

**PRELIMINARY REPORT  
STANDARDISED EXPANDED NUTRITION SURVEY (SENS)  
TONGOGARA REFUGEE CAMP, ZIMBABWE**

**Survey conducted: 10-14 November 2012**

**Coordinated by UNHCR with technical support from Ministry of Health and Child Welfare and Christian Care**

***Note that this report has been modified from its original version to be used as a SENS tool***

**Background:** Tongogara refugee camp is located deep in the thickets of Chipinge South near Chibuwe Business Centre. The camp was established in 1984 to house Mozambican refugees. At the time of the Mozambican repatriation operations in 1994, the camp was home to some 58,000 refugees of which 17.7% were estimated to be U5. After more than 20 years of operation, the camp has more of a village character than a camp fell. There are permanent housing structures with electricity, schools, churches, a mosque, a police station, shops, a clinic, and at least two bars. The population in the camp, of almost 5,000, is predominantly from the Great Lakes region, with the Democratic Republic of Congo making up 77% of the population, followed by Rwanda (11%) and Burundi (10%).

Refugees receive food rations equal to approximately 2,200 Kcal per day, and also supplement their monthly food rations by maintaining household gardens and livestock. Some also run small scale trading businesses with the surrounding rural areas.

**Table 1: Composition of monthly food ration per person per month**

Maize	10 kg
Rice	2 kg
Beans	2 kg
Corn Soya Blend	2 kg
Vegetable oil	0.75 kg
Sugar	0.5 kg

**Survey Design and Methodology:** A UNHCR Standardised Expanded Nutrition Survey (SENS) was conducted in Tongogara refugee camp between 10 and 14 November 2012 with the aim of describing the nutritional situation in Tongogara camp so as to influence interventions by coming up with appropriate recommendations for action.

**Survey Objectives**

**Primary objectives:**

1. To measure the prevalence of acute malnutrition in children aged 6-59 months
2. To measure the prevalence of stunting in children aged 6-59 months
3. To determine the coverage of measles vaccination among children aged 9-59 months

4. To determine the coverage of vitamin A supplementation in the last 6 months among children aged 6-59 months
5. To assess the two-week period prevalence of diarrhoea among children aged 6- 59 months
6. To measure the prevalence of anaemia in children aged 6-59 months and in women of reproductive age between 15-49 years (non-pregnant)
7. To investigate IYCF practices among children aged 0-23 months
8. To determine the coverage of ration cards and the duration the general food ration lasts for recipient households
9. To determine the extent to which negative coping strategies are used by households
10. To assess household dietary diversity
11. To determine the population's access to, and use of, improved water, sanitation and hygiene facilities
12. To determine the ownership of mosquito nets (all types and LLINs) in households
13. To determine the utilisation of mosquito nets (all types and LLINs) by the total population, children 0-59 months and pregnant women
14. To determine the household coverage of indoor residual spraying

**Secondary objectives:**

- To determine the coverage of therapeutic feeding and targeted supplementary feeding programmes for children 6-59 months
- To determine enrolment into Antenatal Care clinic and coverage of iron-folic acid supplementation in pregnant women
- To collate available information on the performance of the food aid system

The survey was based on the UNHCR Standardised Expanded Nutrition Survey (SENS) guidelines for refugee populations (v1.3) and the Standardized Monitoring and assessment of Relief and Transitions (SMART) methodology (v1). Simple random sampling was used to estimate a representative sample of households and children based on the expected prevalence of acute malnutrition (5%), the estimated desired precision (2%), proportion of children below 5 years (17.7%), and average household size (5.7), with a 10% allowance for non-response. Population data was obtained from the ProGres database, which had the addresses of all camp residents. The resultant required sample size was 354 households and 289 children. All eligible children aged 0-59 months from all selected households were included in the assessment of anthropometry, health and infant and young child feeding (0-23 months), whilst half of the selected households were selected for Food Security, WASH, Mosquito net coverage, and anaemia measurements.

A total of 6 survey teams each consisting of 4 team members (interpreter, anthropometry measurer, anthropometric assistant, and team leader/interviewer) were trained for four days, followed by an additional day for the standardisation test and pilot test. Data collection was carried out over 5 days, under

the supervision of the Survey Coordinator, Christian Care nurse, and Ministry of Health and Child Welfare (MOHCW) supervisors.

Paper questionnaires were used for data collection, and data was entered into ENA and excel templates concurrently with data collection. Data analysis is on-going using ENA for SMART software to analyse anthropometric data, and Epi Info 3.5.4 software for the remaining data.

**Table 2** contains a summary of the key findings, followed by and programmatic recommendations based on the findings. Additional results will be included in the full survey report.

**Table 2. Summary of key findings, Tongogara refugee camp, November 2012**

	Number / total	% (95% CI)	Classification of public health significance or target (where applicable)
<b>CHILDREN 6-59 months</b>			
<b>Acute Malnutrition (WHO 2006 Growth Standards)</b>			
Global Acute Malnutrition (GAM)	3/244	1.2 (0.4-3.6)	Critical if $\geq 15\%$
Moderate Acute Malnutrition (MAM)	3/244	1.2 (0.4-3.6)	
Severe Acute Malnutrition (SAM)	0/244	0.0 (0.0-1.6)	
Oedema	0/244	0	
<b>Stunting (WHO 2006 Growth Standards)</b>			
Total Stunting	33/240	13.8 (10.0-18.7)	Critical if $\geq 40\%$
Severe Stunting	3/240	1.3 (0.4-3.6)	
<b>Programme coverage</b>			
Measles vaccination with card or recall (9-59 months)	197/238	82.8 (77.4-87.3)	Target of $\geq 95\%$
Vitamin A supplementation within past 6 months with card or recall	198/254	78.0 (72.3-82.9)	Target of $\geq 90\%$
<b>Diarrhoea</b>			
Diarrhoea in last 2 weeks	52/252	21.4 (16.5-27.0)	
<b>Anaemia</b>			
Total Anaemia (Hb <11 g/dl)	84/158	53.2 (45.1-61.1)	High if $\geq 40\%$
Mild (Hb 10-10.9)	43/158	27.2 (20.4-34.9)	
Moderate (Hb 7-9.9)	39/158	24.7 (18.2-32.2)	
Severe (Hb <7)	2/158	1.3 (0.2-4.5)	
<b>CHILDREN 0-23 months</b>			
<b>IYCF indicators</b>			
Exclusive Breastfeeding under 6 months	7/26	26.9 (11.6-47.8)	
<b>WOMEN 15-49 years</b>			
<b>Anaemia (non-pregnant)</b>			
Total Anaemia (Hb <12 g/dl)	69/117	59.0 (49.5-68.0)	High if $\geq 40\%$
Mild (Hb 11-11.9)	37/117	31.4 (23.1/40.5)	
Moderate (Hb 8-10.9)	29/117	24.6 (17.1-33.4)	
Severe (Hb <8)	4/117	3.4 (0.9-8.5)	

	Number / total	% (95% CI)	Classification of public health significance or target (where applicable)
<b>FOOD SECURITY</b>			
<b>Food distribution</b>			
Proportion of households with a ration card	157/160	98.1 (94.6-99.6)	
Average number of days GFR lasts out of 15 days (mean with standard deviation)	20.1 (SD 4.27)		
<b>WASH</b>			
<b>Water quality</b>			
Proportion of households using improved drinking water source	160/160	100%	
<b>Water quantity</b>			
Proportion of households that use:			Average quantity of water available per person / day ≥ 20 litres
≥ 20 lpppd	91/160	56.9 (48.8-64.7)	
15 - <20 lpppd	17/160	10.6 (6.3-16.5)	
<15 lpppd	52/160	32.5 (25.3-40.3)	
<b>Safe excreta disposal</b>			
Proportion of households that use:			
An improved excreta disposal facility (improved toilet facility, not shared)	10/155	6.5 (3.1-11.5)	
A shared family toilet (improved toilet facility, 2 households only)	11/155	7.1 (3.5-12.3)	
A communal toilet (improved toilet facility, 3 households or more)	50/155	32.3 (25.0-40.2)	
An unimproved toilet (unimproved toilet facility or public toilet)	84/155	54.2 (46.0-62.2)	
<b>MOSQUITO NET</b>			
<b>Mosquito net ownership</b>			
Proportion of households owning at least one LLIN	88/122	72.1 (63.3-79.9)	Target of >80%
Average number of persons per LLIN (mean)	6.3		2 persons per LLIN

### Interpretation

According to the survey findings, the situation in Tongogara refugee camp were similar to those observed in other refugee camps in the region, with **low acute malnutrition** and **high anaemia** (above the WHO “high” classification of 40%) for both children 6-59 months and women of reproductive age. All water sources reported by respondents were “improved” sources. However, only about 6.5% of households were using sanitation facilities which were “improved”, with about 40% of households either using shared family or communal facilities, and the remainder (54%) were using “unimproved” facilities.

### Programmatic areas for discussion

- UNHCR, WFP and partners to consider blanket provision of Micronutrient powder (MNP) to children 6-59/6-23 months (depending on resources) to increase micronutrient content of the diet.

- Garden projects currently being supported by Christian Care to focus on growing of micronutrient-rich foods, especially iron, and to include health education component.
- Toilet facilities coverage to be looked into so as to increase coverage of improved sanitation facilities and reduce sharing of toilets.