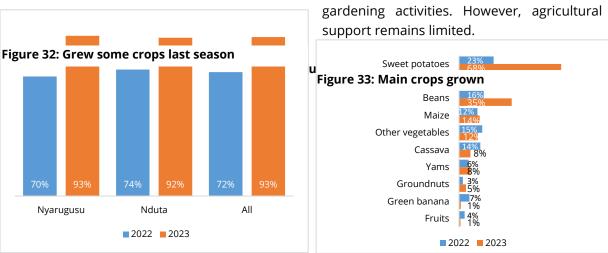
Figure 30: Size of land accessed



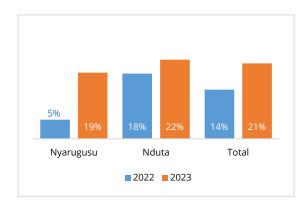
Most of the households with access to land access less than half an acre, which does not guarantee adequate contribution to livelihood and food security. Most of households with access to land grew a limited number of crops, with significant increase noted in production of sweet potatoes, vegetables and beans.

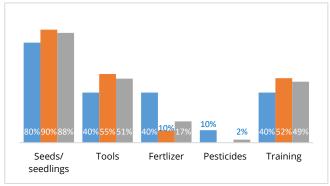
Households growing banana and cassava inside the camps decreased due to restrictions on crops that are more than 1 meter long in the camps due to security reasons.

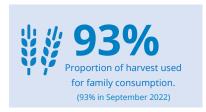
There was an increase in percentage of households receiving agricultural support from the agencies. This was partly related to WFP and Danish Refugee Council (DRC) support to kitchen

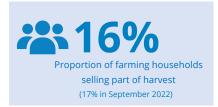














While there is no significant difference in proportion of household selling part of harvest, the notable difference in earnings between 2022 and 2023 could be attributable to increased demand hence increase in commodity prices.

Access to Market

About 54% of the households had members who purchased items from market/stall within seven days before the CHS, compared to 69% in 2022 CHS. Most of the households accessed small markets/stalls found in the zone/village level, which have limited supplies of mostly sardine (dagaa) and vegetables. There is an increase in the percentage of households accessing kiosks/stalls in the zones as formal markets are not available in the camps. For the households that did not go to the market, the major reasons were lack of money (68%) and unavailability of markets (23%), while 4% had nothing to buy from the market.

Figure 36: Market accessed

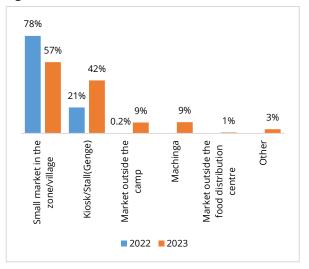
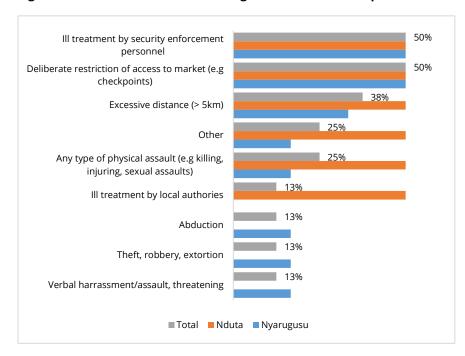


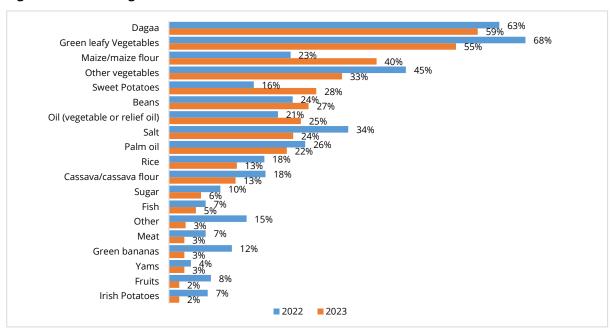


Figure 37: Issues faced while accessing market outside camp



Households mostly purchased sardine (dagaa), vegetables, maize flour, sweet potatoes and beans. An increase in the purchase of items such as maize flour, beans and cooking oil (mostly from outside the camp) that are part of the food basket, reflects the need to complement rather than to diversify the WFP ration, as food is not sufficient.

Figure 38: Food brought from the market





Asset Wealth and Livestock Ownership

Asset wealth

Asset wealth analysis is a proxy indicator of household's wellbeing and longer-term economic status. The analysis categorises households into four asset wealth groups based on the number of assets they own5 namely, "Asset Very Poor" (0–2 assets), "Asset Poor" (3–4 assets), "Asset Medium" (5–9 assets) and "Asset Rich" (10 or more assets).

Households in the asset poor and very poor categories increased, which is sign of deteriorating asset wealth. There were more female headed households in the asset poor and asset very poor category (65%) compared to male headed households (49%). Burundians were more likely to fall in the asset very poor and poor categories (63%) compared to the Congolese (41%).

Households selling household asset slightly increased from 9% to 11%. Of those, households which sold assets to buy food were 88% compared to 73% during 2022 CHS. Households selling assets to buy NFIs slightly went down from 17% to 14%. Depleting household assets shows pressure on the households and urgent need to cover their food needs, amid limited purchasing power.



Figure 39: Asset Categories

⁵ Assets include chairs, tables, beds, TV/Satellite dish, radio, solar panel, axe, sickle, Panga/Machete, mortar, hoe, ox cart, milling machine, bicycle, hammer, saw, sewing machine, musical instruments, motorcycle, and mobile phone.



Livestock Ownership

The percentage of households owning livestock went down compared to CHS 2022 round. Livestock ownership was higher among the Congolese households (27%) compared to Burundians (16%). There was no difference on livestock ownership between male and female headed households. Most of the households that own livestock keep poultry (average of 6) since its cost is cheaper compared to other types of livestock.

Figure 40: Proportion of households that own livestock

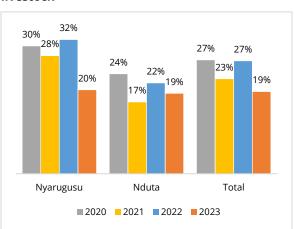
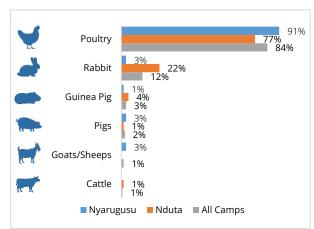


Figure 41: Type of livestock owned



Household Food Consumption

CHS uses standardized indicators for food frequency and dietary diversity such as Food Consumption Score (FCS) and Household Dietary Diversity Score (HDDS) to measure household food consumption patterns. In addition, CHS measures the adequacy of consumption of nutrient-rich groups essential for the nutritional health and well-being of the household using Food Consumption Score-Nutrition (FCS-N).

Number of Meals

There was a general reduction on the average number of meals for grown up children aged between 5 and 17 years from 3 to 2 meals per day. Although adults and children under 5 years maintained an average number of meals as those recorded during 2022 CHS (2 and 4 respectively), it was noted during the interviews that the portion size reduced while some households replaced ugali with porridge. About 42% of the adults ate one meal per day, compared to 18% in 2022.



Table 4: Number of Meals Consumed

| Camp | amp Adults 18+ y | | + years Children 5-17 years | | Children under 5 years | |
|-----------|------------------|------|-----------------------------|------|------------------------|------|
| | 2022 | 2023 | 2022 | 2023 | 2022 | 2023 |
| Nyarugusu | 2 | 2 | 3 | 2 | 4 | 3 |
| Nduta | 2 | 2 | 3 | 2 | 4 | 4 |
| Total | 2 | 2 | 3 | 2 | 4 | 4 |

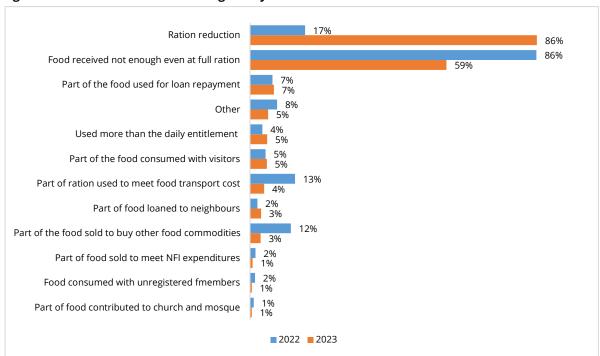
Number of Days Food Lasts

There was a remarkable reduction in the number of days food from the previous distribution lasted, for all food items. The food meant for 28 days lasted 16 days for cereals, 11 days for pulses, 9 days for vegetable oil and 13 days for salt. About 86% of the households said food did not last 28 days because of the ration reduction while 59% said food is not enough, even if it was at full ration. There is a remarkable increase in the



households citing ration reduction as the major reason for food not lasting 28 days (86%) compared to only 17% in 2022 CHS. Households indicated that they eat once a day or drink porridge instead of eating ugali to extend the number of days food is available at household level.

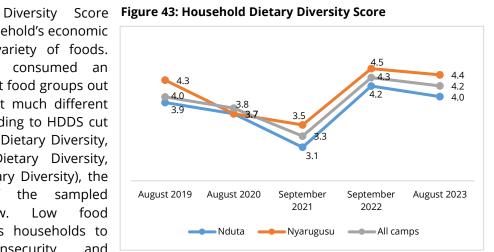
Figure 42: Reason for food not lasting 28 days





Dietary Diversity and Food Frequency Household Dietary Diversity Score (HDDS) 6

Household Dietary (HDDS) measures household's economic ability to access a variety of foods. Sampled households consumed average of 4.2 different food groups out of seven, which is not much different from 2022 CHS. According to HDDS cut off points (6+ = Good Dietary Diversity, 4.5 - 6 = Medium Dietary Diversity, below 4.5 = Low Dietary Diversity), the dietary diversity of the households is low. Low food diversification exposes households to potential food insecurity and



malnutrition. While kitchen garden was resumed since 2022, the number of household supported is very small to show a meaningful impact on HDDS.

Food Consumption Score (FCS)⁷

Food consumption score is a proxy measure of food consumption and food security at the household level. It reflects the household's capacity to access a wide variety of food by looking at the number of different food groups consumed by a



household. Food consumption score has been steadily deteriorating following reduction in food ration and limited access to complementary food from markets and own production. The percentage of households with insufficient food consumption (poor and borderline consumption groups) increased from 28% to 32% compared to 2022 CHS, while those with acceptable consumption decreased. Households in Nyarugusu had a better food consumption compared to Nduta, because of longevity of Nyarugusu camp and better social network especially among the Congolese refugees. Congolese recorded a higher Food Consumption Score (44) compared to Burundians (38). There were more female households with insufficient food consumption (40%) compared to male headed households (24%), indicating that female headed households are more

⁶ The Household Dietary Diversity Score (HDDS) is a qualitative measure of food consumption that reflects household access to a variety of foods over a given period. It indicates the number of different food groups (out of seven food groups) consumed by a household during the seven days' recall period. HDDS is used as a proxy measure of food consumption and food security at the household level. The seven food groups considered are: (1) cereals, roots, and tubers; (2) pulses and legumes; (3) dairy products; (4) meats, fish and seafood, and eggs; (5) oils and fats; (6) fruits; and (7) vegetables.

⁷ Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups. The FCS is calculated using the frequency of consumption of different food groups consumed by a household using a recall period of seven days before the day of the interview to the given household. The food consumption scores are used to classify each household as having either poor (FCS 0 to 21), borderline (FCS 21.5 to 35), or acceptable (FCS > 35) food consumption. As a qualitative measure of food consumption, FCS reflects a household's capacity to access a wide variety of foods and is used as a proxy measure of food consumption and food security at the household level.





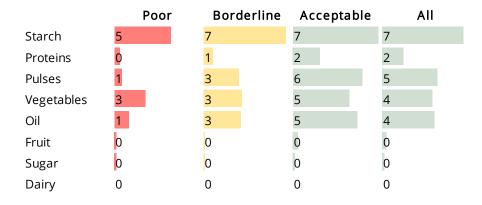
food insecure. Based on the trend analysis presented in Figure 45 below, it would be important to note that prevalence of insufficient consumption is at the highest rate in recent years.

64% 63% 66% 68% 73% 75% 73% 79% 79% 78% 81% 83% 85% 86% 93% 21% 24% 15% 20% 20% 12% 17% 8% 15% 12% 11% 10% 15% 14% 11% 9% 8% 8% 6% 6% 6% 4% 5% 4% 2019 2020 2021 2022 2023 2019 2020 2021 2022 2023 2019 2020 2021 2022 2023 Nyarugusu Nduta Total ■ Poor Consumption ■ Borderline Consumption Acceptable Consumption

Figure 44: Food Consumption Groups

Sampled households mostly consumed starch (daily), pulses (5 days), oil and vegetables (4 days), while consumption of animal protein was limited to 2 days (mostly sardine (dagaa)). Consumption of fruits, sugar and dairy was nonexistent, even among the households in the acceptable consumption group, who consumed fruits and sugar for one day in 2022. There is a general reduction in consumption of vegetables and cooking oil by one day, compared to 5 days in 2022.

Figure 45: Average number of days households consumed food groups in the last seven days, by food consumption group



Food Consumption Score-Nutrition

CHS uses Food Consumption Score-Nutrition (FCS-N) to assess the adequacy of key macronutrient and micronutrient-rich food groups that are necessary for the nutritional health and well-being of the household. It looks at how often households consumed protein, vitamin A, and heme-iron rich



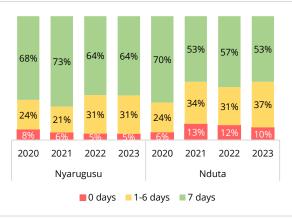
foods⁸ over a 7-day recall period. Low consumption of nutrients exposes household members to the risk of malnutrition.

Food Consumption Score-Nutrition

CHS uses Food Consumption Score-Nutrition (FCS-N) to assess the adequacy of key macronutrient and micronutrient-rich food groups that are necessary for the nutritional health and well-being of the household. Low consumption of nutrients exposes household members to the risk of malnutrition.

The percentage of households consuming Figure 46: Protein rich foods protein on daily basis slightly decreased in Nduta (57% to 53%) while it remained constant in Nyarugusu (64%). There were more male headed households consuming protein on daily basis (63%) compared to female headed households (53%).

Consumption of vitamin A rich foods also decreased in Nduta (16%) compared to 2022 CHS (25%) and remained constant in Nyarugusu (20%). The most consumed Vitamin



A rich foods were green leafy vegetables (73%), which is lower compared to 84% in 2022 CHS. Insignificant percentage of households consumed diary (0.3%), organ meat (0.4%) and eggs (2%) were rarely consumed, with the proportion of households consuming dairy and organ meat having gone down from 2.3% and 1% respectively.



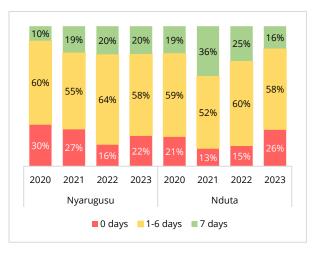
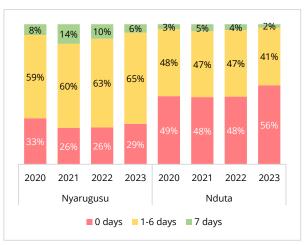


Figure 48: Heme iron rich foods



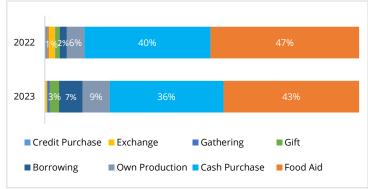
⁸ Heme iron is only found in animal-source foods, including meat, poultry, and fish. Heme iron is better absorbed by the body than non-heme iron.



Consumption of heme-iron rich foods on daily basis further went down from 14% to 6% in Nyarugusu and from 4% to 2% in Nduta. The major source of heme-iron in the camp is fish/sardine (dagaa), whose consumption depends on the purchasing power of the household.

Food Sources

About 43% of the food consumed by Figure 49: Sources of food the sampled household within seven days prior to the CHS exercise came from WFP food assistance, which is slightly lower compared to 47% in 2022 CHS. The decrease contribution of food assistance the food source is not necessarily explained in absolute terms but attributed to increased reliance on other food sources to



complement reduced food rations. Since 97% of the food received from WFP is consumed, it can be concluded that it meets less than 50% of the beneficiaries' food needs. The contribution of cash purchases also slightly reduced from 40% to 36% due to limited sources of income, while dependence on borrowing, gift and own production increased. Cash purchase contributed more to households in Nyarugusu (44%) compared to Nduta (29%), indicating stronger purchasing power in the former. Refugees purchase food such as sardine (dagaa), vegetables, maize flour, sweet potatoes and beans to complement and diversify WFP food. Own production was prominent in Nduta (12%) compared to Nyarugusu (5%) since there are more households engaged in agricultural activities in Nduta than Nyarugusu.

Difficulties with Meal Preparation

Households reporting to face challenges when preparing meals increased from 63% to 82% compared to 2022 CHS. There is an increase in percentage of households reporting insufficient food amount following reduced rations. There is an increase in the households reporting non-food items concerns, especially lack of kitchen utensils and water containers. There were more households reporting challenges during meals preparation in Nduta (85%) compared to Nyarugusu camp (78%). Most of the PSN households indicated that the firewood/briquettes they receive is not sufficient and runs out early. Households that cited hard beans said it took an average of five hours to cook. To reduce the cooking time, 23% soaked, 2% used bicarbonate of soda while 75% did nothing.



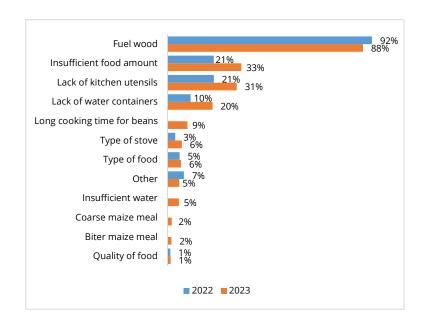
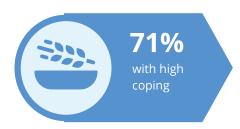


Figure 50: Challenges faced when preparing meals

Coping

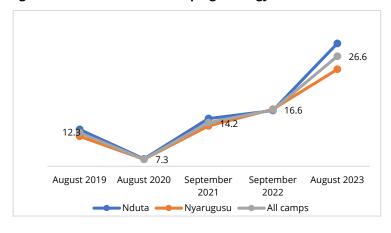
Reduced Coping Strategy Index (rCSI)



Reduced Coping Strategies Index (rCSI) is a proxy indicator of household food insecurity which considers frequency and severity of five pre-selected consumption based coping strategies that the household used in the seven days prior to the survey to cope with food shortages at the household level. The rCSI score indicates the level of stress a household

faced following the presence or threat of a food shortfall. Monitoring the trend of rCSI score over time indicates whether household food security is improving or declining.

Figure 51: Trend of reduced Coping Strategy Index



The overall rCSI score increased remarkably from 16.6 in 2022 CHS round to 26.6, which is the highest figure on record. This indicates deteriorating food security situation. Households with high consumption-based coping almost doubled (from 37% to 71%) indicating increased household stress to meet food needs.

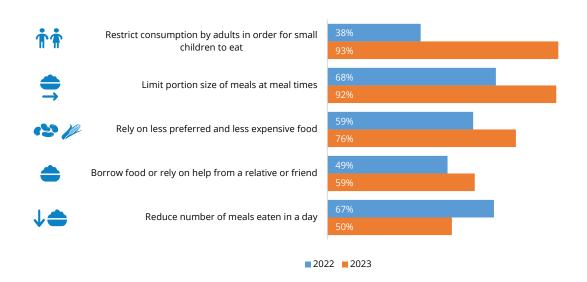




rCSI was higher in Nduta (29.0) compared to Nyarugusu (24.2). While there was not much difference on the rCSI score (i.e. the severity of coping) between male and female headed households, there were more female headed households with high coping (75%) compared to male headed households (69%).

Almost all households applied one or more coping strategies (99%) which is an increase compared to 89% in 2022, indicating food shortage among all households. Most households restricted consumption of adults for children to eat (93%), which was not an important coping strategy during 2022 CHS (38%). The households limiting portion size also increased to 92%, compared to 70% in 2022, indicating that beneficiaries consume insufficient amounts of food. Similarly, households consuming less preferred and less expensive food increased. Consuming less quantity and poor diet, may subject households to potential deterioration in nutrition status.

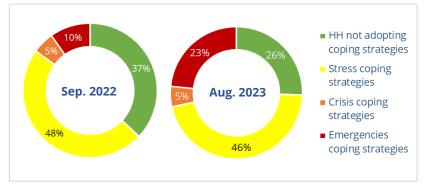
Figure 52: Consumption based coping strategies used



Livelihood Coping Strategy

Livelihood Coping Strategy Index (LCSI) is used to measure medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food, and the ability of the households to overcome challenges in the future. LCSI explores

Livelihood Coping Strategy Figure 53: Livelihood Coping Strategies



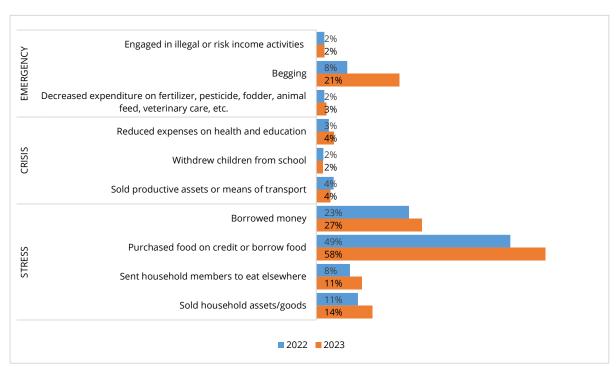
households' experience with livelihood stress and asset depletion to cope with food shortages.



The indicator is calculated based on ten strategies⁹, including four stress strategies, three crisis strategies and three emergency strategies.

Households adopting crisis and above livelihood coping almost doubled (from 15% in 2022 to 28%) indicating increased household stress on food and other needs. There are more female headed households adopting crisis and above coping reflecting limited capacity among the female headed households to meet food needs. Households applied livelihood coping mainly to meet food needs. There are slightly more households adopting crisis and above coping in Nduta (30%) compared to Nyarugusu (27%). There is a remarkable increase in the households relying on begging.





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⁹ Stress Strategies = Sell household assets/goods (radio, furniture etc.), Send household members to eat elsewhere, Purchase food on credit or borrow food and Borrow money. Crisis Strategies = Sell productive assets or means of transport (sewing machine, bicycle etc.), Withdraw children from school and Reduce expenses on health (including drugs) and education. Emergency Strategies = Decrease expenditure on fertilizer, pesticide, fodder, animal feed, veterinary care, etc.), Begging and Engage in illegal or risk income activities (theft, prostitution).



Household Expenditure Patterns





CHS uses household expenditure as a proxy of household income. Average monthly household expenditure increased by 19% compared to 2022 as households spent more to complement their food rations and meet NFI needs. Average monthly expenditure on food increased by 7% while expenditure on non-food items increased by 31%,

mainly driven by high expenditure on cooking fuel and soap/detergent. Expenditure on cooking energy increased by 91% due to increased price of charcoal, following ban on bicycles and strict measures to curb down charcoal making by environment management authorities. Expenditure on soap increased by 52% following increased demand during the dry season due to dust, and irregular distribution.

Households in recorded more than double the expenditure (TZS 109,057) compared to Nduta (TZS 46,225), reflecting higher purchasing power among households in Male headed Nyarugusu. households spent 15% more than what female headed households spent.

Nyarugusu Figure 55: Household's monthly expenditure

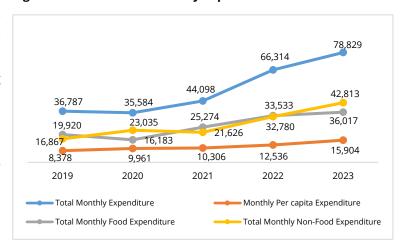
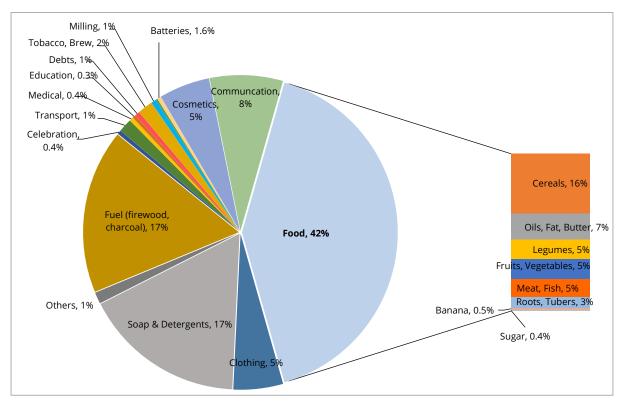




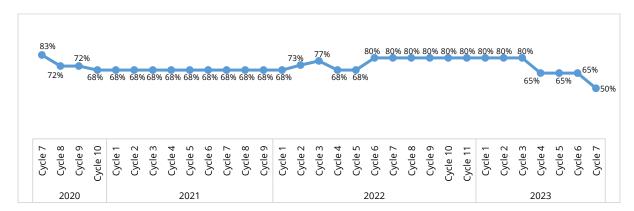
Figure 56: Household Expenditure



Post Distribution Monitoring

WFP provides general food distribution to all registered beneficiaries and asylum seekers, in cycles of 28 days. During distribution cycle number 7 which was the last before 2023 CHS was conducted, beneficiaries received 50% of their ration entitlement, equivalent to half of the recommended daily calories of 2,100 per person.

Figure 57: Ration Entitlement by Cycle (% of full ration)





Use and Sale of Food Assistance



1% Amount of food sold. (3% in Sept. 2022)



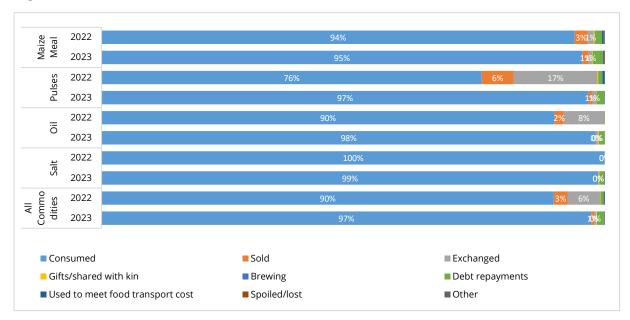
T Z S

CHS, ood and from sale of food assistance (TZS 5,119 in Sep. 2022)

More food received from WFP was consumed compared to 90% in 2022 CHS, while less was sold or exchanged. Households that sold part of their food ration also went down, compared to 29% in 2022 CHS. Reduction in sale and exchange of food assistance was attributed to reduced food rations, high prices of local food items and unequal exchange with host population.

The main reasons for sale of food assistance were the need for other food items to complement WFP ration (64%) and to meet transport cost to ferry food home from distribution centre (48%). The percentage of households selling food as a source of income and to buy non-food items went down.

Figure 58: Use of food assistance



Households that sold food got an average of TZS 2,817 from sale of food assistance, which is 45% lower compared to TZS 5,119 in 2022 as the amount of food sold also went down. However, while there is reduction in the average earning from sale of food compared to 2022, the earning obtained from sale of food assistance was more than double the average earning from sale of farm harvest. The pattern of use of money realized from sale of food was in line with the reasons for sale of food cited above. About 8% of the households used the money from sale of food to buy NFIs such as soap, following shortage of NFIs in the household.



Figure 59: Reason for sale of food

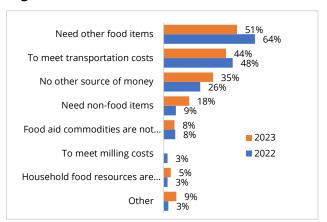
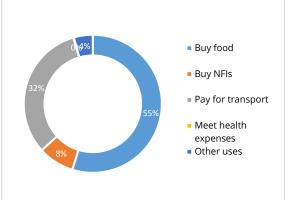


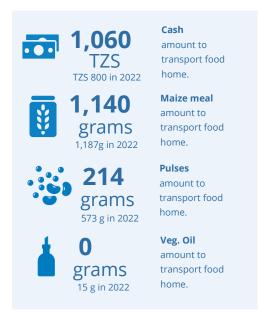
Figure 60: How money from sale of food was spent



Transport to/from the Distribution Point

Most of the households carried food home on foot (83%), following ban of bicycles in the camps. Only 10% of the households used bicycles compared to 46% during 2022 CHS. The percentage of households paying to transport food home decreased from 39% to 16%, with the decreased use of bicycle. More households paid in cash as opposed to in-kind (entitlement) due to reduced rations and unequal exchange when paying in kind.

The amount of cash paid to transport food home increased from an average of TZS 800 to TZS 1,060 following limited availability of bicycles. However, the amount of food paid out went down as beneficiaries cautious in using food following ration reduction.





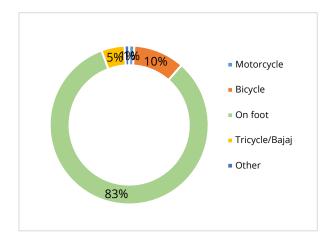
Although transport is provided for PSN, FGD participants indicated that it was not sufficient to cover all PSN in need and was not regularly available. Once fuel allocation quota runs out, priority is given to critical cases only. Because of the reduced rations, some PSN (e.g. elderly) want to go physically to the distribution centre to be sure of the food received. Some people with disability use their tricycles to carry food

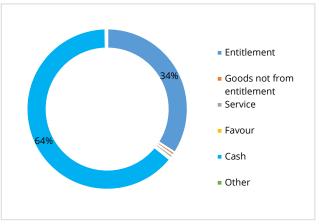
home, resulting to regular breakdown while getting spare parts is difficult.



Figure 62: Mode used to transport food home

Figure 61: Payment modality to transport food





Satisfaction with the Distribution Process

The percentage of households satisfied with the food distribution process went down compared to 88% in 2022.

Figure 63: satisfaction with the distribution across camps

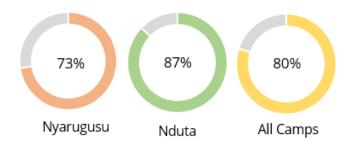
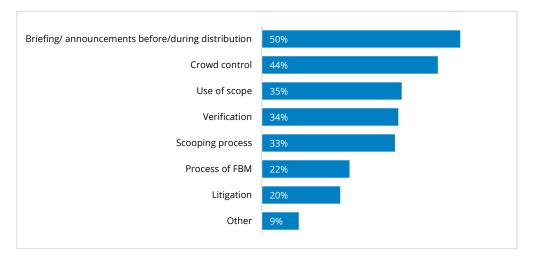


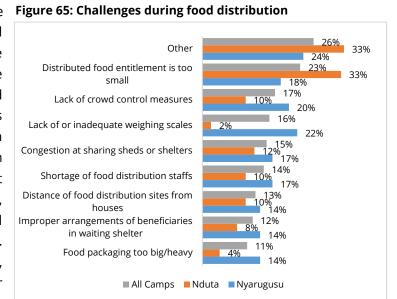
Figure 64: Area of satisfaction





Perception of problems encountered during food distribution

About 20% of the households were satisfied with the distribution process. Most of the households' concerns were on the small amount of food they received following ration reduction, opposed the distribution to process. The major concerns on the process include insufficient crowd control measures. insufficient weighing scales and congestion in sharing shelters. While crowd control is working, measures seem not sufficient for some households. These cases



were more prevalent in Nyarugusu compared to Nduta. Other challenges cited include lack of mechanism for helping those who don't know to read and write to know their ration, favouritism among refugee staff and receiving incorrect amount of food.

Knowledge of ration entitlement

About 70% of the households knew their ration entitlement, which is same as during 2022 CHS. Most of those who know their rations were able to correctly describe their ration entitlement from last distribution before CHS. There were more households that could describe their rations in Nyarugusu compared to Nduta. Male headed households were more likely to know and correctly describe their ration entitlements compared to female headed households, despite that main food collectors.

Figure 66: Households indicating to know their rations

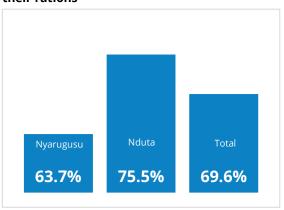
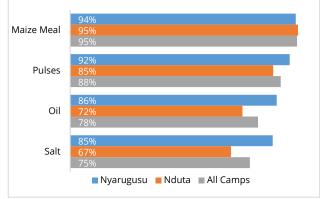


Figure 67: Able to correctly describe ration from last distribution





Ration fluctuation is the major challenge that households face in knowing their ration entitlement. The percentage of households citing this reason has doubled following the most recent food ration reduction.

Ration entitlement...

Don't know how to read

Other

I do not participate in...

Don' know where to find...

Food committee did not tell...

Camp workers did not tell me

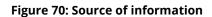
Agency worker did not tell me

2022 2023

Figure 68: Entitlement knowledge challenges

Knowledge on Food Distribution Information

There is not much change on the percentage of households that received food distribution information, including distribution dates, type of food and ration scales. Households accessed information mainly from notice boards, agencies, camp leaders and neighbours. About 76% of the sampled households confirmed to have seen written notices with correct food entitlements posted at the distribution site. In addition, 95% were informed on the most recent ration reduction prior to food distribution.



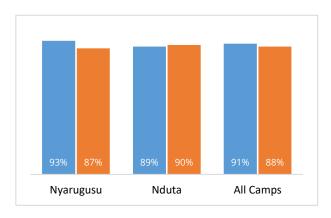
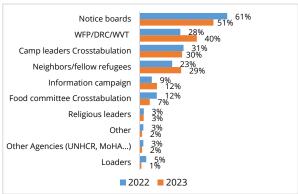


Figure 69: Received general food distribution information





Assistance by Food Distribution Committees

Although most of the households that are aware on the presence of committee appreciate the assistance they receive from the food committee members, they gave their suggestions on how to improve the work of the food committee including regular training and reminding them on the roles. Since some of the community members are not aware on the presence of food committee and their roles, there is a need to increase community awareness on the role of food committee.

Figure 71: Food committee assistance

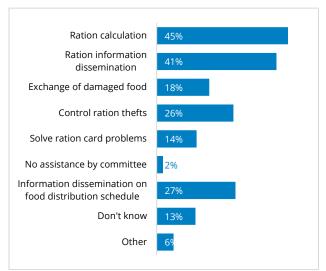
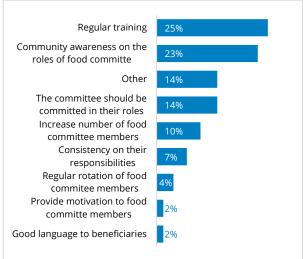


Figure 72: Food committee assistance



Receipt of Food Entitlement

Almost all households received food on the day they were supposed to (99%). About 89% of those who did not receive food on time they received the food the following day. Most of the interviewed households indicated that the food they received in the last food distribution matched their entitlement (87%).

Protection and Accountability

The percentage of households facing protection challenges while accessing services increased to 8 compared to 3 in 2022. Most of these cases happened outside WFP site and were not related to WFP assistance. They major cases for the households that faced challenges were verbal harassment (38%), physical assault (32%) and theft (30%), including those happening outside the camp. Four cases related to WFP assistance happened outside the distribution site including theft of food from the household (2 cases), verbal harassment (2 cases), physical assault (1 cases) and excessive distance (1 case). Some cases experienced more than one protection challenge.



Figure 74: Households facing protection issues

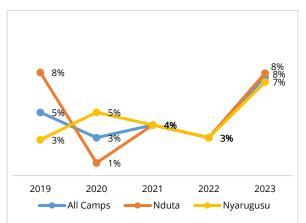
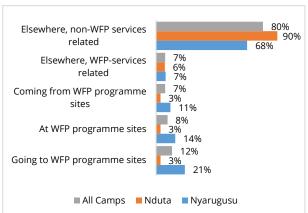
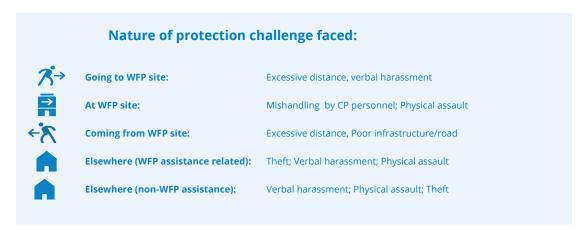


Figure 73: Where protection/safety challenge occurred



Cases at the distribution site were mishandling by distribution staff and physical assault (1 case each). Female members were more likely to face protection challenges (78%) compared to male members (22%) since female are the main food collectors.



When looking at the protection situation not related directly to WFP services, but related to food security more broadly, it is obvious that the reduction in ration (paired with an overall reduction and deterioration in humanitarian assistance due to funding constraints) has a directly detrimental effect on the safety and well-being of WFP's beneficiaries in Nyarugusu and Nduta camps.

On the one hand, this can be seen with initial increases in negative coping mechanisms as part of the Livelihood Coping Strategies. For example, the increases in borrowing or selling household assets are important indicators, as these kind of negative coping strategies overtime will render the beneficiaries increasingly vulnerable and thus exposed to protection risk. But also, particularly telling is, for example, the increase from 8% in 2022 to 21% in 2023 of Begging as a Livelihood Coping Strategy. Also, a very notable indication of the worrisome protection situation is that 9.7% of the interviewed beneficiaries considered physical or sexual violence against women as a serious concern and 12.6% did not consider themselves safe or adequately protected.



Very telling, furthermore, are the results of the questions on the effect of the food ration reduction, where the FGDs resulted in a list of worrisome issues being reported as consequences of the food ration reduction: Increased stress/psychological concerns, involuntary repatriation, reduced school performance, increased school drop-outs because of child labour, survival sex and sexual exploitation, prostitution (especially among young girls) and increased conflicts in the households. This could also be seen reflected in the results of the household level survey, where for example 4% of households reported that children stopped going to school because of the reductions in food rations, 2% reported child labour, increased home-based violence and engagement in risky activities, and 0.3% sexual violence against women. And while some of these percentages are not very high, the fact that these very sensitive issues are mentioned at all and are mentioned as effects of the ration cuts, is very telling. It can be assumed that the number of households affected in a similar way by these mentioned consequences, is much higher. The people reported as being most affected by these consequences of the food ration cuts are children, elderly, lactating women, chronically ill, pregnant women, persons with disabilities, widows and single female with children; thus, sadly unsurprisingly, the most vulnerable are most exposed to a worsened protection situation in relation to the food ration cuts.

Finally, a very important point to note with regard to the protection consequences of the current food situation, is that the heightened pressure on refugees due to the food ration cuts and general reduction in humanitarian assistance, leads to people increasingly being obliged to leave the camps in search of food and livelihood, despite this not being allowed under the Tanzania refugee policy. In consequence, this puts a majority of the refugees at further protection risk exposure by the mere fact that they are obliged to leave the camp in search of food and livelihood. The household level survey showed that 64% of the households have at least one member going outside the camp for the mentioned reasons. 54% thereof reported to having faced protection concerns when doing so. Among the concerns faced are mishandling by local authorities outside the camp, verbal harassment or threatening, physical assaults, sexual assault, restrictions of access to market, thefts and robberies. Refugees have faced these protection concerns in the past, however, it is clearly increased now due to the reduced humanitarian assistance, given that as effect of the ration reduction 18% of the households reported that the increasingly engage in livelihood activities outside the camp and 12% reported having increased movements outside the camp as an effect of the ration reductions.

Community Feedback Mechanism

Households using complaint and feedback mechanism for food related issues slightly increased compared to 2022 CHS. The mostly used CFM for reporting food related issues was help desk, while distribution related problems were handled at the litigation desks located in the distribution centres. Issues that required the agencies intervention were reported directly to the respective agencies.



Figure 76: Households ever used CFM for food related issues

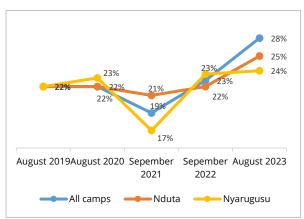


Figure 75: Type of CFM used

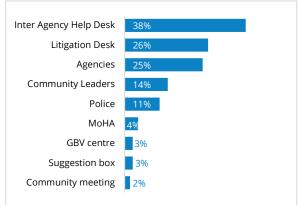


Figure 77: Preferred CFM

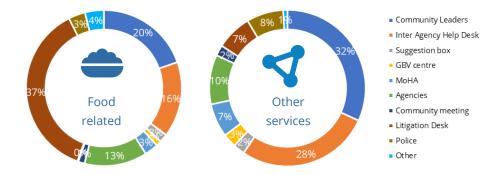
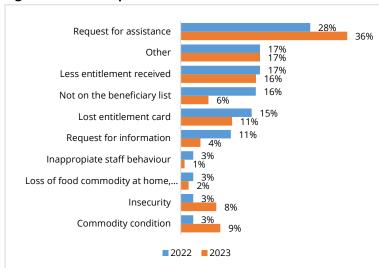


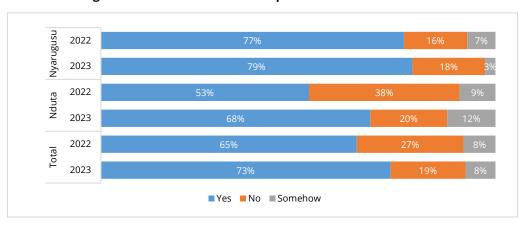


Figure 78: Issues reported in CFM



The leading issues reported in CFM was requesting assistance, less entitlement received and lost entitlement cards/SCOPE cards. There were more households requesting for assistance and those reporting insecurity and commodity condition compared to 2022. Nearly three quarters of the households that used CFM were satisfied with the response results.

Figure 79: Satisfied with CFM response results



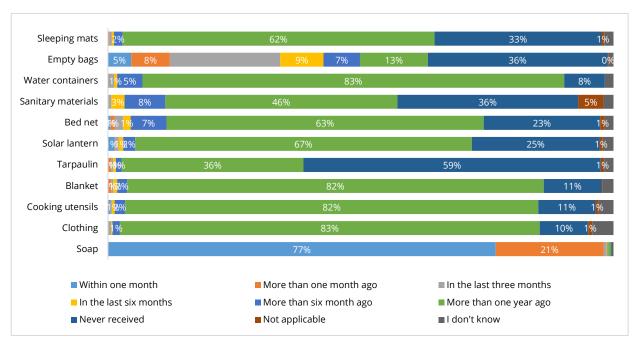
The major areas of improvement suggested by the households were timely feedback (45%) and increasing community awareness on CFM (22%). About 85% of the households that did not use CFM said they did not have issues to report while 10% did not expect any solution. While there is a functional inter-agency help desk in Nduta camp, households in Nyarugusu camp rely on help desk under camp management.



Non-Food Items

Interviewed households received various core relief non-food items on different occasions. Although soap is supposedly distributed on monthly basis, there were complains on irregular distribution and other NFIs and insufficient. In addition, households said that soap ration is not enough and some use pawpaw leaves to wash clothes when they run out of soap.

Figure 80: Last time NFI was received







Most of the NFIs that were available and in use during the 2022 CHS including water containers, blankets, cooking utensils, solar lanterns, sanitary material, bed nets and clothing were no longer available for some households. FGD respondents indicated that NFIs such as soap, sleeping mats, blankets. clothing, containers, sanitary materials/dignity kits were not sufficient and were not regularly distributed. Women respondents indicated that non distribution of sanitary kits/pads, impacts on them, as they don't feel comfortable going to collect firewood or food from distribution center. Lack of clothing exposes babies and young children to pneumonia due to lack of proper protection against cold. GFD respondents suggested that the community should be involved in targeting and distribution plan for NFIs when they are not sufficient to ensure transparency and avoid complains among community members.

Water containers Blanket Sleeping mats Cooking utensils Solar lantern Sanitary materials Bed net Clothing **Empty bags** Tarpaulin Soap 2022 2023

Figure 81: NFI still available and in use

Gender and Women's Involvement

Women are involved in decision making on the use of both WFP food and other important household resources. For the households where the heads live with spouses, decision making on the use of food is mainly done jointly, followed by women alone while decision making on other important household resources is also done jointly or by men.

Figure 82: Decision making on the use of WFP food

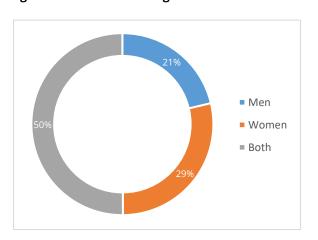
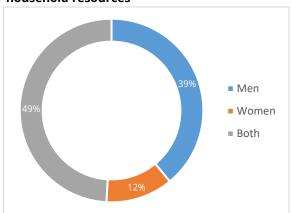
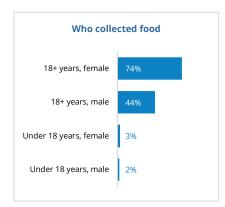


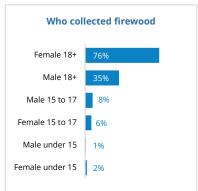
Figure 83: Decision making on other important household resources

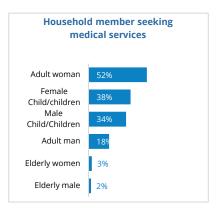


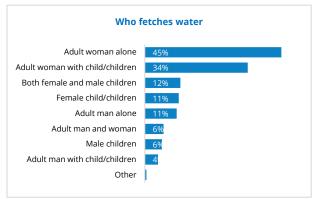
Because of social norms, women were responsible for various household chores such as collection of food, firewood, water, and going to market and childcare. Household members seeking medical services were also mostly women. This overburdens the women and affects their opportunity to participate in other community activities.

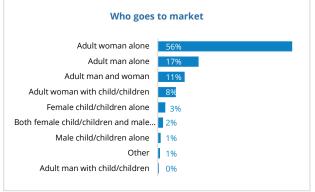










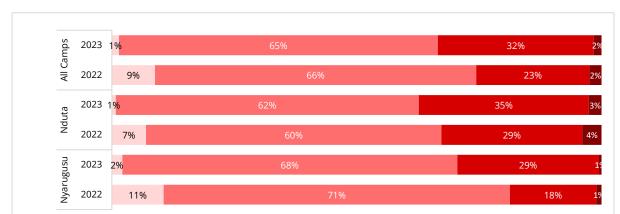


VI. Vulnerability profile

Consolidated Approach for Reporting Indicators of Food Security (CARI) was used to highlight vulnerability profile through food security analysis. CARI systematically combines food security indicators such as food consumption, consumption-based coping, livelihood coping and food expenditure to classify households into food security levels (Food Secure, Marginally Food Secure, Moderately Food Insecure, and Severely Food Insecure).

The percentage of households that are food insecure increased from 25% to 34%, following reduced rations and limited access to complementary food. About 65% of the households are marginally food secure, meaning that they have minimally inadequate food consumption, rely on consumption-based coping, and apply stress coping strategies to secure food needs. The percentage of food secure households that able to meet food needs without engaging in coping food based and livelihood coping decreased from 9% to 1%. Prevalence of food insecurity is higher among female headed households, elderly headed households and households in Nduta, among others. There were also slightly more food insecure households among Burundians compared to Congolese.





■ Moderately food insecure

■ Severely food insecure

Figure 84: Prevalence of food security

Food secure

Figure 85: Description of the Overall WFP Food Security Classification using CARI

■ Marginally food secure

| Food Secure | Marginally Food Secure | Moderately Food Insecure | Severely Food Insecure |
|---|---|---|--|
| Able to meet food needs without engaging in reduced and livelihood coping strategies for food security | Has minimally inadequate food consumption, relies on reduced coping and applies stress coping strategies to secure food needs | Has food consumption gaps and unable to meet required food needs without applying criss coping strategies | Has extreme food consumption gaps, OR has extreme loss of livelihood assets will lead to food consumption gaps, or worse |

WFP food assistance has a high influence on the food security of the population since the households mostly depend on WFP assistance for their livelihood. Food insecurity tends to increase as dependence on WFP food assistance increases, and vice versa. Thus, the food secure households derive 55% of their livelihood from WFP food assistance compared to 78% marginally food secure, 84% moderately food insecure and 83% severely food insecure.





Figure 86: Sources of livelihood by CARI category

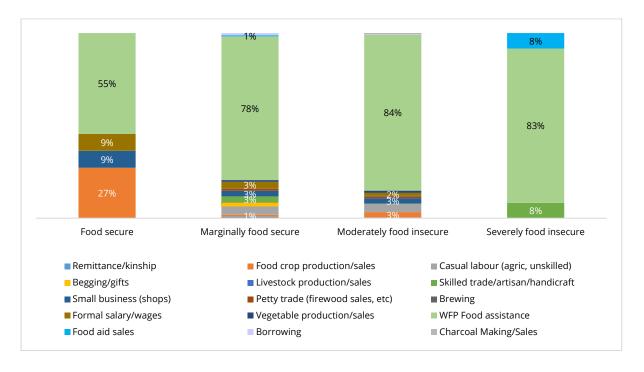
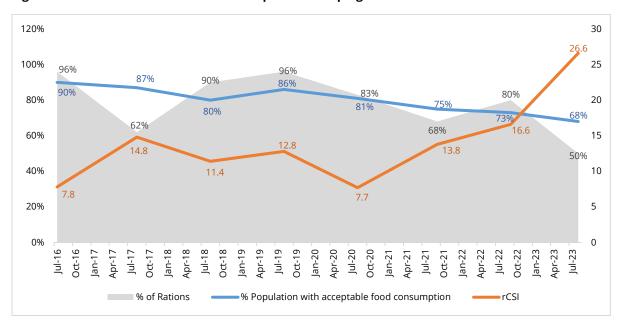


Figure 87: Effect of ration level on consumption and coping



A trend analysis comparing food consumption and coping against ration levels indicates that when food rations increase, the proportion of acceptable food consumption slightly improves while coping are mitigated, and vice versa.



Who is food insecure?

Who is more food insecure?



Demographics

Female headed households (43% vs 25% male); Elderly headed households (47% vs 32% nonelderly).



Social Network

Households in Nduta (37% vs 29% Nyarugusu); Households that received money support (40% vs 23% those who didn't); There was difference based on nationality.



Asset Wealth

Food insecurity increases as the number of assets owned decreases (24% asset very poor, 36% asset poor, 28% asset medium, 12% asset rich).



Expenditure

The level of expenditure increases with food security category, indicating own purchasing power among the severely food insecure group.



Livelihood

Households engaged in brewing, food crop production and depending on WFP assistance.

Reasons for food insecurity

Food insecurity in the camps is mainly driven by consistent ration reductions, which expose households to insufficient food consumption and extreme coping some of which are risky (e.g. illegal movement outside the camp). This is further compounded by limited livelihood opportunities for engaging in meaningful livelihood activities because of the encampment policy. Therefore, refugees fully depend on humanitarian assistance, whose level has been going down following resources constraints. Limited supply of NFIs contributes greatly to food and nutrition insecurity as beneficiary sell a part of food to buy NFIs while poor WASH may lead to increase in diarrhoea cases and impact on nutrition.



VII. Perceived Needs

Perceived needs is a perception-based indicator used to understand and analyze how a population perceives and prioritizes unmet needs. The indicator measures whether households believe that they have a "serious problem" with respect to a variety of needs. Perceived needs are understood as needs that are felt or expressed by people themselves and indicate gaps that they are experiencing. The indicator is based on the Humanitarian Emergency Settings Perceived Needs Scale (HESPER) and primarily highlights unmet needs.

For most of the sampled households, food was the most serious concern, followed by clothes and source of income. About 10% considered physical or sexual violence against women to be a serious concern while 13% considered themselves not safe/adequately protected. There were more households in Nduta perceiving all areas as of serious concern compared to Nyarugusu.

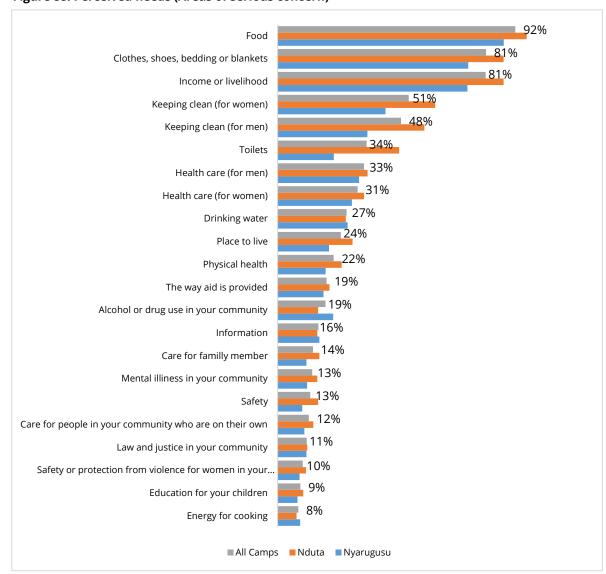


Figure 88: Perceived needs (Areas of serious concern)



VIII. Conclusion and Recommendations

Food security situation in the camp further deteriorated, following distribution of reduced rations and reduced level of other services in the camp. Food insecure households increased from 25% to 34%, while food secure households that able to meet food needs without engaging in coping decreased from 9% to 1%. Households with insufficient food consumption increased, whereby adults eating one meal also increased from 18% to 42%. Average number of days food last went down for all food items, with cereals lasting an average of 16 days from 21 in 2022 CHS. The capacity of refugees to complement the food was limited by unavailability of alternative livelihood sources due to encampment policy, hence full dependence on humanitarian assistance. Households applied more extreme coping strategies whereby consumption-based coping (rCSI) surged to the highest figure on record (26.6), while households adopting crisis and above livelihood coping almost doubled (from 15% to 28%). Female headed households were more affected with increased food insecurity in the camps.

From the results of this study, the following recommendations are made for consideration:

- WFP, UNHCR and Partner in collaboration with Government continue to strongly advocate
 with donors on the continued need of resources to support food and nutrition security of
 the refugees and asylum seekers until practical durable solutions (voluntary repatriation,
 resettlement) are implementable and benefit majority of the refugee population.
- 2. Carry out additional analysis of CHS data and/or carryout further studies or assessment such as JAM to understand better some of the results from CHS in terms of who is more affected by food insecurity, protection and policy issues for better programming in future.
- 3. Provide awareness to distribution staff on the rights of beneficiaries in order to address protection issues faced at distribution sites (mishandling and physical assault). This to go hand in hand with providing awareness to refugees on their rights and providing information on available reporting channels and support available.
- 4. Continue use of combined communication modalities such as billboards, written posters, meetings and increase use of public announcement and audios at distribution centres to ensure a good reach to all beneficiaries including those with little or no literacy. Special modality to be designed to reach PSNs including those with hearing impairment.
- 5. MNP distribution: reassess effectiveness of MNP distribution to children aged 24-59 months during the upcoming JAM through FGDs with household with children aged below 5 years and key Informant interview with Partner staff managing the programme. Recommend best way forward to WFP Management before end of 2023.
- 6. Arrange with UNHCR modality for providing feedback to refugees during the first quarter of 2024 and prior to April 2024 PDM on the key findings, recommendations and actions that will be implementable based on funding available.



7. Seek additional funding for kitchen garden support so as to cover a significant population and have a meaningful contribution to the household food source.



IX. Annexes

Annex 1: List of participants in the 2023 CHS

| S/No | Name | Agency | Location |
|------|-----------------------------|--------|-----------|
| 1. | Agness Majura | DRC | Nyarugusu |
| 2. | Beatrice Laurent Fwendegele | DRC | Nyarugusu |
| 3. | Bilambona Chembeli | DRC | Nduta |
| 4. | Halima Said Kimbendera | DRC | Nduta |
| 5. | Happiness Chang'a | DRC | Nduta |
| 6. | John Athman | WVT | Nyarugusu |
| 7. | Justine Petro Migarambo | DRC | Kasulu |
| 8. | Paineto Alex Sakala | IRC | Nduta |
| 9. | William Fred Mwakalinga | IRC | Nyarugusu |
| 10. | Paschal Pantaleo Katona | МОНА | Kasulu |
| 11. | Peter Amon Maerere | МоНА | Nyarugusu |
| 12. | Ndenisaa Obed Mwasha | MSF | Nyarugusu |
| 13. | Evodius Joas Mpesha | MTI | Nyarugusu |
| 14. | Bonifas Lambiwi Peter | NRC | Nduta |
| 15. | Valentino Sembe | NRC | Nduta |
| 16. | Godfrey Lihanjala | TRCS | Nyarugusu |
| 17. | Musa Said Gombanila | TRCS | Nduta |
| 18. | Nardi Macha | UNHCR | Nduta |
| 19. | Digna Mlacha | WFP | Nduta |
| 20. | Domina Kambarangwe | WFP | Nduta |
| 21. | Flora Kabola | WFP | Nyarugusu |
| 22. | Mdathiru Abubakar | WFP | Nyarugusu |
| 23. | Samson John | WFP | Nduta |
| 24. | Stewart Masaninga | WFP | Nyarugusu |
| 25. | Christopher Adrian | WVT | Nyarugusu |
| 26. | Dagras Rugano Ntilandekula | WVT | Nduta |
| 27. | Emmiliana Laurent Momburi | WVT | Nyarugusu |
| 28. | Getrude Nicholaus Ruhamvya | WVT | Nyarugusu |
| 29. | Hidaya Godwin Chaduo | WVT | Nduta |
| 30. | Keneth Dismas Ntiboneka | WVT | Nduta |
| 31 | Theodora Gosbert Byera | WVT | Nyarugusu |