

# Decentralized Evaluation

## **Evaluation of the Nutrition Components of the Algeria PRRO 200301**

**January 2013 – December 2017**

### **Evaluation Report**

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## **Disclaimer**

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## List of Acronyms

AECID	Agencia Española de Cooperación Internacional y Desarrollo (Spanish Agency for International Development and Cooperation)
AFAD	Association des Femmes Algériennes pour le Développement
BR	Budget Revisions
BSFP	Blanket Supplementary Feeding Programme
CBT	Cash-Based Transfers
CERF	Central Emergency and Response Fund
CISP	Comitato Italiano per le Sviluppo dei Popoli
CO	Country Office
CRA	Croissant Rouge Algérien (Algerian Red Crescent)
CRE	Cruz Roja Española (Spanish Red Cross)
CSB+	Corn-Soya Blended (also called Supercereal Plus®)
CSI	Coping Strategy Index
DDS	Diet Diversity Score
DE	Decentralized Evaluation
DEQAS	Decentralized Evaluation Quality Assurance System
ECHO	European Civil Protection and Humanitarian Aid Operations
EM	Evaluation Matrix
EMOP	Emergency Operation
ER	Evaluation Report
ET	Evaluation Team
EU	European Union
FBM	Food Basket Monitoring
FCS	Food Consumption Score
FGD	Focus Group Discussion
FLA	Field Level Agreement
FS	Food Sector
FSS	Food Security Sector
GAM	Global Acute Malnutrition
GEEW	Gender Equality and Empowerment of Women
GFD	General Food Distribution
GRN	Gender Results Network
HH	Household
ICSP	Interim Country Strategic Plan
IEC	Information, Education and Communication
ISWG	Inter-Sector Working Group
IYCF	Infant and Child Feeding Practices
JAM	Joint Assessment Mission
JAP	Joint Action Plan
LF	Logical Framework
MAM	Moderate Acute Malnutrition
MDM	Medicos del Mundo
MINURSO	United Nations Mission for the Referendum in Western Sahara
MLRS	Media Luna Roja Saharaui (Western Sahara Red Crescent)
MNP	MicroNutrient Powders
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference

NGO	Non-Governmental Organization
PDM	Post Distribution Monitoring
PISIS	Integrated Management of Childhood Illness programme (Programa Integral de Salud Infantil Saharaui)
PLW	Pregnant and Lactating Women
PNSR	Programa Nacional de Salud Reproductiva (Reproductive Health National Programme)
PRRO	Protracted Relief and Recovery Operation
RB	Regional Bureau
RBC	Regional Bureau Cairo
RUSF	Ready-to Use Supplementary Food
RASD	República Arabe Saharaui Democrática
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goals
SF	Strategic Framework
SGBV	Sexual and Gender Based Violence
SMoH	Sahrawi Ministry of Health
SNP	Specialized Nutrition Products
SO	Strategic Objective
SPR	Standard Project Report
SRF	Strategic Results Framework
T-ICSP	Transitional Interim Country Strategic Plan
TOR	Terms of Reference
TSFP	Targeted Supplementary Feeding Programme
UN	United Nations
UNEG	United Nations Evaluation Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, Hygiene
WFP	World Food Programme
WHO	World Health Organization

## **Executive Summary**

1. This executive summary presents the main features, the key findings and the recommendations of the Decentralized Evaluation (DE) of the nutrition components of the Algeria Protracted Relief and Recovery Operation (PRRO) 200301, commissioned by the World Food Programme (WFP) Algeria Country Office (CO) and covering the period from January 2013 to December 2017. The PRRO 200301 supports the Sahrawi refugees living in five camps near Tindouf in southwestern Algeria. To date, the operation has never gone through a full evaluation. The PRRO nutrition components combine prevention and treatment approaches to address anaemia, stunting, and Moderate Acute Malnutrition (MAM) among children under 5 years, and pregnant and nursing women.
2. The purpose of the evaluation is to determine the appropriateness of the nutrition components of the PRRO; to assess and report on the performance and results of the components; and to determine the reasons why certain results occurred or not. The evaluation delivers constructive feedback to be used in the reformulation of WFP's role in nutrition in the Sahrawi context, and its country-level strategic planning. WFP CO plans to have a Transitional Interim Country Strategic Plan (T-ICSP) in 2018–2019, followed by either a Country Strategic Plan, if a Country Strategic Review takes place on Sustainable Development Goal 2, or an Interim Country Strategic Plan (ICSP).
3. The specific objectives of the evaluation are to determine: (i) the relevance, appropriateness, coherence, and connectedness of the PRRO's nutrition components, in light of WFP's mandate and nutritional challenges in the Sahrawi context; (ii) the results of the PRRO's nutrition indicators, including efficiency, effects, and impact; and (iii) the factors, both internal and external, that influenced WFP's performance and results during the period, including intersectoral coordination.
4. The results of this DE are of interest to various stakeholders, internal and external to WFP. The CO, Regional Bureau Cairo (RBC) and WFP Headquarters are the primary stakeholders, key informants and main users of the evaluation findings. Other key stakeholders include actors present in Algeria, mainly Algerian institutions and Sahrawi authorities, as well as the Red Crescent movement, the Sahrawi Ministry of Health<sup>1</sup> (SMOH), the United Nations High Commissioner for Refugees (UNHCR), as well as the UNICEF and the NGO involved in the sectors related to the nutrition components of the PRRO.
5. Algeria has been hosting refugees from Western Sahara since 1975. Located in a harsh desert near the town of Tindouf, the Sahrawi refugee camps represent a unique protracted and neglected crisis. The exact number of refugees is a sensitive issue with a political dimension.<sup>2</sup>
6. Major threats affecting the humanitarian situation in these five refugee camps include: food insecurity, occasional torrential rains, low food production technologies,

<sup>1</sup> The UN and the UN agencies working on and in the Sahrawi context do not use this terminology as they do not recognize the RASD or the Frente Polisario as a de-facto government but rather as refugee representatives or Authorities. However, it is to be noted that as an independent process, the evaluation team has chosen to use this terminology as the ET believes it better reflects the Sahrawi reality and the broad understanding among most stakeholders. The opinions expressed in this report are those of the Evaluation Team, and do not necessarily reflect those of the World Food Programme. Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

<sup>2</sup> The exact number has been made public recently (173,600 have been reported by UNHCR as living in the refugee camps, as from the 31 Dec 2017).

poor water and sanitation conditions, health risks, malnutrition, and dwindling aid. The health status in the camps is fragile and an uncertain health system offers basic care services through 27 health centres, 5 regional hospitals at the *Wilaya*<sup>3</sup> (camp) level and the national hospital in Rabouni. Water quality is inadequate, and sanitation and waste management precarious. Options for livelihoods are extremely limited in the desert, and the refugee population remains vulnerable and entirely dependent on international assistance for their basic needs and survival.

## **Methodology**

7. The evaluation was conducted between October 2017 and June 2018 by an Evaluation Team (ET) comprised of a nutrition specialist, a humanitarian expert, a data analyst, an audio-visual expert for the Photovoice component and a researcher. Data collection phase took place from November 19th until December 7th and from December 6th to December 16th for the Photovoice component.

8. The evaluation used a mixed-methods approach, combining both qualitative and quantitative primary and secondary data. The team conducted a thorough desk review to collect information from existing sources. During the data collection phase, key informant interviews were held, and beneficiary population perceptions were gathered through Focus Group Discussions (FGD). Field visits and observations assessed compliance of procedures with nutrition-related international standards and guidelines. Lastly, storytelling and Photovoice methodologies were used to focus on specific settings and reflect the array of contextual factors that influence outputs and outcomes.

9. A number of limitations and risks influenced the evaluation, beginning with the delayed and incomplete documentation received during the desk review, and the overlap between the inception report finalisation and the data collection field visit due to an overall delay in the evaluation process. Additionally, the field visit was hampered by the unavailability of WFP staff, and the security and logistical issues affecting the ET's access to WFP and UNHCR staff in Tindouf. The lack of availability and reliability of data, was due in part to political sensitivity and insufficient data collection structures prior to 2016. Finally, the multiplicity of actors, influence of several cumulative outputs and other difficulties affected the ET's ability to conduct contribution analysis.

## **Key findings on all the evaluation questions and Overall conclusions**

10. The evaluation found that, at design, the nutrition components of the PRRO were relevant, adapted to the Sahrawi context and appropriate to cover needs of the target population and maintain the improvements in nutrition indicators achieved in previous years by supporting the full range of preventive and curative nutrition activities implemented in the camps at the time. However, although population needs are regularly assessed and recommendations from studies and surveys indicate the need for adapting operational plans to specific population group vulnerabilities, the PRRO has not integrated the needs of specific groups (age, gender, or locations) identified by various JAM and nutrition surveys carried out in the camps during the evaluated period. Neither WFP has taken the necessary steps to assess the relevance and sustainability of these activities in the

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<sup>3</sup> A Wilaya is an administrative division that can be used to be a province or governorate. Each of the five Western Sahara refugee camps is a Wilaya, and these in turn are administratively divided into Daïras (administrative neighbourhoods).

longer term, nor explored alternative strategies to maintain and improve refugee's nutritional status.

11. Since 2013, there have been eight amendments to the initial project document, with the last BR approved in April 2017, but no major changes in the PRRO's nutrition components during the period have been observed. With an exception in 2014<sup>4</sup> when WFP took over from UNHCR the provision of SNP for prevention and treatment of malnutrition, and new guidelines for the management of malnutrition and anaemia in PLW was prepared, which resulted in an adjustment to WFP's operational practices.

12. The nutrition components of the PRRO are coherent with the operation's objectives and with WFP's Strategic Frameworks (2008–2013, 2014–2017) and corporate policy guidance. However, internal integration of the PRRO components is weak and no complementarity is pursued and does not take gender-specific measures and needs in-depth analysis to incorporate these issues in its programme. The nutrition components are coherent with the SMoH's priorities and normative documents but fail on implementation due principally to financial limitations. The nutrition components and the interventions among the sector's actors and of other stakeholders are coherent, but operational synergies and complementarity are feeble.

13. Outputs of the nutrition components of the PRRO, in terms of beneficiaries and assistance provided, have been affected by repeated pipeline breaks due to financial shortfalls. Financial limitations have reduced the diversity and nutritional value (energy and micronutrients) of the food assistance received by the refugee population. However, interpretation of results is complex due to the mismatched and incomplete nature of the data available and planning figures for the vulnerable population.

14. Most nutrition and food security outcomes for refugees have significantly improved during the period evaluated, indicating a positive contribution of the WFP intervention. Prevalence of acute and chronic malnutrition in children under-5 years old is below emergency levels and underweight is residual in women of reproductive age. There is, however, a significant increase of overweight and obesity, and their associated metabolic risk, that is of public health concern, as well as high prevalence of households affected by the double burden of undernutrition and obesity.

15. According to the population met, a positive effect of the food distribution was the ability to allocate their time to other tasks, since beneficiaries did not need to dedicate too much time to the provision of food for themselves and their families.

16. Because beneficiaries were often unable to distinguish which products were distributed by WFP, there is also little attention to the role of WFP in the whole distribution set-up. For this reason, negative aspects of the supply disruptions were more often associated with the Sahrawi authorities and the MLRS than with WFP. As a result, pipeline breaks were affecting the local authorities more, as beneficiaries became disenchanted with the assistance received or the services provided and increasing the lack of adherence to the activities and affecting the credibility of the SMoH.

17. M&E activities need to be improved mainly through better data analysis and use. The layout and overall capacities of WFP Algeria are a recurring issue, mainly due to vacant

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<sup>4</sup>As already planned in the 2013 project document and then confirmed by BR#2

positions, lack of technical expertise and language obstacles. The evaluation perceived that the lack of constructive debate among local stakeholders could be a concern when dealing with what could be expected to be a recurrent issue, as no adapted or sustainable alternatives are proposed. Partnerships are weak at strategic and decision-making levels.

18. WFP's role in the coordination for nutrition is limited. The evaluation observed that the distribution of strategic responsibilities in nutrition, and some operational strategies, among different actors is unclear. This confusion is partly because regulatory documents are often too generic and allow for several interpretations. In the food sector, WFP is an effective and recognised leader, mainly at logistical level. Initiatives for inter-sectoral or inter-agency coordination are relatively recent.

19. Finally, the PRRO has not adequately considered gender. While a standard understanding of the situation of women is found among stakeholders, the lack of a more thorough gender analysis hampers the ability of the operation to effectively target women and needs to be strengthened. In addition, while data from programmes is collected and presented disaggregated by sex, efforts are needed measure gender equality and empowerment of women (GEEW).

20. The recommendations of the evaluation are presented below. Recommendations 1 and 2 are to be implemented concurrently in 2018–2019, guiding the preparation of the WFP's new operation in Algeria. Recommendation 3 goes beyond the nutrition components of the operation and will need to be put into effect immediately

**Recommendation 1:** Through constructive debate WFP Algeria must strategically decide, with concurrence from all levels (HQ, RB, CO, SO), its role in nutrition and clarify, internally and externally, how to perform it. Together with key stakeholders, WFP must make joint decisions guided by the outputs of that role. WFP Algeria should reinforce the internal capacities, systems and processes that the role requires.

**Recommendation 2:** If the decision is to assume a more active strategic role in nutrition, WFP Algeria should actively support a revision of the current nutrition strategy and activities. The evaluation recommends strategic and operational responsibilities in nutrition among different actors be clarified, as well as synergy or complementarity promoted between nutrition-specific and nutrition-sensitive interventions from other sectors. Furthermore, considering that multiple factors contribute to all forms of undernutrition, only multi-sectoral approaches can efficiently address the problem. The evaluation recommends that integrated and multi-sectoral responses be favoured, as well as strengthened partnerships and coordination mechanisms between a wide range of stakeholders. Joint decisions, with global consensus if possible, would promote complementarity between nutrition-specific and nutrition-sensitive interventions from other sectors.

**Recommendation 3:** With the preparation of the new PRRO, WFP has the opportunity to improve internal mechanisms and systems. WFP Algeria should reinforce the internal competences and technical capacities in nutrition as a first step to improving the appropriateness and relevance of the design of the PRRO, and consequently of its nutrition components. It must also strengthen the internal processes and partnerships that influence performance and results of PRRO.

## **1. Introduction**

### **1.1. Overview of the Evaluation Subject**

21. This Evaluation Report (ER) is for the Decentralized Evaluation (DE) of the nutrition components of the Algeria Protracted Relief and Recovery Operation (PRRO) 200301, commissioned by the World Food Programme (WFP) Algeria Country Office (CO) and covering the period from January 2013 to December 2017 (time of the DE), as per the DE Terms of Reference (ToR) attached in Annex 1. The PRRO 200301 supports the Sahrawi refugees living in five camps near Tindouf in southwestern Algeria. To date, the WFP's Algeria operation has never gone through a full evaluation. The PRRO nutrition components combine prevention and treatment approaches to address anaemia, stunting, and Moderate Acute Malnutrition (MAM) among children under 5 years, and pregnant and nursing women.
22. The evaluation pursues both (i) Accountability, analysing the performance and results achieved at the time of the evaluation by interventions; and (ii) Learning, determining why certain outcomes have occurred or not, and providing evidence-based conclusions to inform i) the operational decision-making process and ii) the future Country Strategy Plan (CSP), to be submitted by the WFP Country Office.
23. The overall nutrition situation remains of concern, as the 2016 nutrition survey shows that the prevalence of anaemia for both women in reproductive age (15-49 years old) and children under five has deteriorated. In addition, high prevalence rates of overweight and obesity in women of reproductive age reveal a double burden of malnutrition in refugee households.
24. WFP leads sector coordination for food security and participates in sector coordination for nutrition, whereas inter-sectoral coordination of refugee assistance is under the responsibility of the United Nations High Commission for Refugees (UNHCR). WFP noted some possible coordination overlaps within the food and nutrition sectors and wishes to improve coordination of nutrition intervention to ensure mutual support and programmatic complementarity.
25. The purpose of the evaluation is to determine the appropriateness of the intervention, focusing on its nutrition aspects. The evaluation also assesses accountability through the performance and results of the nutrition components of the PRRO 200301, determines the reasons why certain results occurred or not, and develops recommendations for learning. It provides evidence-based findings to inform operational and strategic decision-making to reformulate the nutrition component. The evaluation delivers constructive feedback to be used in the reformulation of WFP's role in nutrition in the Sahrawi context, and its country-level strategic planning. WFP CO plans to have a Transitional Interim Country Strategic Plan (T-ICSP) in 2018–2019, followed by either a Country Strategic Plan, if a Country Strategic Review takes place on Sustainable Development Goal 2, or an Interim Country Strategic Plan (ICSP).
26. The specific objectives of the evaluation are to determine: (i) the adequacy of the design of the PRRO's nutrition components, in light of WFP's mandate and the existing nutritional challenges in the Sahrawi context (relevance, appropriateness, coherence, connectedness); (ii) the efficiency, effects and impact of the PRRO's nutrition indicators; and (iii) the factors, both internal and external, that have influenced WFP's performance and results during the period, including the coordination of the food and nutrition sectors and inter-sectoral coordination.
27. The results of this DE are of interest to various stakeholders, internal and external to WFP. The CO is the primary responsible stakeholder, key informant and main user of

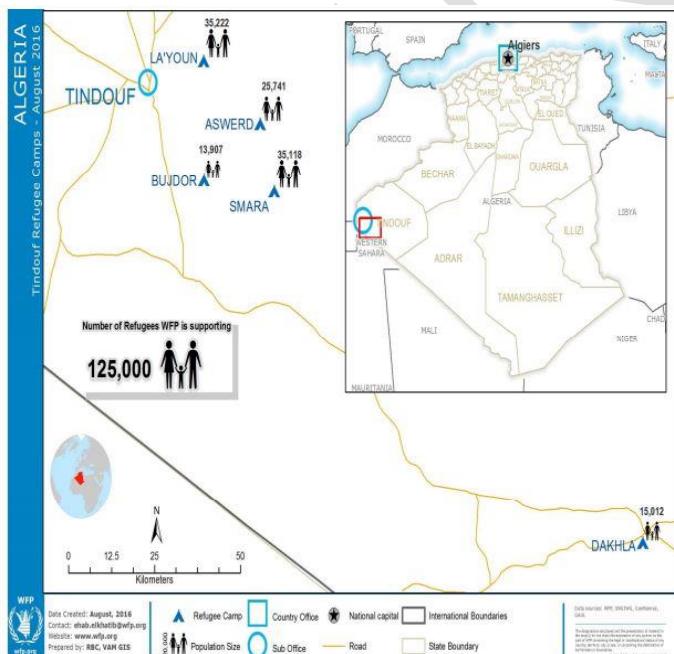
the evaluation findings. The WFP Regional Bureau in Cairo (RBC) plays a supporting role vis-à-vis country offices and is a key informant and stakeholder, especially as this is the first experience within the region of a DE. WFP Headquarters' technical units and the WFP Office of Evaluation (OEV) have interest in the lessons that emerge from decentralized evaluations, particularly as they relate to WFP's strategies, policies, thematic areas, coordination mechanisms, and delivery modalities with wider relevance to WFP programming.

28. In Algeria, WFP's national counterpart is the Algerian Red Crescent (CRA, Croissant Rouge Algérien). All Saharawi related work is with the Media Luna Roja Saharaui (MLRS, Western Sahara Red Crescent) and authorities, as well as with cooperating partner. In the area of nutrition, the Sahrawi Ministry of Health (SMoH) is responsible for the implementation of policies and programmes and WFP, UNHCR, United Nations Children's Fund (UNICEF), and, sporadically, the World Health Organization (WHO) provide technical, logistical and financial support. Other key stakeholders include Non-Governmental Organizations (NGOs) and donors involved in implementation of activities and in sectorial and inter-sectoral coordination and, at the local level, the direct beneficiaries of WFP actions, health structures staff, and community-based networks (see Annex 2 for a Stakeholder Analysis and Mapping).

## 1.2. Context

29. Algeria has been hosting refugees from Western Sahara since 1975, when the Government of Algeria granted the administration of territory for five refugee camps to the Frente Polisario<sup>5</sup>, the Sahrawi liberation movement.

**Figure 1. Western Sahara refugee camps in Algeria**



30. The Sahrawi refugee camps represent a unique, protracted and neglected crisis with a multitude of challenges. Located in a harsh desert near the town of Tindouf in Algeria, the refugee camps were established more than forty years ago in the wake of the conflict between the Polisario and Morocco, which began in 1975. In 1986, the host government requested the United Nations (UN) to assist Sahrawi refugees until an enduring solution was found. Since then, residents in the refugee camps have remained heavily dependent on international humanitarian aid. The exact number of refugees is a sensitive issue with a political dimension.<sup>6</sup>

31. Major threats affecting the humanitarian situation in these five refugee camps include: food insecurity, sporadic torrential rains, low food production technologies, poor water and sanitation conditions, health risks, and dwindling aid. The health status in the camps is fragile and an uncertain health system offers basic care services through 27 health

<sup>5</sup> Popular Front for the Liberation of Saguia el-Hamra and Rio de Oro.

<sup>6</sup> The exact number has been made public recently (173,600 have been reported by UNHCR as living in the refugee camps, as from the 31 Dec 2017).

centres, 5 regional hospitals at the *Wilaya*<sup>7</sup> (camp) level, and a national hospital in Rabouni. Water quality is inadequate, and sanitation and waste management precarious. Options for livelihoods are extremely limited in the desert, and the refugee population remains vulnerable and entirely dependent on international assistance for basic needs and survival.

32. According to the DE's ToR, the Sahrawi population has received nutritional support since the end of the 1980s, and while most indicators have been improving, some show significant deterioration in the last few years. Underweight prevalence in children under 5 has steadily declined from 15.8% in 1997 to 3.6% in the last nutrition survey in 2016 and matching positive trends have been observed for acute and chronic malnutrition. Almost 40% of under 5 children were affected by stunting in 2005, but improved results show below 20% of children affected in 2016. Prevalence of Global Acute Malnutrition (GAM) was 18.2% in the 2008 nutrition survey and was reduced to below 5% in 2016. The prevalence of anaemia, however, has increased in recent years: 28.4% in 2012 against 38.7% in 2016. For many years, the prevalence of anaemia in pregnant and lactating women (PLW) experienced a positive downward trend, with an exception in 2016 when numbers increased. Underweight remains residual in women of reproductive age, but the high prevalence of overweight and obesity reveals a double burden of malnutrition in refugee households, with 25% of them affected in 2010.<sup>8</sup> The joint prevalence of overweight and obesity has doubled since 1997, from 33.6% to 67% in 2016, and is currently considered a problem of high public health significance.

### **1.3.The nutrition components of the PRRO 200301**

33. WFP has been providing basic food support to the most vulnerable refugees since 1986 to meet basic food and nutritional needs. WFP activities aim to improve food consumption, reduce acute and chronic malnutrition and anaemia through prevention and treatment actions, and support the enrolment and retention of refugee children in school.

34. WFP's Executive Director approved the PRRO 200301 in April 2013 for an initial period of 18 months (January 2013–June 2014). The operation was designed in 2012, based on the findings of the 2011 Joint Assessment Mission (JAM) and 2010 and 2012 nutrition surveys. Since then, there have been eight amendments to the project document made through Budget Revisions (BR), with the last one approved in April 2017. Most of the BR were primarily due to “internal” WFP needs or requirements, and not to new or aggravated needs of the target population, as these have generally remained similar during the evaluation period, with the exception of BR#2 which integrates important changes on the nutrition component of the PRRO (cf. Section 2.1 on Appropriateness and Relevance).

35. While the overall objective of the PRRO is to ensure food security and minimum daily nutritional requirements for the most vulnerable refugees, its specific objectives were in line, at design, with the WFP Strategic Plan (2008–2013): (i) improve food consumption for the most vulnerable refugees living in the camps and reduce acute malnutrition and anaemia in children under 5 years and PLW through general food distribution (GFD) and supplementary nutrition support (linked to Strategic Objective (SO) 1 - *Save lives and protect livelihoods in emergencies*); and (ii) maintain the enrolment and retention of

<sup>7</sup>A Wilaya is an administrative division. Each of the five Western Sahara refugee camps is a Wilaya, and these in turn are administratively divided into Daïras (administrative neighbourhoods).

<sup>8</sup>[...] some populations are affected by both under-nutrition and obesity, forms of malnutrition that occur when the diet is suboptimal for health. So, for example, a child can be both stunted (short for his or her age, an indicator of long-term under-nutrition) and overweight (too heavy for his or her age). The emergence of this double burden of malnutrition has been attributed to the nutrition transition—the rapid move because of migration or urbanization to a lifestyle characterized by low levels of physical activity and high consumption of refined, energy-dense foods—without complete elimination of under-nutrition.” in Grijalva-Eternod CS, Wells JCK, Cortina-Borja M, Salse-Ubach N, Tondeur MC, et al. (2012) The Double Burden of Obesity and Malnutrition in a Protracted Emergency Setting: A Cross-Sectional Study of Western Sahara Refugees. PLoS Med 9(10): e1001320. doi: 10.1371/journal.pmed.1001320.

refugee girls and boys targeted through school feeding (linked to SO 3 - *Restore and rebuild lives and livelihoods in post-disaster situations*) (see 2013 LF in Annex 3). In 2015 through BR#5, the objectives of the PRRO were realigned to the new 2014–2017 Strategic Plan and Strategic Results Framework (SRF), continuing the first objective of improving food consumption linked to SO 1 - *Save lives and protect livelihoods in emergencies*; but linking the second objective on school feeding to SO 2 - *Restore food security and nutrition or rebuild livelihoods in fragile settings and following emergencies*, instead of the previous SO 3 (see 2015 LF in Annex 4).

36. While the 2013 operation document presented plans for taking over from UNHCR the procurement of nutrition products for the prevention of malnutrition and anaemia after 2012's impact study, this shift was implemented in mid-2014. Thus, since 2014, WFP supplies Specialised Nutrition Products (SNP)<sup>9;10</sup> for (i) treatment of MAM through targeted supplementary feeding programmes (TSFP) and (ii) prevention of stunting and anaemia as presented in Table 1. With UNHCR, WFP supports the community-based management of acute malnutrition by ensuring technical assistance.

**Table 1. Products provided by WFP for treatment and prevention of under-nutrition**

	TSFP		Prevention	
	2013	2014 onwards	2013	2014 onwards
<b>Children under 5</b>	Supercereal Plus	PlumpySup®	n/a	SNP (Nutributter™)
<b>PLW</b>	Supercereal Plus (CSB+) with vegetable oil and sugar	Supercereal Plus (CSB+) with vegetable oil and sugar	n/a	MNP (Micro-Nutrient Powder) <sup>11</sup>

37. Several factors led to this delay, including (i) the SMoH was not involved in the initial discussions between agencies<sup>12</sup>; (ii) the need to use remaining stock of previous products, both for treatment and prevention; (iii) the time needed for WFP to prepare the BR for funding and procurement of new products; (iv) legitimate interest of the members of the nutrition group to not introduce major operational changes at the dispensary level that would have been difficult for staff to implement, and (v) the lack of an updated normative document, at that moment, for addressing malnutrition and anaemia in PLW. The new guidelines were agreed in 2014 and implied a screening process for those PLW with MAM, as opposed to the blanket approach used during the previous period and defended by the SMoH.

38. Although the BR and new guidelines formalized these changes, in practice they were not easily implemented, especially the PLW protocol. The two main controversies were on (i) the screening and targeting criteria for admitting PLW with MAM and (ii) the content and the blanket distribution of complementary fresh produce rations for PLWs. In December 2014 WFP signed a field level agreement (FLA) with Médecins du Monde (MDM) to accompany the SMoH in its implementation, but neither of the two issues was definitively concluded. In respect to the admission criteria, for 2014 and 2015 the number of PLWs reported for treatment activities was considerably higher than the number of cases

<sup>9</sup>In this report, SNP (Specialised Nutrition Products) refers to all nutrition products WFP supplies for treatment of MAM and prevention of chronic malnutrition and anaemia.

<sup>10</sup>In the Sahrawi context, SNP for treatment of MAM and prevention of malnutrition have special formulations that take into account, among other specificities, the high iodine levels found among the population.

<sup>11</sup>Previous UNHCR programme for prevention of chronic malnutrition and anaemia in children provided Nutributter™ to children 6 to 36 months old and MNP to those over 3 years old.

<sup>12</sup>UNHCR-WFP July 2013 meeting, as described in the report of the May 2014 tri-lateral meeting.

expected based on results of nutrition surveys. The complementary rations for PLWs attending reproductive health services have only occasionally been distributed by WFP, so their expected direct effect (improvement in the nutritional status of pregnant women and infants) and desired indirect effect (improvement in the utilization rate of ANC and PNC services) have been disrupted.

39. Additionally, since 2017 WFP has supported the Comitato Italiano per le Sviluppo dei Popoli (CISP) in the production of the TV show project “Cooking with Dignity”<sup>13</sup> that aims to assist refugee households in utilising the food basket, while sensitising on health and hygiene issues. There are other Information, Education and Communication (IEC) activities in the camps, but these are principally supported by UNHCR.

40. WFP supports the SMoH nutrition programmes and priorities, and activities are implemented within the national health system settings and institutional frameworks: the Integrated Management of Childhood Illness Programme (Programa Integral de Salud Infantil Saharaui, PISIS) for those activities targeting children, and the Sahrawi National Programme of Reproductive Health (Programa Nacional de Salud Reproductiva, PNSR) targeting pregnant and nursing women. Activities are implemented by the SMoH under collaborative funding from UNHCR and the CRA.

41. There are three key strategic and normative Sahrawi nutrition documents: (i) The *Sahrawi Nutrition Strategy for 2009–2014*, prepared in 2009 by the SMoH with the support of the concerned UN agencies (WFP, UNHCR) and the Norwegian Church Aid. The national strategy is currently being revised with the aim of extending the approach of malnutrition to multi-sectoral initiatives. (ii) *Practical guidelines for PISIS*, prepared in 2010 in the aftermath of the implementation of the first CTC protocol for Severe Acute Malnutrition (SAM) in 2008, with MDM supporting the SMoH under the global coordination of UNHCR. The document has yet to be updated, although MAM dietary treatment has changed to utilise Ready-to-Use Supplementary Food (RUSF).<sup>14</sup> (iii) *Nutrition protocol for PLW*, prepared in 2014 through extensive consultation by WFP and UNHCR, with the aim of transitioning from UNHCR to WFP for handling of SNP. Per protocol, only malnourished PLW receive a monthly treatment ration of CSB+, sugar, and oil, while the non-malnourished would receive additional food commodities subject to the availability of resources. The ration would cover the increased energy requirements of pregnant women during their second trimester of pregnancy for up to 6 months post-delivery.

42. The PRRO nutrition components align with the recommendations of the 2012 WFP Nutrition Policy and other relevant internal WFP normative documents, including those derived from global agreements with other UN agencies, such as the 2011 Memorandum of Understanding (MOU) between WFP and UNHCR, and the Tripartite Agreement between WFP, UNHCR and the CRA that is specific to the Algeria PRRO.

43. WFP is making efforts to mainstream gender in this operation. In 2016, to further promote gender equality, WFP created a gender network and started formulating a Gender Action Plan that intends to adapt food assistance to different needs and capacities, encourage the equal participation of men, women, girls and boys in WFP projects, and ensure that food assistance does not harm the safety, dignity and integrity of the refugees. It is, however, unclear what gender assessment the Gender Action Plan is based upon.

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<sup>13</sup> This project utilizes a former initiative, funded in 2012 by UNHCR, that was meant for the “purchase and installation of a pedagogic kitchen in which to show Sahrawi families how the dry food is cooked and complemented by fresh products”.

<sup>14</sup> The PISIS document still recommends, for the treatment of MAM in under 5, the mix of CSB, oil and sugar while since 2014, RUSF is given.

## **1.4.Evaluation Methodology and Limitations**

44. The evaluation was conducted between October 2017 and March 2018 by a team of three experts and an audio-visual specialist for the Photovoice component. The Evaluation Team (ET) was comprised of a nutrition specialist, a humanitarian expert, and a data analyst. The data collection phase took place from November 19th until December 7th, and from December 6th to December 16th for the Photovoice component (further details in Annex 5 Mission Agenda). There were difficulties regarding the timeline, which led the field work to be done concurrently with the inception phase, thus not having completed the Inception Report (IR).

45. The Evaluation focuses on answering three sets of key questions:

- **Key question 1 - How appropriate is the intervention:** Relevance, appropriateness, connectedness, and coherence of objectives and choice of activities and food-nutrition specialised products, including analysis of the revised intervention Logical Framework (LF) per WFP's Strategic Plan 2014–2017, and the satisfaction of the population's perceived needs.
- **Key question 2 - What are the results of the intervention:** Performance and results, including analysis of the operation's outputs and nutrition outcomes, timeliness of actions and its unexpected effects.
- **Key question 3 - Why and how the intervention has produced the observed results:** External and internal factors informing performance and results, including sectoral and inter-sectoral coordination.

46. The evaluation used a **mixed-method approach**, drawing on both qualitative and quantitative primary and secondary data, using appropriate tools (see Annexes 6 to 9 on Evaluation Methods and Tools) to ensure depth of coverage among stakeholders.<sup>15</sup> To extract the necessary information from existing sources, including secondary data review and analysis, the ET performed a thorough desk review of all relevant documentation (see Annex 10 Documents reviewed). During data collection, individual key informant interviews were carried out, and the ET documented beneficiary perceptions through Focus Group Discussions (FGD), using purposive sampling to assess satisfaction as well as gender results and unexpected effects and issues. Field visits and observations assessed compliance of specific infrastructures and procedures with nutrition-related international standards and guidelines. Lastly, storytelling and Photovoice methodologies focused on particular settings, to reflect on the array of contextual factors that influence outputs and outcomes. Triangulating sources and methods ensured data validity and reliability, and available quantitative data was statistically analysed using descriptive methods and/or basic statistical descriptive analysis, taking into account the weak validity and reliability of existing data.

47. An Evaluation Matrix (EM) (Annex 11) was developed to respond to the evaluation questions and sub-questions and covers the DE TOR criteria. The EM was used to facilitate the analysis of individual findings and, when combining and triangulating several sources, produce a synthesis of data for each question and indicator from which the report will draw upon under the form of an Evidence Matrix. The slowness and the irregularity of the documents received prevented its fulfilment, although it supported ongoing report writing and evidences were directly incorporated in the document.

48. Gender Equality and Empowerment of Women (GEEW) was mainstreamed throughout the evaluation process and gender was the focus of certain sub-questions.

<sup>15</sup> An opinion survey was initially planned by the ET, but due to time constraints and logistical difficulties, the data collected was deemed to be insufficient and therefore not reliable for in-depth analysis.

Positive discrimination was used to ensure gender sensitivity of the evaluation process and as women are the main stakeholders in food assistance, they were especially consulted among the beneficiaries group.<sup>16</sup>

49. Throughout the analysis, the evaluation focused on finding evidence and relating it directly to recommendations so as to inform the reformulation of the nutrition components of the PRRO, while responding to requirements of the new Corporate Integrated Road Map leading to country level strategic planning and the 2018 T-ICSP. The evaluation will help WFP CO redesign its role in nutrition in the Sahrawi context through a wide consultation process with all stakeholders. It also highlights roles, responsibilities, and forms of contribution to the food security and nutrition sectors, in an overall effort to improve nutrition. Throughout the analysis, the evaluation focused on creating evidence in order to inform the re-formulation of the nutrition components of the PRRO, while also responding to requirements of the new Corporate Integrated Road Map leading to country level strategic planning (particularly concerning Sustainable Development Goal -SDG 2), and the formulation of the next T-ICSP during 2018. The evaluation will therefore help WFP CO to re-design its role in nutrition in the Sahrawi context through a wide consultation process with all stakeholders. The evaluation also highlights roles, responsibilities and forms of contribution to the food security and nutrition sectors, in an overall effort to improve nutrition.

### **1.5. Limitations and risks**

50. DARA and the ET would like to highlight a series of limitations and risks identified throughout the evaluation that influenced the implementation of the DE.

- Documentation required for the desk review was received late, with a large part of the documents arriving during the reporting phase. Some documents were incomplete or undated, and following up on information and crosschecking sources took a significant amount of time. Further details of inconsistencies in the documentation received are provided in Annex 10.
- The launch of the evaluation process was delayed for a variety of reasons. However, as the CO was keen to use the evaluation's findings for the design of the new PRRO in 2018, and the team had availability constraints, therefore the data collection field visit started prior to the Inception Report having been finalised and validated, which took up critical time during the ET data collection phase.
- During the field research, WFP offices were busy assisting several missions, as well as completing other end-of-year activities and reporting. In addition, key staff were on annual leave or training abroad at the time of the ET visit. Thus, the ET had very limited time with field personnel, and little to no WFP support when planning or visiting the camps.
- Traveling to and from Tindouf is time consuming due to security procedures. Meetings with WFP's counterparts in the field, as well as camp visits and FGD, were greatly facilitated by the ET being based in Rabouni. However, the ET was not under UN security oversight but under Sahrawi security, making visits to Tindouf to meet WFP or UNHCR actors based there difficult and cumbersome.
- Data availability and reliability are specific constraints to the Sahrawi refugee context. Health data has only been produced by Sahrawi health structures and collected through a formal and efficient health information system since 2016. As the report details, other data,

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<sup>16</sup> The focus groups led by the ET were exclusively done with women. However, the Photovoice and Storytelling exercises allowed for a gender balanced approach.

such as data regarding vulnerable populations, is politically sensitive and therefore unavailable.

- The ET intended to explore the causal links between observed contextual changes and the nutrition components of the PRRO and attempt plausible explanations and likely influences for the observed changes through **contribution analysis**, as stated in the IR. However, the co-habitation of multiple projects and actors working towards the same outcomes, the influence of several cumulative outputs over time, and other difficulties encountered (lack of reliable baseline data, doubtful monitoring systems, absence of exhaustive documentation on the logic of the project's design and implementation, and imperfect institutional memory, both in WFP and stakeholders) have prevented the reconstruction process needed to assess the contribution of WFP in changes on nutrition outcomes.

## **2. Evaluation Findings**

51. This section gathers the evaluation findings and is structured based on the evaluation criteria, integrating each of the corresponding evaluation questions and sub-questions from the EM: Appropriateness, Relevance, Coherence, Connectedness and Factors affecting performance and results. A final sub-section presents findings on coordination.

### **2.1.Appropriateness and relevance of the nutrition components of the PRRO**

#### **Box 1. Key finding 1**

At design, the nutrition components of the PRRO are relevant, adapted to the Sahrawi context, and appropriate to cover needs of the target population. However, although population needs are regularly assessed and recommendations from studies and surveys indicate the need for adapting operational plans to specific population group vulnerabilities, the PRRO has not integrated the needs of specific groups (age, gender, or locations) identified by various JAM and nutrition surveys carried out in the camps during the evaluated period.

52. This section presents to what extent the design and consequent adaptations of the nutrition components of the PRRO were in line with the needs of the targeted groups: women, girls, boys, men, pregnant and nursing women.

53. JAM and nutrition surveys<sup>17</sup> are periodically conducted by WFP jointly with UNHCR and their operational partners to identify new or recurrent needs. The PRRO was initially designed on the basis of the findings of the 2011 JAM, as well as the 2010 nutrition survey<sup>18</sup> and nutrition indicator trends. The 2011 JAM recommended continued assistance to the population through General Food Distribution (GFD), school feeding, and nutrition interventions. It also recommended enhancing the sensitization component of the nutrition programmes. The 2012 nutrition survey recommended maintaining prevention and treatment activities to sustain positive results and to tackle anaemia and stunting issues. As a result, WFP decided to continue the same nutrition components throughout the whole period.

54. Survey recommendations<sup>19</sup> indicate the need to integrate nutrition activities within existing policy frameworks, and, in the latest exercise, the need to prevent further disruptions in SNP procurement and the discontinuity of related activities. Other recommendations refer to the full implementation of the 2014 PLW protocol, as WFP failed to ensure regularity in the procurement of extra rations. Diversity of the food rations, shared responsibility (WFP for GFD and UNHCR for fresh products), stability of distributions, and the need to ensure distribution of fortified (or micronutrient-rich) foods are recurring issues. In addition, there are recommendations on the need for integrating self-reliance interventions and exploring alternatives other than in-kind food transfers<sup>20</sup> to improve dietary intake. Review and improvement of monitoring systems and tools for nutrition activities appears repeatedly as a priority since 2012.

55. In addition to surveys and joint assessments, programmes' follow-up data is collected monthly through Post-Distribution Monitoring (PDM) exercises, measuring

<sup>17</sup> The assessments considered in the scope of this evaluation are three JAM studies carried out in 2011 (used for PRRO design), 2013, and 2016 (final report not validated by the Sahrawi authorities); and three nutrition surveys carried out in 2010 (used in designing PRRO), 2012, and 2016. The latest was intended for Autumn 2015 but was postponed to 2016 due to the October floods and the Polisario Congress in December.

<sup>18</sup> Recommendations from the 2012 nutrition survey and impact study of prevention of anaemia interventions weren't yet validated during initial discussions on the design of the PRRO.

<sup>19</sup> A summary of the recommendations from relevant surveys and JAM can be found in Annexes 12 and 13.

<sup>20</sup> Cash-Based Transfers (CBT) were proposed and an initial assessment, funded by European Civil Protection and Humanitarian Aid Operations (ECHO), was carried out in 2015 in which they were recommended, but are yet to be implemented at the end of 2017.

basic nutrition and food security indicators. Data collected by the SMoH is used for the follow-up of the TSFP. Other contextual information, punctual assessments, and evaluations<sup>21</sup> have also fed into operational processes and decisions, although in some cases concrete outputs or reports have not been made available to the ET.

56. Since 2013, there have been eight amendments to the initial project document (Summary of BR in Annex 14), with the last BR approved in April 2017, but no major changes in the PRRO's nutrition components during the period have been observed. An exception is in 2014<sup>22</sup> when WFP took over from UNHCR in the provision of SNP for prevention and treatment of malnutrition, and new guidelines for the management of malnutrition and anaemia in PLW were prepared, which resulted in an adjustment to WFP's operational practices.

57. While the 2010 nutrition survey, to some extent the 2012 survey, and the 2011 JAM shaped its original design, consequent adaptations of the PRRO do not seem to have considered the results and recommendations of subsequent studies. Both JAM and nutrition surveys have consistently shown differences in vulnerabilities (malnutrition, food insecurity, poverty) between camps, age groups, gender, or socioeconomic conditions.<sup>23</sup> Despite the evidence, WFP did not adapt programming nor modify the targeting of interventions. Other recommendations from JAM 2011 and 2013 focus on the need for exploring alternative transfer modalities for food assistance that only the BR#4 adopts, with the creation of a budget for "various Cash and Voucher assessments" that finally took place in 2015. No pilot intervention had yet been implemented at the end of 2017.

58. Programmatically, the evaluation corroborated that WFP has made efforts to ensure coverage of specific needs of targeted groups, such as during the Ramadan period (as recommended in JAM 2011). According to Country Briefs for 2015, 2016, and 2017, despite funding limitations, WFP managed to distribute extra rations (i.e. dates) thanks to in-kind donations from Saudi Arabia. But no other adaptations appear to have been made to the PRRO. For example, the region where the refugee camps are located is subject to extreme temperatures, 50°C in summer and 6°C in winter, which significantly impacts daily life and impacts on the nutritional and food needs of the population. The evaluation found no documentation, nor received any feedback during interviews, regarding modifications made to the basic rations of GFD based on these adverse climatic conditions.<sup>24</sup>

59. Besides JAM and nutrition surveys, several studies appear to have been planned to allow for a better understanding of the needs of targeted groups, and therefore for updating the PRRO, but they appear not to have occurred. For example, the PRRO states<sup>25</sup> that an evaluation of ways to address the inadequate fresh food supply by partners will occur; and similarly, BR#8 states that different gender, protection and age analysis will be undertaken to shape the programme.<sup>26</sup> None of these seem to have been carried out, as no information was shared with the ET nor specific outputs communicated. Another example is the

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<sup>21</sup> Impact study of the anaemia prevention programme (UNHCR–WFP, 2012) or the Encuesta de hábitos nutricionales en los campamentos de refugiados saharauis (CRE–AECID, 2016).

<sup>22</sup> As already planned in the 2013 project document and then confirmed by BR#2.

<sup>23</sup> Evidences have also been published in scientific papers, i.e. Dietary Diversity is related to socioeconomic status among adult Sahrawi refugees leaving in Algeria. Morseth et al. BMC Public Health (2017) 17:621 DOI 10.1186/s12889-017-4527-x. The study was done with data collected through a cross-sectional survey carried out in Sept.-Oct. 2014.

<sup>24</sup> WFP–UNHCR JAM Algeria 2013.

<sup>25</sup> PRRO 200301 Operation document, page 6.

<sup>26</sup> Page 3 of WFP's BR#8 document states: "As an initial step, a two-month distribution round is planned as a pilot in Laayoun camp upon completion of a gender and protection analysis"; page 4 states: "Gender analysis will inform beneficiary targeting and identification of vulnerable refugees, as well as protection considerations under the CBT modality." Finally, it points out: "A gender and age analysis will be conducted to identify priority groups for the interventions."

coverage study for Targeted Supplementary Feeding Programme (TSFP) announced in the 2014 Standard Project Reports (SPR) for 2015.

60. The evaluation also observed a lack of data on groups not directly targeted by the nutrition components of the PRRO or covered by the standard nutrition surveys (i.e. school age children or elderly), although several documents<sup>27</sup> mention their necessity. Similarly, the evaluation is not aware of any assessment during the evaluated period of the increasingly high rates of overweight and obesity in women and its associated metabolic risk. Likewise, differences in indicators between camps or between households appear not to have been considered for the PRRO's nutrition components programming, and interventions and activities have remained identical for all camps, against recommendations by the 2016 JAM.

61. The evaluation also identified situations where WFP has failed to implement its programme as articulated in the project documents and its subsequent amendments. Two examples will be discussed in this report: (i) the contravention of the PLW protocol that was reviewed under the WFP lead, and which WFP only sporadically backed with the stipulated extra food rations for PLW, and (ii) the management of the financial shortfalls that led to a halt in the supply of fortified products within the basic food ration, and the break in the distribution of SNPs.

62. This evaluation observed that the PRRO document details in its situation analysis the strong role of women in the Sahrawi society, and how most heads of households are women. The PRRO response is to ensure food security and meet the minimum nutritional requirements of the most vulnerable refugees, but it fails to specify how programming will be tailored for women and their specific needs. Despite the strategic weakness in gender analysis and programming, WFP is making efforts to mainstream gender in its future operations, as evidenced during interviews with WFP staff.

### **Key findings on Relevance and Appropriateness**

63. The Algeria PRRO design was based on recent nutrition rates and food security findings, demonstrating the positive trends in some nutrition indicators. However, no references to lessons learnt or achievements of the previous operation are gathered in the operation's document. The NGO representatives that were interviewed felt the programme was appropriate and adapted to the context. However, they mentioned that they were not consulted in the drafting of the PRRO. Even though this is not a requirement for WFP, it could be an opportunity to strengthen partnerships and ownership. Many also highlighted that the planning figure for the vulnerable population eligible for assistance was an issue, especially as nutrition activities were planned based on the number of eligible population from UNHCR's programme at the time.

64. Positively, WFP decided to support an identical full package of nutrition activities, even though the situation had been improving during the years prior to the design of the operation; taking into consideration the fact that refugees would continue to be food-insecure and heavily dependent on external humanitarian support, as well as the recurrent presence of aggravating factors (precarious water and sanitation environment, poor infant and child feeding practices - IYCF, added health risks).

65. Yet, the needs of the target population have remained similar between 2013–2017 and the eight BR applied have been primarily due to WFP "internal" requirements, and not to new identified or aggravated needs of the target population. The single major operational change in the nutrition components of the PRRO was in 2014, when WFP took

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<sup>27</sup> Reports from nutrition surveys, operation's SPRs, etc.

over the supply of nutrition products for prevention of chronic malnutrition and anaemia from UNHCR.

66. Although the global food and nutrition conditions of the population are regularly assessed through JAM and nutrition surveys, there is a lack of information on the nutritional condition of groups not directly targeted by WFP-supported nutrition activities (i.e. school-age children or elderly), or in nutrition-conditions that constitute serious public health problems, such as obesity and metabolic risk.

67. While WFP's role for implementing recommendations in nutrition is limited, the agency has full responsibility for complying with recommendations related to food, for both its own mandate and its lead role in the Food Sector (FS) co-coordinating interventions to ensure adequate provision of food assistance to the refugees. Yet, although different needs among age groups, gender or locations are highlighted by studies and corroborated by key stakeholders, they have not yet been taken into account in the operation's programming by WFP or other actors. This situation questions the current mechanisms for follow-up of recommendations made by surveys or context assessments.

## **2.2. Coherence and connectedness of the nutrition components of the PRRO**

### **Box 2. Key finding 2**

The nutrition components of the PRRO are coherent with the operation's objectives and with WFP's Strategic Frameworks (2008–2013, 2014–2017) and corporate policy guidance. However, internal integration of the PRRO components is weak and no complementarity is pursued. The nutrition components are coherent with the SMoH's priorities and normative documents but fail on implementation due principally to financial limitations. There is coherence between the nutrition components and the interventions of the rest of the sector's actors and of other stakeholders, but operational synergies and complementarity are feeble. The PRRO does not take gender-specific measures and needs more analysis to incorporate these issues in its programme.

68. This section describes to what extent the nutrition components are internally coherent with the global PRRO objectives and, externally, how they are aligned with the Sahrawi authorities' policies, the corporative WFP Strategic Plans and Frameworks and sectors' Policies and coherence with the approaches and interventions of key stakeholders and sector partners. The last sub-section describes findings from FGD on the population's views on what extent the PRRO satisfies their perceived needs.

#### **Internal coherence**

69. The evaluation found that the PRRO's objectives and its nutrition components were coherent. Each objective of the operation has a component that is in line with standard WFP operational activities, detailed in Table 2.

**Table 2. Algeria PRRO objectives and components**

<b>PRRO objective</b>	<b>Components</b>
Improve food consumption of the most vulnerable refugees through food assistance	General Food Distribution (GFD)
Reduce acute malnutrition and anaemia in children under 5 years and in PLW through targeted nutrition interventions	Prevention and treatment of undernutrition and anaemia (NUT)
Maintain the enrolment and retention of children through school meals	School Feeding (SF)

70. However, there is a contradiction of the PRRO with WFP's overall modus operandi, as the current objectives and activities resemble those of an Emergency Operation (EMOP) rather than a PRRO. A PRRO rebuilds after an emergency and is drawn up when it becomes

clear that the 24-month assistance provided under an EMOP will not be enough. In 2015–16, WFP started exploring new modalities of assistance and, in 2017, reflections on a new strategy and an evaluation of the operation point towards developing the components to be more in line with those of a PRRO.

### External coherence

71. The nutrition-specific components of the PRRO align with and support the **SMoH priorities, policies, and programmes**, and are implemented within the institutional framework of the PISIS of the SMoH, as are all nutrition activities in the camps. These activities use the health system settings as a delivery channel. However, WFP, active while preparing key normative documents,<sup>28</sup> has failed in their full implementation and undermined the coherence of nutrition components with Sahrawi authority policies.

72. The specific objectives of the PRRO at design were in line with the **WFP Strategic Plan** (2008–2013) and were updated in 2015 by BR#5 to the new 2014–2017 Strategic Plan. The update did not imply changes to activities on the programmatic side of the PRRO, but to its LF, which presents objectives and new indicators (outputs and outcomes). The revised LF gives greater attention to key cross-cutting issues (gender, partnerships, and protection and accountability).

73. The nutrition components of the PRRO fit well into the five areas<sup>29</sup> recommended by **WFP's Nutrition Policy** (2012), even though, due to operational decisions triggered by the funding situation, some points of that policy have not been followed. Similarly, the theoretical content of the food distributed rations (GFD and fresh products) respected international recommendations regarding their energetic and nutritional value (macro and micronutrients), but again budgetary difficulties seriously altered the diversification and quality of the GFD, leading to a decrease in the basic intake of micronutrients. These same decisions have led the CO to prioritize the basic basket against the supply of SNPs for the treatment and prevention of malnutrition and micronutrient deficiencies, which for long periods of time have not been distributed.

74. WFP in its **Gender Policy** (2015–2020) has committed to integrating “gender equality and women’s empowerment into all of its work and activities, to ensure that the different food security and nutrition needs of women, men, girls and boys are addressed”.<sup>30</sup> As WFP Algeria is implementing general blanket (status-based) distributions, GFD has not been adapted to different needs, as highlighted in Section 1.2. The programme for PLW is targeting women, but this does not confirm that food assistance has been adapted to different needs – it is instead a requirement of the work and the nature of the component. Women empowerment is a critical issue, but in the Sahrawi context, where women play a key role in the decision-making and management of the food distribution (both now and historically), the gender-specific impact of the operation is weak and difficult to measure. Section 2.3 discusses the gender-specific impact of the PRRO.

75. Current developments on gender in the WFP office are positive and appropriate: a Gender Results Network (GRN) was recently put in place and is composed in Algeria of seven staff from each operational unit. Little action appears to have taken place aside from the set up, but this is a positive step. A gender action plan was drafted at the end of 2016 but never finalized/approved. In 2017, the CO planned to participate in the Gender

<sup>28</sup>The Sahrawi Nutrition Strategy for 2009-2014: Prepared in 2009 by the SMoH, with the support of the concerned UN agencies (WFP, UNHCR) and the Norwegian Church Aid; *Practical guidelines for PISIS*: Prepared in 2010 in the aftermath of the implementation of the first CTC protocol for Severe Acute Malnutrition (SAM) in 2008, and *Nutrition protocol for PLW*: Prepared in 2014 through an extensive consultative process led by WFP and UNHCR

<sup>29</sup>Treatment of moderate acute malnutrition, prevention of acute and chronic malnutrition, addressing micronutrient deficiencies and strengthening the focus on nutrition in programmes without a primary nutrition objective (nutrition-sensitive interventions).

<sup>30</sup>Gender Policy (2015–2020), WFP/EB.A/2015/5-A, p. 2.

Transformation Programme, which includes a gender mainstreaming exercise. Initial preparations took place, but actual implementation was pushed back to 2018. In November 2017, a capacity building mission by Regional Bureau Cairo (RBC) for members of the GRN was planned. However, again due to the workload, it was further pushed back to 2018. All these are positive and important developments, but it is important for WFP office to implement them.

76. Finally, the Humanitarian Needs of Sahrawi Refugees for 2016–2017 highlights the prevention of Sexual and Gender Based Violence (SGBV) as an issue to pay attention to regarding protection, sanitary and hygiene support for women of reproductive age, and nutritional support to PLW.<sup>31</sup> On paper, WFP has a strategy to deal with gender issues that would also cover protection but, in the period evaluated, little appeared to have been done. As an encouraging sign, the ET did attend a presentation on WFP's plans to deal with protection.

77. In line with WFP's 2012 **Humanitarian Protection Policy**, protection and accountability to affected populations were introduced in the operation's LF when it was updated in 2015. Camps are generally safe and do not present overall protection issues, and most safety problems stem from the harsh desert environment and the limited access to basic infrastructure. In 2013<sup>32</sup> WFP increased the number of GFD distribution points: both the time spent waiting for the distribution and the walking distance to get to the distribution points and take commodities home have been reduced, which in turn decreased possible protection risks. However, protection analysis only comes up in BR#8 (April 2017) in the context of Cash-Based Transfers (CBT) implementation.

78. There is coherence between WFP's PRRO nutrition components and the **nutrition interventions implemented by other stakeholders** due to bilateral and tripartite agreements between UN agencies, the Algerian Government represented by the CRA, the Sahrawi authorities represented by the MLRS and under UNHCR oversight.

79. Within the FS, **complementarity** has been sought from the beginning of the PRRO between basic dry rations (GFD) distributed by WFP and complementary fresh food rations provided by other actors (Cruz Roja Española - CRE and Oxfam). Distributions take place in a coordinated manner (i.e. same day, same place) as organisations share monthly information of their respective plans. Beneficiaries' perception regarding complementarity within the FS is positive (Box 3).

### **Box 3. Beneficiaries' views during FGD**

*When asked about the assistance provided, and especially WFP's food assistance, beneficiaries highlight the good complementarity between the organizations involved. They emphasized the role of the MLRS in the distribution of food, through the Jefas de Grupo (women in charge of the distribution), and the collaboration with Oxfam, which contributes to a more varied diet through the distribution of vegetables.*

80. **Synergies and complementarities** across sectors are weak. Multi-sectoral operational initiatives are rare (although “WASH in Schools” unites WASH, food, and education sectors). A positive development, however, includes recent efforts by UNHCR and WFP to elaborate a multi-sectoral and multi-annual strategy where interventions will focus not only on addressing the immediate causes of malnutrition by increasing the coverage of nutrition programmes, but also on tackling underlying causes by creating functional linkages between the nutrition sector and WASH, education, and livelihood sectors.

<sup>31</sup> Humanitarian Needs of Sahrawi Refugees in Algeria 2016-2017 (June 2016), p.6.

<sup>32</sup> SPR 2014.

81. The ET held FGD with women on their **perceived needs and the assistance received**. In general, when asked their opinion, participants stressed they were happy being consulted and they hoped it might help to improve the assistance they receive.

82. The main issues raised were the lack of or poor diversification of rations, small quantity, and sometimes inadequate delivery conditions. Overall, women expressed that they would like more food with more diversity. For example, in the FGD the quality of the oil was questioned, as was the lack of fresh food, while in the Photovoice discussions it was the quality of the rice that participants noted had worsened in recent months. Both in FGD and in Photovoice discussions, the quantity of oil, salt and sugar was always noted as insufficient (see Annex 15 for further detail on Photovoice and Storytelling outputs).

83. In the discussions, when documenting the use of the food assistance, what was highlighted was that they were increasingly having to resort to purchasing food to complement their rations, mainly for the preparation of sauces to accompany staples; although many also pointed out that few households could do so. For many, the rise of local businesses in the camps had therefore filled a gap left by reduced food assistance. Those who were employed, or who had relatives abroad sending remittances, were better able to fulfil their complementary needs. It was particularly interesting to note that, from the photos taken by the participants, many used the opportunity to document valued food products that were not distributed often, such as dates, fish, or macaroni.

### **Key findings on Coherence and Connectedness**

84. The nutrition components of the PRRO are definitively coherent with the operation objectives, but the evaluation concludes that they could benefit from further integration with the rest of the operation's components. Their current articulation, each responding to a different objective and with results related to these different objectives, does not facilitate mutual strengthening.

85. Although the nutrition components of the PRRO align with the SMoH's policies and programmes, WFP does not fully comply with its programme provisions such as the Sahrawi PLW protocol, reviewed with the active participation of WFP technical staff but only sporadically sustained with the stipulated extra food rations for PLW through the too frequent pipeline breaks for SNP (cf. Section 2.3 on Assistance received).

86. The intervention globally complies with WFP's Strategic Framework (SF) and policy guidance for nutrition. The changes in Corporate WFP's SF during the PRRO's duration have not amounted to important changes in its objectives, and have remained mostly superficial regarding the linkages to the different SO. At times, WFP seems to retrofit current projects to new frameworks, rather than completing a thorough exercise in rethinking the programme.

87. WFP Algeria has not been adequately applying its policies on Gender and Protection. Designing gender appropriate projects is not easy, and there is not a single solution for all situations. The PRRO does not yet take gender-specific measures, and it needs an analysis of the vulnerabilities women suffer and local coping mechanisms to allow WFP to incorporate these issues in its programme. Although key issues on protection have not arisen, there is limited data available. The Humanitarian Needs of Sahrawi Refugees for 2016–2017 highlights the prevention of SGBV as an issue to mind regarding protection, as well as sanitary and hygiene support for women of reproductive age, and nutritional support to PLW.<sup>33</sup> WFP should coordinate with stakeholders in other sectors to achieve progress. The office is fully aware of this and has been making concerted efforts to improve.

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<sup>33</sup> Humanitarian Needs of Sahrawi Refugees in Algeria 2016–2017 (June 2016), p.6

The steps taken are encouraging, and the planned gender study will be critical to future programming efforts.

88. The responsibility for the implementation of nutrition activities does not rest solely on WFP and is shared between several actors. The positive and valued collaboration between actors on the operational side of the activities is not translated into improved joint decision-making at more strategic levels. Similar scenarios can be found within the FS. Although complementarity has been sought here between WFP and other actors, unfortunately no strategic planning exists.

89. Overall, FGD participants were satisfied with the assistance received and not overly critical of the conditions in its distribution. If anything, the request is to have greater quantities, improved quality of the food products, and regularity in distribution. At dispensaries, the main request was for programme continuity to ensure a more adequate beneficiary intake.

## **2.3. Effectiveness of the nutrition components of the PRRO**

### **Box 4. Key finding 3**

Outputs, in terms of beneficiaries and assistance provided, have been negatively affected by repeated pipeline breaks due to financial shortfalls, as have the diversity and nutritional value (energy and micronutrients) of the food assistance received by the refugee population. Interpretation of results is complicated due to the mismatched and incomplete nature of the data available and planning figures for the vulnerable population remain an issue.

90. This section presents the results of the operation in terms of outputs, unfolding planning figures, actual beneficiaries, and assistance provided to assess if target groups have been reached effectively and timely. Detailed information on the monthly evolution of the nutrition activities and food assistance can be found in Annex 16 Effectiveness.

#### **Planning figures**

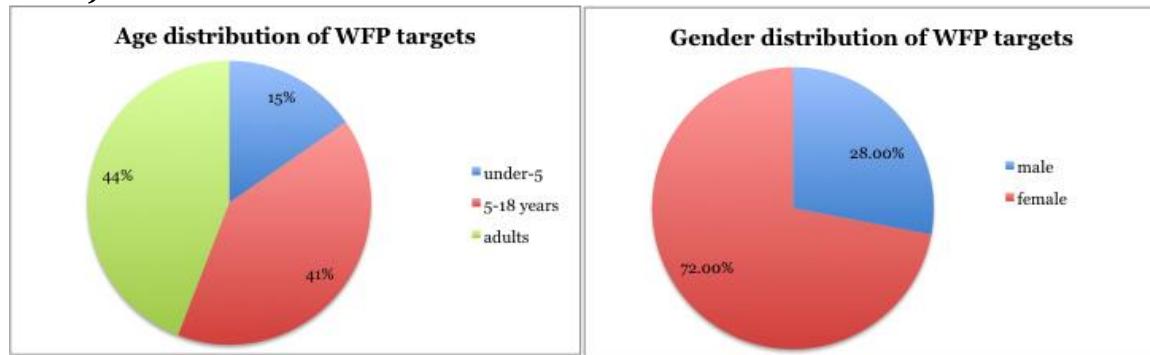
91. Overall, the annual number of planned beneficiaries by activity, age group and gender hasn't changed substantially during the period examined, with few exceptions as shown in Table 3. Children under 5 years old account for 15% of targeted beneficiaries, 44% are adults over 18, and almost three quarters of WFP planned beneficiaries are girls/women (Figure 2).

**Table 3. Planning figures by activity for the Algeria PRRO 200301 (Source: SPRs)**

activity	2013			2014			2015			2016		
	Girls / women	Boys / men	Total	Girls / women	Boys / men	Total	Girls / women	Boys / men	Total	Girls / women	Boys / men	Total
TSFP children	3000	3000	<b>6000</b>	900	900	<b>1800</b>	900	900	<b>1800</b>	900	900	<b>1800</b>
TSFP PLW	na	na	<b>na</b>	1000	na	<b>1000</b>	1000	na	<b>1000</b>	8000	na	<b>8000</b>
Prev. children	na	na	<b>na</b>	6600	6600	<b>13200</b>	6650	6650	<b>13300</b>	6650	6650	<b>13300</b>
Prev. PLW	na	na	<b>na</b>	6360	na	<b>6360</b>	6360	na	<b>6360</b>	6360	na	<b>6360</b>
GFD	75806	49154	<b>124960</b>	75806	49154	<b>124960</b>	75976	48984	<b>124960</b>	75976	48984	<b>124960</b>
School feeding*	15831	16069	<b>31900</b>	16371	16129	<b>32500</b>	16120	16380	<b>32500</b>	20412	20088	<b>40500</b>

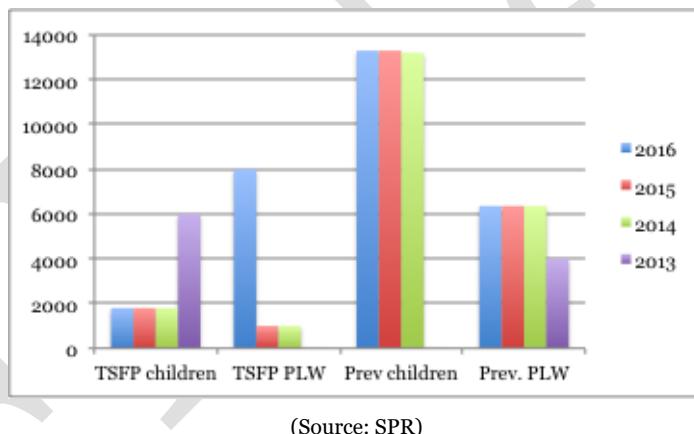
\*Includes school feeding targets in primary and pre-primary schools (2016)

**Figure 2. Age and gender distribution of planned beneficiaries of the PRRO (Source: SPRs)**



92. The monthly planned number of **GFD rations** has remained consistent over the years, following agreements with all parties involved that adopt the target figure of 125,000 rations that account for the number of vulnerable refugees needing assistance (90,000), plus an additional 35,000 complementary rations to cover the assumed total refugee population. The number is provided by Sahrawi authorities and has not been independently verified by UN agencies.<sup>34</sup>

**Figure 3. Planning figures for the nutrition components of the Algeria 200301 PRRO**



(Source: SPR)

93. Regarding nutrition activities (Figure 3), in 2013, 6,000 children per month were targeted under MAM treatment activities. From 2014, predicting an improvement in the screening process for TSFP, the number of children expected in the programme was reduced to 1,800, which has since remained constant.

94. The planned number of children targeted for the preventive component was estimated in 2014 at 13,200. For the remaining years of the PRRO, WFP planned for 13,300 children, although the ET couldn't find an explanation justifying this slight increase.

95. BR#2 (August 2014) planned 1,000 PLW for MAM treatment but this decision was not well received by the Sahrawi health authorities<sup>35</sup>, even though efforts were being made at the time to improve linkages with existing prenatal care through the preparation of integrated guidelines. However, because the expected reduction of the number of PLW

<sup>34</sup> Recently, some attempts are trying to change this and, following a High-Level Mission in April 2017, a working group on vulnerability was set up and the ToRs were drafted. The ET was informed that, aside from a first meeting, the issue has not advanced further.

<sup>35</sup> Source: *Nutrition Mission report – Algeria May 2014, Michele Doura, Regional Nutrition Adviser*. The support visit from the WFP – RBO had as objectives reviewing nutrition activity modalities and discussing numbers with key partners and stakeholders. Furthermore, a UNHCR technical person participated during the WFP RB technical mission and in the elaboration of presentations for MoH and CRS, as well as facilitating meetings with Sahrawi authorities.

under TSFP could never be effectively implemented, after BR#5 in 2016, planning figures increased to 6,000.

96. Regarding the prevention of anaemia in PLW (MNP distribution), it was agreed in 2014 to plan for 6,360 PLW and numbers have remained similar during the evaluated period.

97. The ET found discrepancies in data provided by the WFP sub-office and figures appearing in SPRs, BR and other documents (Table 4), some quite considerable (i.e. TSFP for children or PLW) and that can't be due to the changes in protocols. They remain unexplained.

**Table 4. Disparities in planning figures by activity for the Algeria 200301 PRRO**

activity	2013		2014		2015		2016		2017
	SPR	M&E	SPR	M&E	SPR	M&E	SPR	M&E	M&E
TSFP children	6000	10000**	1800	1800	1800	780	1800	870	1800*
TSFP PLW	na	na	1000	1000	1000	7750	8000	7750	1000
Prev. children	na	na	13200	13300	13300	12000	13300	12000	13200
Prev. PLW	4000	na	6360	6360	6360	7750	6360	6360	6360
GFD	124960	124960	124960	124960	124960	124960	124960	124960	124960

\* Except for March, May and September that planned for 870 children under 5 for TSFP.

\*\* In the M&E tables, planning figures for TSFP in 2013 included both groups, children and PLW.

## Actual beneficiaries

98. To standardise the analysis of data and information presented in this report, the ET used the following figures to analyse the results of the nutrition components of the PRRO: (i) Denominator, "*planned number of beneficiaries*": Figures appearing on SPR and BR; (ii) Numerator, "*actual number of beneficiaries*": Figures appearing on the M&E tables received when analysing monthly trends, as there is no other source available for this information, omitting calculation of percentages in the analysis to avoid miscalculations. Data is presented in graphs to show gaps between planned and actual numbers. When presenting annual results, available data found in the SPRs<sup>36</sup> is used and percentage will be calculated.

99. **Annual realisations** (planned vs. actual beneficiaries) are shown in Table 5 for the period covered by the evaluation and as presented in the SPRs. Important differences can be observed regarding the number of beneficiaries effectively covered each year by WFP interventions, reflecting the difficulties encountered by WFP: (i) for fully implementing targeting for prevention and treatment for PLW, and maintaining a blanket approach in both activities; (ii) the delay it took to fully apply adequate screening for treatment of MAM in children; and (iii) to agree with UNHCR and SMoH on realistic planning figures for prevention in children. More detailed information in Annex 16 on Effectiveness.

<sup>36</sup> It is important to note that values presented in the annual SPRs correspond to the results of the latest follow-up on the reported year, usually December, which might not be representative of the whole year, but they are the ones WFP uses for external reporting.

**Table 5. Annual % planned / actual beneficiaries by type of intervention (Source: SPRs)**

Year	TFSF children	TSFP PLW	Prevention children	Prevention PLW
2013	133.3%	0%	0%	90.6%
2014	50%	800%	120.8%	125.8%
2015	32.3%	835.2%	88.8%	134.2%
2016	0%	6.8%	0%	130.1%

100. **Monthly data** for TSFP for children under 5 for 2013 can't be analysed as it didn't distinguish between children and PLW and used a blanket approach (beneficiaries were rarely admitted based on their nutritional status). From 2014, the actual number of children treated was lower than planned, as more rigorous screening was implemented. However, during 2016 and 2017, TSFP activities were interrupted due to financial shortfalls that caused pipeline breaks for SNP. Under the prevention component, 13,300 children under 5 were targeted for monthly distribution of Nutributter™ but the number of actual beneficiaries fluctuated, mainly because from mid-2015 to the 3rd quarter of 2017, SNP was unavailable, with only occasional distributions taking place.<sup>37</sup>

101. Interpretation of monthly trends for actual beneficiaries of the PLW programmes (TSFP and prevention of anaemia) is complex. Prior to the drafting of the 2014 protocol, all PLW were indiscriminately given supplementary rations at dispensary level. The implementation of the new protocol wasn't straightforward: the use of the Mid-Upper Arm Circumference (MUAC) for identifying those in need of MAM treatment was introduced, but it was not regularly and effectively applied until 2016.<sup>38</sup> Thus, the number of beneficiaries reached was much higher than what was initially planned. On the other hand, without the blanket distribution of fresh foods (as planned in the 2014 protocol) or other incentives, the outputs of the programme would always be limited.

102. One of the outputs of the operation is "Messaging and counselling on specialized nutritious foods and IYCF practices implemented effectively" (2015 LF). However, WFP direct implication in sensitization activities is limited and circumscribed, for nutrition, to improving the utilisation of SNP at household level as UNHCR has the direct responsibility for promotion of IYCF practices (JAP UNHCR-WFP 2015–2016). Both agencies implement sensitisation activities through CRA and MLRS that support SMoH staff.

#### **Box 5. Women's views on IEC activities**

*FGD results showed a very positive response to the cooking programmes on TV implemented by CISP, in partnership with the CRA and the MLRS. Women enjoyed them and a high number reported seeing them. A frequent criticism was that, at times, the TV programme used products that the women did not have. In one FGD, when women were asked if they had tried to change family eating habits, for example by diminishing the quantity of sugar consumed, only three out of 12 said they had tried because members of their family had diabetes.*

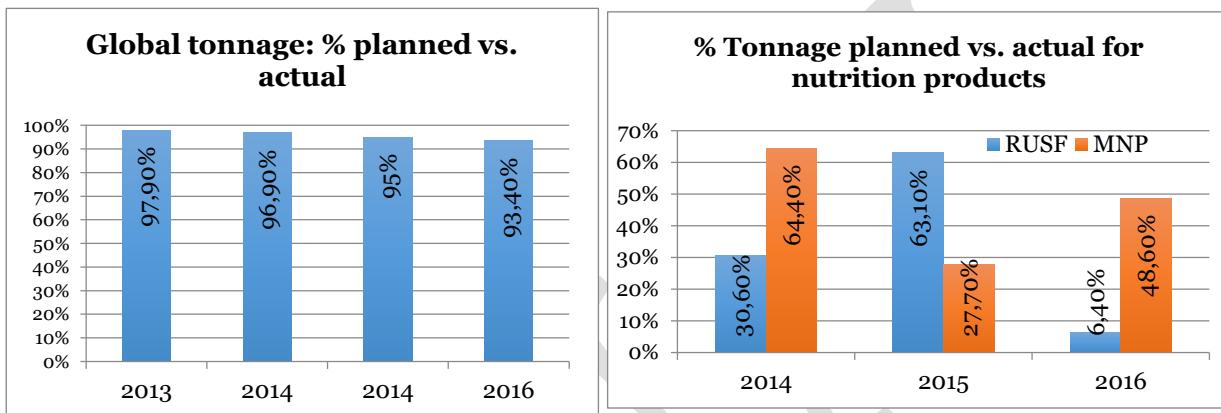
<sup>37</sup> February 2017 distribution of RUSF only covered eight days. From March through July no SNP were available and only premix for MAM PLW could be distributed. Dates could be distributed to PLW during July and August, (in-kind donation from Saudi Arabia), and for the first time in months, in August 2017 RUSF was available and could be provided to malnourished children. In September WFP distributed Nutributter™ to children under 5, although the late arrival of the product meant children received only eight daily rations. At the end of the year only MNP remains unavailable, although information predicts that, without positive funding forecasts or projections committed for 2018 and starting in January, there will be no SNP available during another long period.

<sup>38</sup> Only during 2015, and thanks to a Field Level Agreement (FLA) signed with MDM, nutritional screening for pregnant women improved, although for lactating women remained a challenge.

## Assistance provided (tonnage)

103. Figure 4 below presents the percentage of tonnage planned and tonnage distributed. Despite the financial shortfalls experienced during the period that led to significant pipeline breaks for SNP, overall annual percentage between tonnage planned vs. tonnage distributed remains continuously above 90%. However, when looking exclusively at tonnage of RUSF and SNP (RUSF and SNP) major gaps can be appreciated. These shortages can't be seen in the first graph (on the left), as the proportional volume of these products in relation to the total annual tonnage is minimal.<sup>39</sup>

**Figure 4. Percentage of annual tonnage planned vs. actual: global and for nutrition products**



104. In the Sahrawi context, the theoretical basic food basket for GFD is made up of 5 items: cereal, pulses, oil, salt and a fortified blended food. Together, they account for a caloric intake of 2166 kcals per person per day.

**Table 6. Basic content of WFP's GFD**

Commodity	Gr / person / day	
Cereal (Barley, wheat flour, rice)	400	
Pulses (lentils, chickpeas, beans)	67	
Fortified vegetable oil	31	
Sugar	33	
Supercereal (CSB+)	33	
<b>Total</b>	<b>564</b>	<b>2166 Kcals / person / day</b> <b>12% from proteins</b> <b>16% from fats</b>

105. The WFP's GFD is monthly and is complemented by fresh products distributed by Oxfam and the CRE, usually fruits or vegetables. The review of data available on the GFD and complementary distributions reveals that, during the 2013–2016 period, no fewer than 11 different commodities were distributed.<sup>40</sup> However, the supply of these commodities hasn't been consistent, leading to variations in the composition of the ration.

106. The decrease in the number of items is partly linked to WFP's funding shortfalls. Late 2014, WFP, alongside partners, agreed on a series of austerity measures commencing from January 2015 that included the purchase of fewer and less costly commodities, which

<sup>39</sup> For example, in 2016, of the total of 27,512MT planned, only 133MT were for RUSF and 2MT for MNP, representing together less than 0,5% of the total planned tonnage.

<sup>40</sup> This includes 3-5 different types of cereals, 1-3 different pulses, 2-5 fresh products, CSB+, along with canned fish and yeast in most months.

were replaced with locally purchased products, including unfortified wheat flour and unfortified vegetable oil. It resulted in a less diverse food basket and to fluctuations in the daily energy content of the ration.

107. According to the available SPRs, the annual average of daily energy content of the GFD rations remained above 2,000 kcals person/day but these results do not reflect possible monthly variations. The analysis prepared for the 2016 nutrition survey demonstrates that food rations distributed consistently reached 100% energy requirements in 2013 and 2014, while in the years after, several monthly distributions<sup>41</sup> didn't meet daily energy requirements. WFP Algeria Country Briefs describe how the monthly average of kcals distributed per person/day during 2016 and 2017 varied constantly, achieving the lowest value in January 2017 (1,711 kcals/person/day).

108. The micronutrient content of the diet has been insufficient for covering dietary requirements. Low content of calcium, iron, niacin, vitamin C or vitamin A, under minimum dietary requirements, is mainly related to an absence or reduction of CSB+ or other fresh foods (i.e. mackerel or carrots) during 2015–2016<sup>42</sup>, which was aggravated by the shift to locally purchased unfortified food items in 2015. The iodine content in the food basket is kept at very low levels or null due to its high concentration in the drinking water.

109. Diversity of fresh products has also been limited. While during 2009–2012 an average of 3-5 fresh products were distributed monthly, from 2013 to 2016 numbers diminished to two (potatoes, onions, or carrots; no fruits or green leaves) or occasionally three, mostly during the Ramadan period (thanks to punctual donations of dates).<sup>43</sup> Canned fish has also been distributed<sup>44</sup>, representing the only source of animal proteins, but suffered from pipeline breaks during the period.

#### **Box 6. Analysis of the 2016 Food Basket, WFP's Presentation (Mesa Alimentaria, January 2017)**

*Overall, the micronutrient content of the GFD food basket distributed by WFP and partners fluctuates and therefore does not always meet daily recommended intakes. On average, required intakes of Thiamine are met by the GFD.*

*It is important to note the lack of fortified oil and wheat, with some CSB supply breaks in certain months being one of the causes for not meeting the requirements for vitamin A. The analysis shows that the daily amounts are significantly lower than what is recommended in humanitarian contexts, and even more so in a context where the prevalence of micronutrient deficiencies, including iron deficiency anaemia among children and women of reproductive age, is a serious issue.*

110. Current legislation and standards for wheat flour and vegetable oil do not prevent or mandate fortification of these staple foods in Algeria. A food fortification mission from the RBC took place in November 2015 to provide technical support to the CO on potential suppliers, along with recommendations on staple food fortification opportunities. After several visits and audits of companies, and an active lobbying exercise with Algerian authorities, stakeholders, and diplomatic missions present in Algiers, WFP identified and engaged a local provider for fortified vegetable oil and, since 2017, WFP CO is able to buy locally and distribute fortified vegetable oil.

111. WFP provision of SNP was delayed and started in 2014. At the end of the same year, funds for fully implementing the nutrition components of the PRRO were compromised by

<sup>41</sup> Six in 2015 and two in 2016.

<sup>42</sup> Source: 2016 Nutrition survey.

<sup>43</sup> According to the Global MoU UNHCR-WFP (January 2011) UNHCR is responsible for mobilising complementary food products when refugees have limited access to fresh food items.

<sup>44</sup> Donated by Norway through the international NGO Praktisk Solidaritet,

WFP's decision to give priority to the GFD and restrict allocation of resources to the supply of SNP or the distribution of extra food rations for PLW. Distributions of SNP stopped by mid-2015. During most of 2016 and 2017, only erratic distributions took place as different products were available at different times and periods, and sometimes only due to last minute in-kind distributions.<sup>45</sup>

112. Timeliness was a key issue for many women at FGD discussions. They expressed concern regarding pipeline breaks and shortages, since they affect not only their nutritional needs but also their ability to plan ahead. Women in the FGD explained that they would organize their household chores, and yet when the food arrived they needed to drop everything and go to collect it. Regarding SNP distributions, outcomes from FGD refer more to irregularity of supply rather than to timeliness of distributions.

### **Key findings on Effectiveness (Outputs)**

113. Overall results on number of beneficiaries and in terms of gender show a much higher proportion of women than men being assisted by WFP. This is due to two reasons. First, adult women (PLW) are targeted by nutrition treatment and prevention activities and, secondly, WFP gives priority to women as direct recipient of GFD distributions.

114. Regarding GFD and the agreement that led to the acceptance of the number of rations to be distributed, the PRRO was launched with a compromise that set the tone for the whole operation. A wide range of stakeholders, including WFP staff, raise concerns about these numbers in interviews, but all acknowledge the political sensitivities of this long-standing issue. The number of refugees in the camps, and the fact that the vulnerability can differ from one group to another, are delicate and undoubtedly political issues, which, to date, have not been fully addressed by the humanitarian community in the camps.

115. The theoretical food basket for GFD covers the energy and nutrition needs of the Sahrawi population, and the complementary fresh food rations distributed by other actors ensure a more adequate intake and a greater dietary diversity. During the period evaluated, funding shortfalls have seriously affected the regularity of the pipeline and compromised: (i) the energy content of the ration, reaching its lowest levels at the beginning of 2017; (ii) the number and diversity of items distributed; and (iii) the quality and micronutrient content of the ration, since CSB distribution suffered pipeline breaks and fortified products were no longer distributed from 2015 until fortified vegetable oil was again available in 2017. This coincided with the interruption of the provision of SNP, thus aggravating the risk of micronutrient deficiencies and associated pathologies such as anaemia (cf. Section 2.4 on Nutrition outcomes and Annex 17).

116. The ET noted, from interviews and documents reviewed, that focus has been on providing the necessary food assistance, concentrating at times on what was easiest and often overlooking other aspects related to context, vulnerability or cultural preference. WFP had a difficult choice to make and, when funds were not available, the CO decided to give priority to ensuring GFD and put the provision of SNP on hold. This decision has been questioned by many: in part because the decision was taken unilaterally within WFP CO with agreement sought afterwards, but also because many felt that other options for re-allocation of the scarce resources had not been adequately explored. For example, one suggestion was to ensure a full package for PLW (GFD, prevention, and treatment), and

<sup>45</sup> During most of 2016, only premix for malnourished PLW was regularly distributed, as no SNP was purchased. MNP was occasionally distributed in May and August. In October, WFP provided RUSF but in February 2017 distribution of RUSF only covered eight days. In March through July, no SNP were available, and only premix for MAM PLW could be distributed. In August RUSF was available and could be distributed for TSFP for children. In September, WFP distributed Nutributter™ although, due to the late arrival of the product, children received only eight daily rations. At the end of 2017 only MNP remained unavailable, although information provided to the ET predicted that, without positive funding forecasts or projections committed for 2018 and starting in January, there will be no SNP available for an extended period.

reduced food assistance for other groups that could be less vulnerable. This potential alternative, however, would require a better knowledge of specific vulnerabilities within the refugee population – an analysis and understanding of the situation and the vulnerable population which is currently absent.

117. Regarding beneficiaries of the nutrition activities, there is an evident mismatch between compiled data presented in SPRs and data provided by M&E during the evaluation, which led the ET to take a pragmatic decision for assessing the operation's results for this report.

118. Even though there was a broad consensus on the need of adopting new strategies for addressing the burden of undernutrition among the refugee population, some decisions taken too quickly on planning figures led to WFP not achieving expected outputs in terms of beneficiaries assisted. Expectations on a lower number of children benefiting from TSFP after an adequate screening process led WFP to a diminution of planning figures from 2014. However, proper implementation of admission criteria wasn't successfully applied until 2016. For women, the process of effectively embracing the use of criteria for admission in TSFP was even harder, as authorities were strongly against targeting, mainly because WFP was never able to fully implement the "incentives" included in the new protocol (fresh food distributions).

119. Thus, interpreting actual results is a complicated and sensitive issue. Moreover, the fact that all nutrition activities have been interrupted during long periods, due to pipeline breaks starting in 2015, means that the performance of the nutrition components of the PRRO must be questioned (cf. Section 2.4 on Nutrition outcomes and Annex 17).

## **2.4. Effects and impacts (outcomes) of the nutrition components of the PRRO**

### **Box 7. Key finding 4**

Most nutrition and food security outcomes for refugees have significantly improved during the period evaluated, indicating a positive contribution of the WFP intervention. However, the aggravation of the prevalence of anaemia in the last two years suggests that WFP's financial and operational constraints might, among other cultural and contextual factors, have had a negative effect on nutritional conditions. WFP needs a more thorough understanding and programmatic approach to underlying issues that affect Sahrawi women.

120. This section first discusses the outcomes for the nutrition-related indicators as integrated in the operation's results frameworks (2013 and 2015): TSFP performance, nutrition indicators, and food security indicators. A second sub-section documents perceived unexpected effects of the activities and the last displays shifts in the PRRO's gender indicators, as measured during the five-year period assessed. Annex 17 presents more detailed information on the outcomes and indicators discussed in this section and includes information on IYCF practices.<sup>46</sup>

### **Outcomes of the nutrition components of the PRRO**

121. Data on TSFP performance is regularly collected and reported by the SMoH PISIS programme, supported by CRA staff and periodically transmitted to UNHCR and WFP. Data presented in Table 7 comes from the annual SPR as no monthly data on TSFP was made available to the ET.

<sup>46</sup> IYCF indicators, although not included in the operation's results chain because not implemented as such or supported by WFP, are also examined to indirectly explore the impact of education and sensitization activities in the camps.

**Table 7. Nutrition outcomes PRRO 200301: TSFP performance indicators (Source: PSIS monitoring)**

TSFP performance	Target (end project)	Baseline (2012)	2013	2014	2015	2016
Recovery rate	> 75%	86%	79%	72%	89%	80%
Mortality rate	< 3%	0%	0%	2%	0%	0%
Default rate	< 15%	0%	3%	10%	9%	14%
Non-response rate	< 15%	14%	18%	16%	2%	6%

122. Annual results are globally within objectives as they are results for coverage of MAM treatment (98% in 2014, 72% in 2015 and 89% in 2016), estimated through “desk-calculations<sup>47</sup>”. But interpretation of these results should be made carefully due to the events that occurred during the period evaluated (change of protocol and products, interruption of the services), and the methodological concerns of the approach used for estimating coverage.

123. Prevalence of malnutrition and anaemia in children under 5 and women appear in the initial LF of the 2013 operation document as outcome indicator for SO 1 but are no longer present in the revised 2015 version. Prevalence rates are obtained through nutrition surveys<sup>48</sup> and reported in the annual SPRs. Table 8 gathers the most relevant available nutrition-specific indicators for children and women between 2002 and 2016.<sup>49</sup> Available data by camps, gender and age group are presented in Annex 17.

<sup>47</sup> Calculations are made using as “denominator” the yearly number of expected MAM cases and as “numerator” the actual number of MAM cases assisted.

<sup>48</sup> Nutrition surveys in 2012 and 2016 were carried out following UNHCR’s Standardised Expanded Nutrition Survey (SENS) methodology and guidelines, available at: <http://sens.unhcr.org/>. The 2010 survey followed the UNHCR Guidelines for Standardised Nutrition Surveys. Draft version September 2010.

<sup>49</sup> The last three surveys (the ones directly concerned with the period covered by the DE) were carried out during similar periods of the year, which allows for comparison of results without the risk of seasonal factor influence.

**Table 8. Nutrition Outcomes of PRRO: Prevalence of malnutrition and anaemia**

	<b>2002</b>	<b>2005</b>	<b>2010</b>	<b>2012</b>	<b>2016</b>
Source		Aug 2005 WFP/UNHCR Nutrition Survey	Oct 2010 WFP / UNHCR Nutrition Survey	Nov 2012 WFP / UNHCR Nutrition Survey	Nov-2016 WFP / UNHCR Nutrition Survey
Prevalence of GAM (children under 5)			7.9%	7.6%	4.7%
Prevalence of stunting (children under 5)		38.9%		25.2%	18.6%
Prevalence of underweight (children under 5)		28.8%	18%	16.7%	10.3%
Prevalence of iron-deficiency anaemia among children under 5 (% Hb <110g/L)	35%	68.5%	52.8%	28.4%	38.7%
Prevalence of iron deficiency anaemia among pregnant women (% Hb <110 g/L)			55.8%	54.7%	
Prevalence of iron deficiency anaemia among lactating women <sup>50</sup> (% Hb <120 g/L)	47.6%	66.4%	67.1%	54.6%	45.2%
Prevalence of underweight among non-pregnant women			5.1%		3.6%
Prevalence of overweight among non-pregnant women			31.8%		36.4%
Prevalence of obesity among non-pregnant women			21.9%		30.4%
Prevalence of increased metabolic risk among non-pregnant women			23.5%		19.3%
Prevalence of high metabolic risk among non-pregnant women			47.9%		61.1%

124. For children under 5 years old, a significant reduction in acute malnutrition and stunting rates is observed between 2005 and 2016 (from 7.6% to 4.7% for GAM, and from 25.2% to 18.6% for prevalence of stunting), both below emergency levels. Prevalence of underweight was also drastically reduced: from 28.8% in 2005 to 10.3% in 2016. However, anaemia has noticeably increased from 28.4% in 2012 to 38.7% in 2016, affecting more than one out of three children. These trends are similar for all age subgroups, sex and camps.

125. Prevalence of anaemia in pregnant women remains at levels of high public health significance (over 50%) despite existing preventive interventions. Data provided by UNHCR indicates increasing rates of severe anaemia among pregnant women: 11.3% in 2016 and 18% in 2017. For non-pregnant women, underweight<sup>51</sup> remains residual in all camps, being less than 5% in 2016. For PLW, the most recent data (2016 survey) shows a prevalence of 6.6% of low MUAC, being for pregnant double than for lactating (8.1% and 4.5% respectively). However, there is a significant increase of overweight and obesity<sup>52</sup>, and their associated metabolic risk<sup>53</sup> is of public health concern, as is the high prevalence of households affected by the double burden of undernutrition and obesity, shown in the

<sup>50</sup> Definition of “pregnant” and “non-pregnant” women is somehow confusing when looking at the different survey reports. In the 2012 survey, results are presented as for “non-pregnant women” which includes “lactating” and “non-pregnant”. In 2016, the report clearly states that “lactating women” were considered among the “non-pregnant” but the survey results are reported as pregnant and lactating women presented higher anaemia prevalence estimates than their non-pregnant counterparts, being that anaemia prevalence estimates among lactating women was higher, with no mention to non-pregnant women.

<sup>51</sup> Underweight in women is identified by MUAC below 23cm.

<sup>52</sup> Overweight BMI is  $\geq 25$  and  $< 30$ , and obesity BMI is  $\geq 30$ .

<sup>53</sup> Metabolic risk is measured by the central obesity index or Waist Circumference (WC): Increased metabolic risk WC  $\geq 80$  and  $< 88$ , and high metabolic risk WC  $\geq 88$ .

analysis published in 2012<sup>54</sup> of data from the 2010 nutrition survey—about one in four households of the sample.

126. Three food security indicators are presented in the respective SPR to inform on household access to food. The Food Consumption Score (FCS<sup>55</sup>), the Diet Diversity Score (DDS<sup>56</sup>), and the Coping Strategy Index (CSI). Data was obtained from surveys: FCS for 2013 and CSI for 2014 and 2016 (Table 9 and Table 10), or estimated from PDM data (Joint Database WFP/UNHCR) and presented disaggregated by household's head gender. Note that values presented in annual SPRs correspond to the results of the latest PDM carried out in the reported year, usually in December, which might not be representative of the whole year; with no factors related to seasonality taken into account, nor the occasional contextual events that may have affected the regularity of the interventions or the households' food security (i.e. floods).

**Table 9. Nutrition Outcomes of PRRO: Food security indicators 2013 (Source: SPRs)**

Food security indicators	Baseline (2008)	Previous follow-up (2010)	Latest follow-up (2013)
<b>Source</b>	Oct 2008 WFP/ UNHCR Nutrition Survey	Oct 2010 WFP / UNHCR Nutrition Survey	Nov 2013, WFP M&E reports
% of HH with acceptable FCS	77%	63.9%	93%
% of HH with borderline FCS	21%	24.8%	4%

**Table 10. Nutrition Outcomes of PRRO: Food security indicators 2014–2016 (Source: SPRs)**

Food security indicators	Target (end project)	Baseline (2012)	2014	2015	2016
Source	PDM data (UNHCR-WFP)				
HH with poor FCS	< 3%	3%	0.3%	0.41%	0.19%
Male-headed HH with poor FCS	< 3%	3%	0.0%	0.57%	0.24%
Female-headed HH with poor FCS	< 3%	3%	0.3%	0.26%	0.16%
HH DDS	≥ 4.5%	5.88%	5.91%	5.94%	6.02%
Male-headed HH DDS	≥ 4.5%	5.97%	5.78%	6.01%	6.33%
Female-headed HH DDS	≥ 4.5%	5.78%	5.97%	5.88%	5.82%
Coping Strategy Index (average)	= 2.68%	-	5.35%	-	8.0%

127. From 2013, results indicate a considerable improvement of the three measured indicators. Only a slight worsening in these indicators is observed in 2015, probably as a consequence of the floods suffered in October of that year.

128. **Monthly data** from the joint PDM databases (2013, 2014, 2015, 2016 and 2017, except for the final three months), indicates significant variations within a year, but no significant patterns have been identified. For instance, during the months where a critical incident like heavy rains and floods occurred (July–August 2014, October 2015, October

<sup>54</sup> Grijalva-Eternod CS, Wells JCK, Cortina-Borja M, Salse-Ubach N, Tondeur MC, et al. (2012) The Double Burden of Obesity and Malnutrition in a Protracted Emergency Setting: A Cross-Sectional Study of Western Sahara Refugees. PLoS Med 9(10): e1001320. doi: 10.1371/journal.pmed.1001320

<sup>55</sup> FCS is the most common outcome indicator used in WFP (both VAM and M&E) and is a proxy indicator for current HH food access based on dietary diversity, food frequency and nutritional importance. Results rank as poor, borderline and acceptable.

<sup>56</sup> DDS is a qualitative indictor that measures the food consumption that affects household access to a variety of food and is also a proxy for nutrient adequacy of the diet of individuals. The diet diversity score consists of a simple count of food groups that a household has consumed over the preceding 7 days. Although there is a standard scale to rank household DDS value (low, medium, and acceptable) concrete cut-off points are variable. The ET couldn't find information on the cut-off values for each DDS level for the Algeria mission. Baseline values and targets are set on the proportion of households for each level.

2016), the proportion of households with low DDS increases, but diminishes rapidly a couple of months later as a result of emergency food distributions. The ET doesn't have the necessary data to explain other periods with higher percentage of households with low DDS (i.e. January 2016). The FCS remained more stable during the period, but a considerable increase in the medium FCS is reported in October 2015.

### **Unexpected effects of the nutrition components of the PRRO**

129. The evaluation aimed to assess if unexpected effects of operation had been adequately reviewed, documented, or taken into account. However, limited documentation is available regarding unintended effects.

130. According to the information gathered during FGD, a positive effect of the food distribution was the ability of people to allocate their time to other tasks, since beneficiaries did not need to dedicate too much time to the provision of food for themselves and their families. While having more time at the household level was appreciated by women, with the many chores they are responsible for, issues were raised about the time of day when distributions were made and how this affected them. Food distributions would often take place at mid-day, creating an extra burden on women who struggled to cope with the different household chores and the responsibility of cooking. Seeking the support of others to collect food is a common coping mechanism, with women explaining how at times one would collect the food for a group of them, and then later with more time the women would pick it up from the friend and not from the distribution point.

131. Pipeline breaks had an effect on perceptions of beneficiaries, who complained that at times they did not know what they were going to receive from the distribution (and whether they liked it). When discussing this with different stakeholders, there was often an admission that while they were ensuring that the 2100 kcal was covered, how this was done and whether it was culturally adequate to the local population was another matter.

132. Beneficiaries were often unable to distinguish which products were distributed by WFP and there was also little attention to the role of WFP in the whole distribution set-up. For this reason, negative aspects of the supply disruptions were more often associated with the Sahrawi authorities and the MLRS than with WFP. As a result, pipeline breaks were affecting the local authorities more, as beneficiaries became disenchanted with the assistance received or the services provided. The nutrition activities being implemented by the SMoH and through the health system settings, the interruption of the provision of SNP caused a practical lack of adherence to the activities, and the discontinuity of the services has surely affected the credibility of the SMoH.

133. Being that nutrition activities are implemented by the SMoH through the health system settings, the interruption of the provision of SNP caused a practical lack of adherence to the activities, and the discontinuity of the services has surely affected the credibility of the SMoH.

### **Gender-specific impacts**

134. The initial PRRO's LF contained no indicators based on GEEW and the updated 2015 LF introduced crosscutting results and indicators. Sampling and data collection tools and methods are gender sensitive and do capture the voices of women, girls, men and boys. Current WFP monitoring does disaggregate data by sexes but little else is documented in data that is related to gender-specific outcomes. WFP uses standard indicators<sup>57</sup> that may work in other contexts, but that do not adequately assess the specific context of the Sahrawi

<sup>57</sup> The three indicators are: (i) a target of 70% in the "proportion of women, men or both women and men who make decisions over the use of cash, vouchers or food within the household"; (ii) a target of 50% of the proportion of women beneficiaries in leadership positions of project management committees; and (iii) a target of 60% of the proportion of women in project management committee members trained on modalities of food, cash or voucher distributions.

refugee camps, as women already play an active role. For example, the 2016 SPR details how 61% of beneficiaries are women, and how women hold 86% of camp leadership positions, an increase since last year that is explained by men preferring to work in construction, as they get better incentives and following the destruction from the 2015 and 2016 storms there is increased work. The situation leads to questions – is working in camp leadership positions an underpaid task?

135. The strong role and responsibility of women is often spoken about by many stakeholders and is also highlighted in WFP strategic documents. And yet, there appears to be no proper analysis available. A gender analysis, as planned by WFP, may create a more nuanced understanding of the role of women than what is currently available. For example, in interviews carried out by the ET, the importance of looking at the burden placed on women was highlighted as a current weakness, with fears from stakeholders that WFP, and the sector overall, were placing unnecessary double burden on women. In one FGD, out of 12 women two were widows and when asked about food distribution, they highlighted the difficulties at times to carry the food. An issue that came up in discussions was also the roles and responsibilities of different women at the household level.

136. While women are active in food distribution aspects, in FGDs they pointed out that there were few special programmes that targeted women's needs. In the FGDs carried out, none had attended any specific training for women, or any activity that tried to target them and lighten their load. Reference was made to the distribution of sanitary towels, shampoo, and soap as something very appreciated but irregular. In the evaluation's visits to various dispensaries, all those seeking support of nutrition interventions were women, but no information was obtained on whether there are any discrepancies/discrimination in nutrition services destined to girls and boys.

#### **Key findings on Effects and Impacts (Outcomes)**

137. Overall, annual outcomes for the PRRO and specifically of its nutrition components present, with very few exceptions, a positive evolution during the period evaluated.

138. TSFP performance is within the objectives, although multiple factors suggest that results must be interpreted carefully.

139. The difficulties in implementing the new targeted protocol; the shift from blanket to target distribution in 2014 that caused confusion within the population and among the HC's staff, complicating and delaying its full implementation; the discontinuity of the supply of the RUSF; the continuous movement of refugees in and between camps (i.e. after the floods); the short working hours of the health facilities (i.e. during the floods' response, during summer months); and the socio-political events that took place (i.e. Sahrawi congress last quarter of 2015); all may have compromised take-up and adherence to the programme. Moreover, several sources and the observation of the dispensaries functioning raise concerns about the quality and reliability of the data collected to calculate these indicators.

140. A brief analysis of seasonality in TSFP monthly admissions made for the 2016 nutrition survey report suggests no consistent trends or recurrent peaks. However, there is seasonal variation, with cases of acute malnutrition rising during the autumn period (due to seasonal peaks of infectious diseases) over the four years examined, but as found during the evaluation, data quality and reliability was doubtful.

141. Regarding TSFP coverage, the Monitoring Plan for 2014–2017<sup>58</sup> recommends Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) methodology to assess

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<sup>58</sup> Prepared during the RBC M&E visit of March 2014 to support the Algeria mission in the review of the existing M&E system and to prepare for the shift to the new SRF.

nutrition programmes' coverage. The 2014 SPR mentioned that WFP plans to conduct a survey in 2015 "to better assess TSFP programme coverage", but it was never carried out.

142. In the absence of systematic and reliable MUAC screening, nutrition surveys are the only source for assessing the nutritional condition of the refugee population. The fact that the three surveys covered under the timeframe of the DE were all carried out during similar periods of the year allows for comparison of results, without the influence of seasonality. Moreover, the survey planned for 2015 was wisely delayed until 2016 to avoid biased outcomes due to the impact of the floods on key determinants of malnutrition.

143. Prevalence of acute malnutrition, stunting and underweight for children under 5 have considerably decreased between 2010 and 2016, being at levels well below emergency in the last survey, with only stunting presenting values close to emergency level cut-off.<sup>59</sup> The same pattern can be observed in all age sub-groups, boys and girls, and for all camps. The prevalence of anaemia in children under 5 increased between 2012 and 2016, after considerable improvements between 2010 and 2012. The same 2016 survey detected a considerable decrease in the consumption of iron-rich or iron-fortified foods in children under 5. This could be related to changes made on the GFD due to funding shortfalls experienced by the operation at the end of 2014, and the subsequent suspension of the distribution of SNP. Other environmental factors (precarious sanitation conditions, poor water availability and quality) may have contributed to this worsening, as well as the absence of consistent IEC strategies.

144. Regarding the nutritional status of non-pregnant women, underweight is residual but overweight and obesity are increasing alarmingly: in 2016 nearly one of three Sahrawi women was obese. Central obesity, and associated metabolic risk, is also rising and constituting a severe public health problem in the Sahrawi camps, mainly in Boujdour where almost three quarters of non-pregnant women present this severe condition. No studies have been completed thus far to assess this condition among men, although these have previously been recommended.

145. Prevalence of anaemia in PLW is also of concern for all camps, despite existing preventive strategies. This could be partly explained by the low acceptability of the MNP among targeted women, as repeatedly mentioned during PDM household visits and corroborated by FGD during the ET visits to dispensaries, and the frequent and repeated supply breaks. Inconsistencies in their provision appears to have affected the compliance and adherence to the preventive programme. The utilisation of antenatal care (ANC) services is also weak, with less than half of pregnant women complying with the recommended four visits during pregnancy, and only a quarter (in 2017) attending the health clinic prior to the 12<sup>th</sup> week of the pregnancy.<sup>60</sup> Low uptake of ANC implies low compliance of the recommended iron-folic intake as part of the preventive protocol during pregnancy. But, surely, the presence of other cultural and contextual risk factors has also contributed to the increase of the anaemia prevalence in PLW. Further, there is some evidence that tea consumption reduces iron absorption and is significantly associated with anaemia.

146. Significant feeding behaviours are described by IYCF indicators (presented in Annex 17 on Outcomes) but they are also strongly affected by food availability and access. Rates of exclusive breastfeeding show improvement and have been increasing since 2010. The rest of the indicators remain low and some show negative trends, suggesting that current IEC strategies are not having their expected effect. Again, note that data collection for the

<sup>59</sup> Emergency cut-off for stunting is 20%.

<sup>60</sup> Source SMoH data provided by UNHCR. 40.5% and 43% of pregnant women in 2016 and 2017 completed respectively four visits during pregnancy. 34% and 26% for 2016 and 2017 respectively went for a first contact with ANC before 12 weeks of pregnancy.

2016 survey took place during October–November 2016, when fortified staple foods had been removed from the GFD and Nutributter™ wasn't distributed.

147. As reported in the annual SPRs, during the period studied there has been a general improvement in the food security of the Sahrawi refugees, with no significant differences whether the household head is male or female. However, when analysing the joint PDM databases significant variations over the year for the reported indicators are noted, with critical results for some months, but without significant patterns. Monthly PDM results for the different camps must also be interpreted carefully, as they very much depend on the number of visits realised (camps and households) during the examined month (i.e. during March and September 2017, the overall number of PDM exercises realised in the camps increased to around three times the average, and both months present the highest percentages of households with poor FCS and low DDS). The sampling strategy for PDM visits is discussed in Section 2.1.

148. Gender-specific impacts require a more thorough understanding and programmatic approach to underlying issues that affect Sahrawi women by WFP. Targeting women as beneficiaries of the WFP programme is not enough and does not necessarily equate to gender programming. For example, the programmes for PLW target women by the nature of their objectives and do not necessarily show that food assistance has been adapted to different needs. Similarly, in the Sahrawi context, where women play a key role in the decision-making and management of the food distribution (both now and historically), the gender-specific impact of the operation is difficult to measure. A gender analysis, as currently planned by WFP, may allow a more nuanced understanding of the role of women than currently present. This clarity is critical for WFP to cement efforts needed to measure GEEW further, and to consider issues such as the burden placed on women that might currently be overlooked.

149. Limited documentation is available on the unexpected effects of the WFP intervention and whether they have been assessed, documented, or considered. From the FGD, one unexpected effect could be the loss of trust in local authorities.

## **2.5. Factors affecting performance and explaining results**

### **Box 8. Key finding 5**

While logistics is seen as an enhancing factor of performance, the limited availability of funds has extremely reduced the expected effects of the nutrition components of the PRRO. M&E activities need to be improved mainly through better data use and analysis. The layout and overall capacities of WFP Algeria are a recurring issue, mainly due to vacant positions, lack of technical expertise, and language obstacles. Partnerships are weak at strategic and decision-making levels.

150. This section provides insights on the internal and external factors that have influenced performance of the nutrition components of the PRRO, and why and how the intervention has produced the observed effects.

#### **Logistics**

151. According to the documentation reviewed and interviews held with stakeholders, WFP Algeria's logistics performance has improved substantially over the past few years. Current logistics systems are the result of successful collaboration between WFP, UNHCR, the CRA, and the MLRS, and defined in different MOUs, operational agreements, and JAP. The current operational contract between WFP and the CRA (2013) derives from the agreement between WFP and the Algerian government signed in 1967, in which the Government appointed the CRA as the implementing agency of the WFP operation. Following this operational contract, in 2016 WFP and UNHCR renewed a tripartite agreement with the CRA, to formalize the role of the latter as the implementing partner for

food distributions. Based on the tripartite agreement, UNHCR and WFP make available to CRA and MLRS all necessary means for storage, protection, preservation and distribution of food and nutrition items to ensure WFP standards. Transport intra-camps and the final distribution of food items and SNP are of the responsibility of UNHCR and carried out by CRA-MLRS. UNHCR assists the CRA and contributes to the training of field staff under a Project Partnership Agreement.

152. For food items, there is a central warehouse in Rabouni, managed by CRA and MLRS, but no decentralised storage facilities.<sup>61</sup> In 2013, to prevent problems with storage and handling of products, WFP conducted several training sessions for MLRS warehouse staff and provided enhanced storage and handling manuals, which led to improved management of the warehouse. For most of the stakeholders interviewed, the actual storage capacity for food and nutrition products, in terms of volume or condition, seems adequate. However, the evaluation gathered contradictory opinions on whether decentralised warehouses are needed. Some actors demanded pre-positioning stocks at the camp level, at least for those farthest from Rabouni (i.e. Dahkla), in order to respond more quickly in case roads flood—a recurring issue in recent years. But, the same climate hazards have been presented by other informants as an argument against the storage of products outside Rabouni: in the case of flooding, these structures would be at greater risk of being damaged, resulting in destruction of food stocks. For SNP, storage and distribution are funded by UNHCR. SNP are stocked at *wilaya* and dispensary level and distribution intra-camps is also managed by CRA and MLRS.

153. Algiers manages general procurement and purchases, tenders, contracts with providers and suppliers, etc. Adequate and timely food purchases depend significantly on the timeline and amounts of financial contributions, as procurement can only go ahead when funds are secured. Algiers' logistics manages the “pipeline database”<sup>62</sup> that allows for projection over a period of around 10 months, to see what will be available in stock and which funds will arrive. The pipeline tool can project whether the expected funds will be enough to prevent supply breaks, and, if they are likely to happen, how they could be mitigated (i.e. planning for a reduction of the ration, shifting to local purchases, re-allocating resources, etc.). Final decisions to adjust rations or other mitigating actions, however, are made at management level.

154. The Tindouf WFP sub-office arranges the proper reception of products from local and international purchases, ensuring that the storage complies with WFP standards, and participates in the dispatch of products for distribution. WFP sub-office staff don't have access to complete pipeline information, and information flows are sometimes an issue, either because the information doesn't arrive in time to prepare the reception, or it is not shared within the sub-office team itself. Downstream information sharing and communication between levels is a cause for concern, as identified by staff when preparing for FS or other coordination meetings.

155. In 2010<sup>63</sup>, CRE, CRA, and WFP signed an agreement for the establishment of a pre-positioned stock, or Food Security Stock (FSS). The objective of this initiative was to reinforce the capacity of response when facing a food availability crisis provoked by pipeline breaks. The current FSS is fully funded since 2011 by AECID, the Spanish Agency for International Development and Cooperation.

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<sup>61</sup> Food containers at the distribution points are usually used to store commodities when beneficiaries do not collect their entitlements on the day of the distribution

<sup>62</sup> Until 2015, a basic Excel spreadsheet was used to monitor stock amounts, how long they would last and over what period the agency would be able to meet the needs of beneficiaries.

<sup>63</sup>This agreement was based on the lessons learnt from a previous ECHO funded project during the period 2002–2006.

156. In discussions, WFP stressed that the importance of FSS is to ensure the stability of food assistance and meet the requirement of providing a minimum of 2,100 Kcal per day. Since 2013, the average amount contributed by the FFS to the GFD per year ranges from 35.4% to 37.5%. According to the 2016 Nutrition Survey, there was only one month in which the FSS did not contribute to the GFD and in 19 distributions it comprised more than 50% of the total energy provided. The current misuse of the FSS is a consequence of the high number of pipeline breaks. Complaints have been made on the frequency of its use and, at times, on the lack of observance of procedures created by both parties. The CRE and WFP are currently reviewing the agreement.

### **Monitoring and Evaluation**

157. This sub-section examines the operation's LF, monitoring strategy and activities, utilisation of data and information collected, analysis and reporting, and internal and external dissemination of results.

158. The operation's current LF reflects changes made in 2014 to the WFP normative instrument for project design, monitoring and reporting, which had several purposes: i) aligning outcomes and outputs with the SOs, thereby translating WFP's high-level objectives into actions with measurable results; ii) providing a normative framework for the design of all WFP projects; iii) providing a list of corporate indicators for use by all offices in outcome and output monitoring; iv) enabling WFP to track project effectiveness; and v) informing corporate performance reporting by providing achievement values for the SRF indicators included in WFP's SPRs.<sup>64</sup>

159. With the revision of the LF, improved food consumption and reduction of undernutrition (acute malnutrition, stunting, and anaemia) remain the expected outcomes of the PRRO nutrition components, through GFD and support to undernutrition prevention and treatment activities.

160. The outputs basically refer to quantity, quality, and timeliness of the food and nutrition products distributed, and to the number of beneficiaries assisted. The 2015 LF introduces, as a measurable output, the effective implementation of actions to increase population awareness on the use of specialised nutrition products and IYCF practices, and includes indicators measuring improvements on gender; protection (assistance provided by WFP is delivered and utilised in safe, accountable, and dignified conditions); and partnership (coordination of food assistance interventions and development of partnerships).

161. Nutrition specific indicators, for measuring "reduction or stabilisation of undernutrition among target population", prevalence of malnutrition, and prevalence of anaemia were replaced in 2015 by those referring to the performance and coverage of TSFP. Food security indicators were updated in 2014, with the FCS, the DDS, and the CSI.

162. The assumptions focus on the outcomes and outputs of the LF, not on the global level of the operation. Assumptions listed in 2013 and in 2015 are more or less the same, with the new LF not considering eventual contextual changes. In some cases, the relationship between the output and the assumption is difficult to establish,<sup>65</sup> while in

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<sup>64</sup> Presentation on the Strategic Result Framework – 2014-2017 WFP Algeria – SRF and the changes on the PRRO log-frame and M&E tools, WFP Algeria - Tindouf Office – January 2014.

<sup>65</sup> i.e. Outcome 1.1: Stabilized or reduced under nutrition among children aged 6–59 months and pregnant and lactating women, assumption: Monthly report is provided by MOH, which doesn't seem determinant for the achievement of the objective

others the assumption itself could have a much broader meaning than that represented by the outcome or output with which it is associated.<sup>66</sup>

163. In 2014, two visits from the RBC<sup>67</sup> set the basis for a new monitoring framework for WFP's Algeria mission. The mission reviewed the existing M&E system to adapt it to the new operation's LF in terms of improving capacities and monitoring processes for outcomes and outputs. A monitoring plan<sup>68</sup> was prepared detailing indicators, sources, methods, and frequency for data collection, and the expected use of the information gathered and analysed. In 2015, WFP and UNHCR agreed to a Joint Distribution Monitoring Strategy for the Western Sahara operation, to develop joint monitoring plans aimed at achieving bilateral purposes and reaching identical results.

164. Today, the main field activities for monitoring the operation are the Food Basket Monitoring (FBM) and the PDM exercises. Visits to programme sites (i.e. health centres, schools or livelihoods points) are used for observation and secondary data collection. Secondary data on TSFP is collected from the health system records, although WFP field staff have been denied access to clinics despite the official authorization obtained from the SMoH and the regional directions. CRA provides data and information on gender issues and further secondary data is obtained from partners during sector coordination meetings and through Field Level Agreements (FLA) or MOU.

165. The field activities are carried out by WFP Field Monitors together with UNHCR agents and, since 2014, CISP's staff. As security restrictions faced by WFP teams limit their access to the camps and, furthermore, their availability for supervising programme activities, WFP has signed a FLA with CISP, thus the NGO became a strategic partner for WFP's monitoring field activities.

166. On-site monitoring of GFD (FBM) is limited because of teams' time restrictions in the field. The only information available for the ET on these exercises comes from the few monthly monitoring reports (9 for 2013, 4 for 2014, and 3 for 2015, with 9 out of the total 19 documents being in a draft, tracked changes version) received. These reports contain basic logistic information (arrival of products, dispatches and calendar of distributions, programme monitoring and, at the end, a listing of monitoring activities carried out during the month) and a brief quantitative analysis of results. Requests for more field staff and to find an alternative to bridge the limiting security constraints appear in most of the reports reviewed.

167. Household visits for PDM are made monthly by mixed UNHCR-WFP teams. The number of visits increased in 2016–2017, thanks to the FLA signed with CISP whose staff have better access to the camps and activities. Teams are required to visit households during the first and third week of the month<sup>69</sup>, and interviews conducted with WFP Field Monitors confirm that every team visits around 200 households per month. There is a common database, and public joint reporting is prepared quarterly. The 2014 RBC M&E mission recommended mechanisms for improving sampling<sup>70</sup> when planning household visits for PDM to prevent (i) biases due to partial or excessive presence of specific camps or households in the global results and (ii) the effect of seasonal variations, thus increasing representativeness of the results. A brief analysis of the available data suggests, however,

<sup>66</sup> (i.e. Politico-social assumptions were only linked to a very particular outcome, or 'Stability of contributions from donors' linked uniquely to one of the operation's outcomes)

<sup>67</sup> Claudia Ah Poe (Regional M&E Advisor RBC M&E Algeria Mission, March 2014) and Karl Svensson, Regional M&E Officer (RBC M&E Algeria Mission, October 2014).

<sup>68</sup> Monitoring Plan for 2014–2017 (WFP Algeria PRRO) March 2014.

<sup>69</sup> WFP–UNHCR Joint Distribution Monitoring Strategy (2015).

<sup>70</sup> Prior to the M&E support mission in 2014, the number of interviews conducted by camp were not proportional to the camp size, and protocol was missing in terms of selecting households to be interviewed. The mission prepared a sampling strategy with several options, following a training session on sampling concepts.

that the proportion of households visited in each camp does not correspond to the estimated number of rations distributed, nor is the significant increase in the number of annual visits equivalent to the size of the camps. Although the actual sampling methods applied to plan PDM visits are based on the RBC M&E mission recommendations, both facts suggest that results obtained might be affected by bias and should be interpreted carefully. See Annex 17 for more detailed information.

168. Nutrition activities, both inside and outside the health centres, are monitored through field visits (by WFP, UNHCR and CRA teams separately) and through secondary data collection in health centres. Monitoring of the nutrition activities has been judged weak<sup>71</sup> and highlighted as a current challenge. Monitoring formats were reviewed based on the realigned nutrition indicators in 2014 and the M&E support visit helped to determine the type of sampling for data collection. CRA carries out monthly visits to dispensaries reporting levels of activity (admissions and discharges) and logistic aspects (procurement, distribution, and storage of SNP), and supports staff on data collection and calculation of performance and coverage indicators.

169. However, several sources claim that reporting, for instance of TSFP's performance, raises questions on data quality and reliability—due to the absence of proper registers and monitoring tools and the inconsistencies found—and contradict other, more reliable results. The ET visited several health centres and certified that there is always a person responsible for the monitoring (normally the Jefa de Dispensario), but formats for registration and reporting weren't always available. The rest of the nutrition activities are barely monitored, beyond monthly number of beneficiaries assisted (reported annually in SPRs), CRA assessing at household level, and a very simple questionnaire done through the PDM monthly exercises, on adherence to the programmes and the utilisation and acceptability of the products.

170. In addition to the mechanisms for monitoring the intervention's activities, WFP, jointly with UNHCR and their partners, conduct nutrition surveys and JAM every two years, which allow them to assess the nutrition, food security and vulnerability situation of the refugee population, identify new or recurrent needs and, to some extent, evaluate the impact of current interventions.

171. The level of analysis and utilisation of information collected in PDM reports and related information products is low. For example, WFP has provided very little input to the reports produced by the partner responsible for PDM, and in the SPR there is no in-depth discussion and analysis of the trends that WFP is monitoring and reporting. The opportunity to further incorporate previous recommendations and studies has also been identified. Inter-sector data analysis, linking data from different sectors (health, nutrition, food, WASH), allowing for data triangulation and informed decision-making is also absent.

172. WFP could improve the way it uses information, both internally and externally. Externally, WFP uses the SPR (annual) and Country Briefs (different terms, monthly or quarterly, depending on the period) to share information, but few other informative products are produced, or they are only shared with relevant stakeholders (i.e. the M&E reports on outputs and outcomes that are shared with donors). WFP could capitalise on the information present within the team for advocacy purposes, or to strengthen current process. Some of the difficulties the ET encountered in accessing documents, which at times were unavailable, highlights the strong need for information management to be strengthened in the office, as described below. This can impact the organisational capacity of WFP and its ability to advocate and lead in the FS.

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<sup>71</sup> Sources: nutrition visit 2014, recommendations from nutrition surveys, interviews with stakeholders.

## **Organisational capacity**

173. The WFP Algeria operates between two separate field offices, in Tindouf and Algiers. There are 14 staff members in Algiers and 17 in the sub-office in Tindouf, where implementation occurs.

174. From interviews<sup>72</sup> carried out during the evaluation, it became apparent that various positions in the office have remained vacant for periods of time, weakening the capacity of the WFP sub-office. At times, staff expressed that they were stretched in their responsibilities, or that their roles weren't clear as they were covering more than one position. In discussions with stakeholders, absences in WFP staff and its weak capacity at field level were continually mentioned. For example, two partners highlighted the thin presence of WFP Field Monitors.

175. At a more technical level, the lack of a nutritionist in the WFP team was identified in interviews, with both WFP staff and other relevant stakeholders, as a serious handicap. WFP has made efforts to recruit a nutritionist, but to date this has been unsuccessful. This has resulted in a weakened understanding of the context and the nutritional implications of WFP operations.<sup>73</sup> It has also meant that the office has no capacity to carry out much needed in-depth analysis of the nutritional situation.

176. The lack of a common language for all the staff in the WFP sub-office also highlighted the current challenges in capacity. In the Sahrawi refugee camps, Arabic is the main language spoken, with Spanish being the main language for many NGOs, as well as for staff in the ministries – a legacy of the colonial times and relations with Spain. The camps, located in Algeria, have seen French playing an increasingly important role as a lot of the staff are Algerian. French is a requirement for NGOs and UN, which hampers the ability to contract Sahrawi staff who would be more suited in terms of language, knowledge and location of residence. English in WFP is a key language, especially for international staff. As a result, there is currently no common language between all the WFP staff. Similarly, at the FS meeting, the evaluation observed that WFP's ability to lead and coordinate the meeting was hampered by constant requests to translate to other languages. A Sahrawi authority also raised the issue of language (and the subsequent translations, both oral and written) as a key barrier when trying to deal with WFP. The evaluation notes that this is a problem that many organisations working in Tindouf face, but it appeared to be more acute for the WFP team.

177. Within WFP, the feedback received highlighted that the contractual situation for those working in the sub-office that are not on national posts is not positive, due to the high cost of accommodation in the city. This has implications when recruiting qualified staff from outside Tindouf. This was also confirmed by stakeholders as a UN-wide issue in Tindouf, with the possibility that this may be one of the few operations in which the UN loses staff to NGOs who often offer better salaries.

178. With regard to the support offered by the WFP Algiers office, the RB and HQ, interviews with staff in the sub-office highlighted weak technical support and inputs when designing and implementing activities. The ET asked for a list of missions that took place during the timeframe studied however, as this was not provided, it is difficult to assert if the impressions of staff are fair or not.<sup>74</sup>

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<sup>72</sup> Without seeing these ToRs, the evaluation has not been able to confirm if action was taken.

<sup>73</sup> During 2014 - 2015, WFP RB dispatched a nutritionist to the Algeria CO with the mission of, among other objectives, supporting the teams in the preparation of the new protocols for prevention and treatment of malnutrition and anaemia

<sup>74</sup> The ET, however, is aware of a series of missions from HQ and RB: one on nutrition in 2014-2015, another on M&E in 2014, and a final one on VAM and fortification.

179. Above all, what became very evident for the ET is that a key issue that affects WFP's current performance is its ability to manage and use the knowledge available within the team and the country. Currently in WFP there appears to be limited documentation of key issues, and an over-reliance on the knowledge acquired from the experience of different staff members. As highlighted above, under the design of the PRRO, studies and analysis mentioned were impossible to track down for the ET. While the evaluation cannot confirm whether these studies have been undertaken, the inability to track the documents has confirmed the impaired knowledge management system within the office. In a similar way, Back-to-Office reports were difficult to get a hold of and, based on interviews with WFP staff, it appears not to have been a standard practice in the office after each mission or trip. This lack of documentation and evidence trail was present in many aspects of WFP's operations.

## **Partnerships**

180. WFP's Corporate Strategy (2014-2017) policy on partnerships aims to reinforce "the evolution of WFP culture from 'we deliver' to 'we deliver better together'"<sup>75</sup>. To achieve this, WFP outlined a continuum in collaborative relationships that move from more transactional ones in which, for example, "one party decides on the programme based on their knowledge and experience" to one where "decision co-generation based on joint knowledge and experience" takes place.

181. The CRA is the Government of Algeria's implementing partner for all humanitarian assistance to the Sahrawi refugees. The main framework of their humanitarian assistance is the tripartite agreement between CRA, UNCHR and WFP, which delineates the respective responsibilities of the three organizations, with CRA reporting on food movement, distribution, and the use of WFP food, using WFP/UNHCR reporting formats. The agreement, which is not a financial agreement, has been automatically extended a number of times to accommodate extensions in the WFP PRRO. In addition, a MoU between CRA and WFP defines roles, responsibilities and budget. The working partnership is focused on operational logistics and administrative aspects. The ET observed that the concerned agencies' understanding of roles and responsibilities derived from the different documents was not the same, and that at times these different comprehensions of the arrangements can be a source of operational and coordination conflicts. Interviews with key stakeholders confirmed this, with discussions locked on generic issues and eluding more concrete strategic or programmatic issues.

182. The third partner of the Tripartite Agreement is UNHCR. UNHCR is the main UN partner to WFP, the lead agency in this refugee context, and is responsible for inter-sector coordination. This document constitutes the official UN legal framework for the operations in the country, while the global UNHCR-WFP MoU covers issues regarding cooperation of both agencies in the provision of food assistance and related non-food items to refugees.

183. To complement the Tripartite Agreement, an annual JAP is supposed to be prepared yearly, with monthly distribution plans submitted by CRA. It appeared from interviews that the formal commitments were not always followed by more detailed JAPs that, year after year, establish specific objectives beyond those that refer to purely operational aspects (logistics, monitoring). With both the CRA and UNHCR, there are some elements of the partnership on paper that, in reality, often remain only contractual with little strategic planning or analysis of the situation.

184. The MLRS is the humanitarian arm of the Sahrawi authorities and coordinates all assistance provided to the refugees, as the implementing partner of CRA in the refugee

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<sup>75</sup> The PRRO states that an evaluation looking into the ways of addressing the inadequate fresh food supply by partners, similarly the BR#8 states that different gender, protection and age analysis will be undertaken to shape the programme.

camps. A bilateral agreement between CRA and MLRS frames their cooperation and elaborates on all aspects of the operation. For WFP, MLRS is the main partner for the PPRO 200301, as it is responsible for warehouse management, dispatching transport and distribution of food to over 116 distribution points in the camps.

185. During the period covered by the DE, WFP worked with the Association des Femmes Algériennes pour le Développement (AFAD), CISP, MDM and Solidaridad Internacional de Andalucia. WFP has mainly a contractual relationship with the NGOs working in the refugee camps and has not managed to develop partnership with these organizations. Bearing in mind the protracted nature of the emergency, the relationship is more like those of an EMOP than those of a PRRO. Viewing NGOs as implementing partners, instead of as a partnership, can lead to a weak exchange of information. The response of NGO partners in interviews was mixed, with some positively pointing out that they felt they worked well with WFP and that there was a good level of partnership, while others felt they were being subcontracted to do the work but weren't necessarily seen as partners.

186. The relationship and partnership with the national counterparts, will be discussed below in section on Institutional Environment.

### **Access and security**

187. Following a security incident in 2011, security measures and movement restrictions for all UN staff have been tightened in Tindouf and the refugee camps. Trips to and from the refugee camps now require a security escort that is coordinated with Sahrawi and Algerian authorities. UN security measures and arrangements in the area are supervised by the office of the United Nations Mission for the Organisation of the Referendum in Western Sahara (MINURSO) in Tindouf.

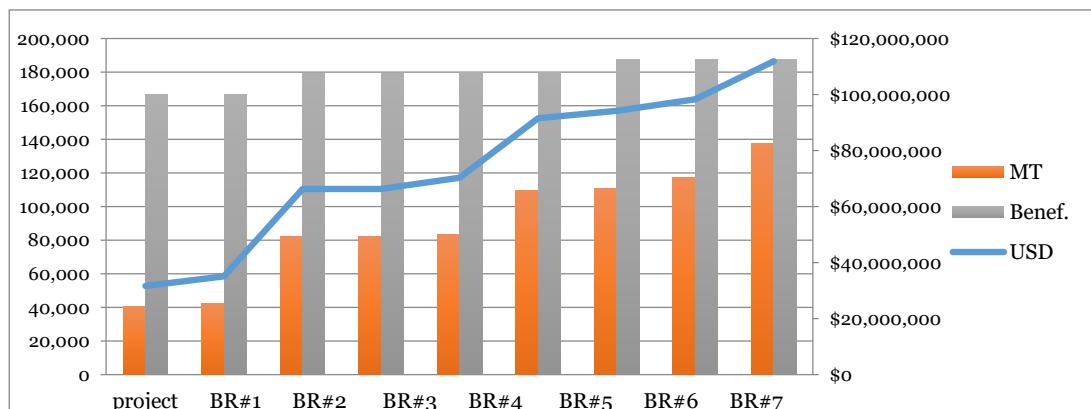
188. Clearance from both the Government and the UN Department of Safety and Security (UNDSS) is required for travel within the country, and government escorts are required for all international staff for road travel outside Algiers. The security measures from Tindouf to and within the camps and Rabouni work against WFP's ability to access the operation's sites and minimizes the direct contact with the population, as already highlighted in sections on M&E and on WFP's organizational capacity that gather the practical consequences of this logistic.

189. Beneficiaries of WFP's operation were not exposed to any risk of threats because the refugee camps were very safe, having an almost zero crime rate; as such, no safety incidents were reported. After the floods in 2015, some distribution points in Dakhla and Smara camps were destroyed, which caused some confusion among the refugees with regards to the new distribution points established by the authorities, but no significant security issues were reported other than requests for an increase in the size of the monthly entitlements. In 2016, harsh weather inhibited access to the Laayoun camp distribution points.

### **Costs and Funding**

190. While the number of planned beneficiaries has remained static over the years, the planned tonnage and funding requirement have been multiplied by four. Figure 5 below shows how BR have been modifying global (all activities) planning figures for the PRRO's beneficiaries and tonnage, and the estimated budgeted costs of the operation. See Annex 14 for more details on the BR.

**Figure 5. Evolution of planned beneficiaries and requirements (Source: PRRO 200301 BR)<sup>76</sup>**



191. The ET does not have the necessary information to carry out a proper financial analysis of the operation (and it goes beyond the scope of this DE). Nevertheless, from the documents reviewed, increases in budget appear to be due to: (i) fluctuations in the exchange rates between US Dollars and Euros; and (ii) the increase in the price of products in the international markets, even though the programme has been purchasing some commodities locally for a number of years now.

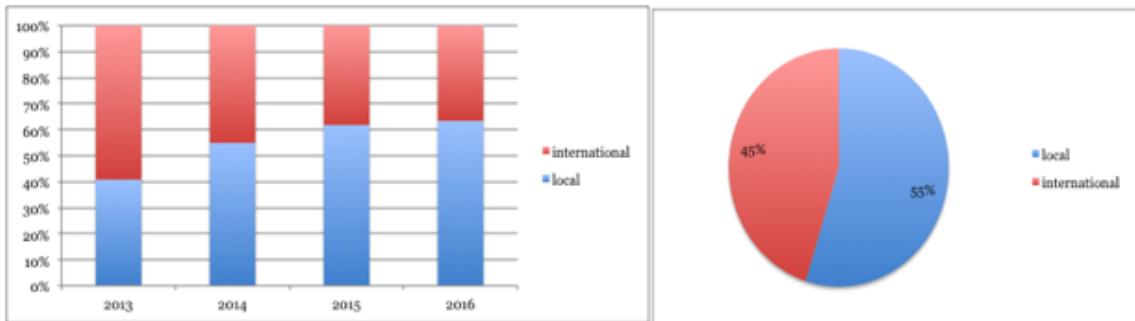
192. The ET has noted the fluctuations with the currency exchange rates during the period of the PRRO. For example, the Euro faced a steep drop in its value at the end of June 2014 and only in 2017 has it been steadily rising. The lowest rate for the Euro to USD was in December 2016 and the highest in March 2014. The Algerian Dinar (DNZ), meanwhile, was stable from 2013 until end of July 2014, where it saw a steep drop until August 2015, and continued gradually dropping.

193. Since 2014, the operation has been suffering from funding shortfalls that have resulted in a decreased diversification of the GFD, diminution of the caloric value of the ration, and, above all, interruptions in the provision of SNP in some months in order to allocate existing resources to GFD. The 2016-2021 Joint Appeal, which included four UN agencies and six international NGOS, has only slightly helped to improve the financial situation.

194. In 2012, most commodities were of international origin (Figure 6). Local purchases were favoured for wheat flour and vegetable oil, given their competitive prices. Starting in 2013, 40% of the commodities resourced were purchased locally, which also shortened lead time. In 2014, the PRRO incurred funding shortfalls, which resulted in frequent rise of the security stock and loans from the WFP internal mechanism to overcome pipeline gaps. 2015 started with funding shortfalls and ended with pipeline breaks. The rise of regional complex emergencies, namely the flooding, led to an even more challenging funding situation. Two thirds of commodities were purchased on the local market, being limited, as in previous years, to wheat flour and vegetable oil.

<sup>76</sup>This figure does not represent a yearly or monthly comparison of planned beneficiaries and requirements. It represents what is stated in the BRs, which each have a duration.

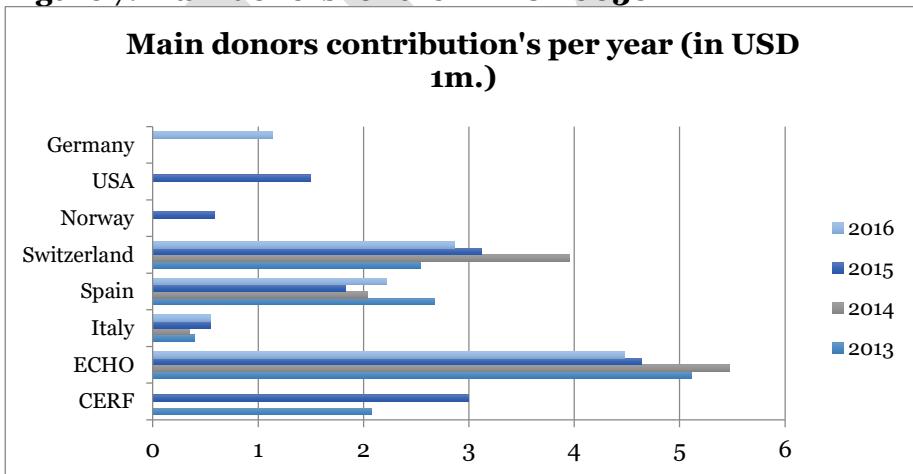
**Figure 6. Distribution of food purchases**



195. Funding levels continued to decrease in 2016 and, as the SPR 2016 explains, “the lack of funding predictability is an emerging concern. Due to these issues, WFP used resources primarily to ensure GFD. This had an impact on the nutrition and school feeding activities, mainly regarding the products, the quantity, diversification and the timeliness of distributions. As a result of the funding shortfalls, the UN along with NGOs decided to issue a joint appeal to mobilize additional resources in mid-2016. The appeal, however, received a limited response. This resulted in a slight improvement in the funding situation, but requires that WFP re-examine its approach.

196. During the period under evaluation, and according to the annual SPRs, the main donors for WFP globally (Figure 7 and Annex 18 on Contributions from donors) have been the ECHO and the European Union (EU), contributing approximately 40% of the total WFP requirements covered annually, except for a decrease in 2015 (30%). Spain, through the AECID, Switzerland and Italy have been contributing regularly every year. Norway and the USA in 2015, and Germany in 2016, have also contributed to the PRRO implementation. The Central Emergency and Response Fund (CERF) contributed in 2013 through its underfunded emergencies window, and again in 2015 using its rapid response window in the aftermath of the October flooding emergency.

**Figure 7. Main donors for the PRRO 200301**



### Institutional environment

197. The situation of the Sahrawi who live in the camps in Algeria is an anomalous situation with a very particular administrative set-up. They have been referred to as “the refugee nation”<sup>77</sup>, with a government in exile and based in the refugee camps. Rabouni is the “capital”, where there are administrative services and a República Árabe Saharaui

<sup>77</sup> Western Sahara: The Refugee Nation by Pablo San Martin, University of Wales Press, Cardiff (2010)

Democrática (RASD) command centre. Within the Sahrawi refugee camps, the camp authorities have a well-established management structure, including welfare, education and health departments in addition to mandated civil society groups. WFP does not have a formal relationship with the Sahrawi authorities, but they do have a working relationship and formally work with them through MLRS. The SMoH is responsible for the nutrition activities within Sahrawi primary health system and they are key partners in the implementation of policies and programmes related to public health in the refugee camps, under the PRRO. The fact that WFP does not work directly with the Sahrawi government authorities results in a missed opportunity to work more closely with local governmental authorities and build constructive partnerships.

198. The Algerian Government guarantees refugees the freedom of movement in, out of, and within the camps. The evaluation had no contacts with representatives of the Algerian government and can therefore not assess the relationship with the main partner - the Ministry of Foreign Affairs of the Government of Algeria responsible for policy matters regarding international assistance to the hosted refugees.

### **Geographical factors**

199. The geographical region where the refugee camps are located is subject to adverse climatological phenomena. Heavy rains and storms and violent winds lash the area every year. In addition, extreme temperatures with more than 50°C in summer and 6°C in winter, have an obvious influence on the daily life of the population. In the first case, meteorological phenomena often have negative consequences in buildings and infrastructures (destruction of shelter, warehouses, trucking capacity, water supply and storage, schools, hospitals, dispensaries and roads), in the second, extreme temperatures have an impact on the nutritional and food needs of the population. In the documents reviewed by the ET, these phenomena are described. However, regarding the second case, little evidence has been found that these adverse situations have led WFP to take effective preventive or mitigating actions.<sup>78</sup>

200. Four episodes of harsh climate conditions have been documented by WFP during the evaluation period: (i) In 2014, WFP carried out additional distribution to 615 affected households; (ii) In October 2015, severe floods destroyed shelters and household food stocks, and the response to this emergency was mostly led by the local authorities; (iii) In August 2016, storms and heavy rains affected Laayoun camp and, in response, WFP participated as lead for the FS in a multi sectorial inter-agency assessment, which included CERF funding; and (iv) In July 2017 heavy winds caused damage to 104 household shelters in Dakhla, leading to a joint rapid assessment. Please see Annex 19 for further information on these emergency responses.

### **Economic factors**

201. Tindouf is a town that has grown as a result of its army base and as the most southern city in the country. However, it has a limited economy and many products are imported from neighbouring countries or brought from northern Algeria.

202. Limited domestic supply results in a tendency procure internationally, which can be more expensive and takes time. The local market is limited in what it can provide, and when in 2014 access to fortified products stopped due to funding constraints, WFP started looking for local options and, according to interviews, found that these were limited. Nevertheless, WFP has been working with a local company to have the products fortified.

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<sup>78</sup> As stated previously, several authors and institutions advise that in a cold weather context, for each 5°C drop in temperature an additional 100 kcal/person/day should be added to the ration to compensate increased metabolic energy expenditure, particularly when shelter, clothing and/or heating are inadequate.

203. The attempts of WFP to launch CBT have also been affected by economic factors that have constrained its implementation. Aside from political issues it has faced local opposition and a weakly developed economy. CBT is a more political issue as it is tied to the issue of the numbers of vulnerable population, and this needs to be resolved first. WFP has invested a lot of time in CBT with little result.

#### **Key findings of factors affecting performance and results**

204. The evaluation concludes that there is a general consensus on the good performance of WFP – Algeria's logistics. The unit works closely with the CRA, the MLRS and the CRE as main counterparts for logistics issues. The procedures for customs clearance, transport, storage and distribution of products are well established, thanks to different MoUs, operational agreements and JAPs. Distribution of responsibilities between Algiers and Tindouf are clear, although there have been some issues around information sharing and communication between different levels. Another source of concern among stakeholders is the fact that recurring pipeline breaks for GFD have exceptionally increased the use of the CRE's FSS and, at times, a careless observance of procedures set up by both parties was observed.

205. With the revision of the LF, improved food consumption and reduced under-nutrition remain the expected outcomes of the operation, with standard outputs to support them. As established since 2015, the LF includes indicators for cross-cutting issues (gender, protection and partnership) and also for measuring the effective implementation of actions for increasing population awareness of the use of specialised nutrition products and IYCF practices. It is to be noted that changes in outcome indicators (nutrition and food security) in 2015 do not reflect changes in the activities, as they have continued on as before. Regarding assumptions in the LF, sometimes the relationship between the output and the assumption is difficult to establish and, at times, the assumption itself could have a much broader meaning than that represented by the outcome or output with which it is associated.

206. Regarding monitoring of the activities, several recommendations were identified that suggest an improvement in the M&E activities is necessary. Current mechanisms are in place, implemented partly by WFP and also by other partners (UNHCR, CISP, CRA). Although a joint (UNHCR-WFP) monitoring strategy was defined in 2015 following the update of the LF, and the data collection component is well developed, the data gathered is not sufficiently exploited or analysed to better anticipate and plan. As for secondary data collected from the SMoH, reporting concerns exist regarding its quality and reliability.

207. The layout and overall capacities of WFP in Algeria have been questioned by several stakeholders: (1) various positions in the office have remained vacant for periods of time, further weakening the capacity of the office; (2) the ET is aware that efforts have been made to try to recruit a nutritionist. This gap results in a weak understanding of context, and of office capacity to carry out relevant analysis; (3) an important constraint of the office is also related to languages, with no common language between all office staff; (4) contractual arrangements and lack of incentives have been mentioned as factors increasing staff turnover.

208. WFP is currently prioritizing knowledge management (“capturing, creating, sharing, and making the best use of accumulated knowledge”<sup>79</sup>) and is recognizing the need to use corporate, regional and local knowledge to achieve zero hunger. While this is an area bigger than the scope of this evaluation, the three work-streams identified by WFP

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<sup>79</sup> WFP Website, Nutrition Knowledge Management webpage: <http://www.wfp.org/nutrition/knowledge-management> (last accessed on 30 January 2018)

(operations research; storage, processing and dissemination; and learning and capacity development), all appear to be in need of improvement in the office at the country level.

209. With present NGOs, WFP has contractual relationships but has not moved to develop a more comprehensive partnership. Bearing in mind the protracted nature of the emergency, the relationship is more like those of an EMOP than those of a PRRO. The result of seeing NGOs as only implementing partners may lead to a weak exchange of information. With CRA and UNHCR, there are some elements for a partnership, especially with the Tripartite Agreement, but the reality is that it often remains contractual, with little strategic planning or analysis of the situation. With Government, the fact that WFP does not work directly with the Sahrawi authorities is a missed opportunity for engagement.

210. Due to the protracted situation of Sahrawi refugees, and the emergence of other large-scale humanitarian emergencies, funding levels for the PRRO 200301 have greatly decreased in recent years, while humanitarian needs for maintaining adequate food and nutrition levels have remained consistent over the duration. Lack of funding and long-term planning have severely affected the delivery of life-saving assistance to Sahrawi refugees by all organizations operating in the camps. Funding shortfalls have repeatedly impacted the monthly distribution of basic food rations and the provision of specialized nutrition products.

211. WFP needs to better understand specific donors' interests and prepare funding proposals accordingly, in order to avoid donor fatigue and to maintain visibility of this protracted crisis.

212. Regarding the institutional Sahrawi context, the current situation of WFP not recognising the Sahrawi Government, and not having a formal relationship, has undoubtedly had an effect on the implementation of the programmes that needed their buy-in. Currently, the situation is contradictory as on paper WFP does not publically recognise them, although the reality is they do work together. They need to cooperate as the SMoH is responsible for the nutrition activities within Sahrawi primary health system, and they are key partners in the implementation of policies and programmes related to public health in the refugee camps under the PRRO. WFP, as it moves to develop a PRRO that is more like a PRRO and not an EMOP, needs to work with national authorities. The resilience-based projects are an ideal opportunity for this, as working with local counterparts is critical. For example, the ET finds commendable the current work with the Innovation Centre of the Ministry of Economic Development (CEFA), and feels more efforts in this manner are needed.

213. The region is undoubtedly isolated, with little contact and possibility to develop. WFP needs to be more attentive to different needs based on the seasons, with little changing in the winter. Current efforts to introduce resilience-based projects is positive, despite the limitations of the geographical and economic context.

## **2.6.Coordination**

### **Box 9. Key finding 6**

WFP's role in the coordination for nutrition is limited, bringing into question whether it just sees its role in the sector as a "supplier" of nutrition goods. In the food sector, WFP is an effective and recognised leader, even if mainly at a practical logistical level. Initiatives for inter-sectoral or inter-agency coordination are relatively recent and, to date, have not had demonstrable results

214. This section examines the role and involvement of WFP in the actual mechanisms for sectoral and inter-sectoral coordination. First, it presents the current features and challenges on coordination for nutrition, then FS coordination mechanisms and, finally, the recent initiatives for Inter-sector and Inter-Agency coordination.

## **Nutrition and Health Sectors Coordination**

215. In the Sahrawi context, nutrition sector coordination is managed and articulated through the health sector, led by the SMoH, with the support of UNHCR and the INGOs working in health. It appears to be adequate, with several diverse platforms that act at different levels with various objectives and targets.

216. Although there is a lack of consensus on the existence of a nutrition sector exists as such, the fact that actors are dedicated to implementing nutrition activities suggests that the sector exists, and therefore the group of actors must organise themselves to coordinate these activities. Members of the nutrition sector, besides the SMoH, are UNHCR, WFP, CRA, MDM, CISP, the Associació Balear d'Amics del Poble Sahrawi (not permanently in the field) and UNICEF (for IEC).

217. Actual coordination mechanisms that involve nutrition are:

- (i) Seven thematic working groups for specific issues, with operational orientation. Two groups are concerned with nutrition matters: Group II on health programmes (for instance PISIS–PNSR, both programmes running together since 2016); and Group VI, responsible for every programme related to the analysis of the nutritional situation, for nutrition programmes and the nutrition component of food assistance, and for activities related to specific nutritional vulnerabilities (i.e. celiac patients). WFP is listed as member of both working groups.
- (ii) Five platforms for health programmes, or health services that are complex or require the conjunction of multiple actors. Nutrition is integrated on the PISIS-PNSR platform. Meetings are monthly or bi-weekly and hold technical debates, led by the SMoH with UNHCR as co-lead. According to different stakeholders and WFP staff, WFP's attendance is irregular because nutrition is not discussed regularly during these meetings. The platform on sensitisation and health promotion also targets nutrition issues, although a working group on the topic has been proposed but never formalised.
- (iii) An annual meeting in Algiers with donors and UN agencies at a more strategic level.
- (iv) Mesa de “concertación”: yearly assembly for “concertation”, reaching agreements, and coordination.

218. According to interviews with different stakeholders, and as it happens for the Food Sector, Rabouni and camp coordination meetings focus on operations, while strategic decisions are taken in Algiers or bilaterally between relevant actors (UNHCR, donors).

219. The Mesa de Concertación para Salud, in place since 2006–2007, has the aim of unifying and increasing the synergies of the efforts of different organizations and institutions working in the health and nutrition sector<sup>80</sup>. It is open to actors from other sectors, slowly integrating them in an attempt to broaden the approach for tackling health and nutrition problems<sup>81</sup> and the need to stress inter-sectoral communication and coordination.

220. In interviews, some participants expressed concern with the current functioning of different platforms, including the Mesa, arguing that there are many duplications between the different meetings and that they are too “informative” and hold little debate on strategic issues. The necessity of reviewing needs and expectations for the actual coordination mechanisms, their relevance and effectiveness, and inclusive targeting was raised.

<sup>80</sup> The Mesa is also the channel through which the health policies of the SMoH are put into practice, establishing priorities and marking common lines of work. The Mesa articulates outcomes from the rest of coordination initiatives.

<sup>81</sup> In the November 2017 Mesa de Salud, food and water issues were presented and discussed as determinants for health and nutrition.

## **Food Sector Coordination**

221. Since 2015, the FS meets monthly to coordinate the different stakeholders involved with humanitarian activities within the sector. The meetings are led by WFP with the MRLS and cover a wide range of issues. In interviews, questions were raised by one partner on why there was no NGO co-lead.

### **Box 10. Food sector meeting for November 2017**

*The evaluation was present in one of the FS meetings, which gathered around 20 participants, five of which were from WFP. The discussion focused principally on corrections regarding the amounts of food detailed in the minutes of the previous meeting, followed by details on the current distribution of onions and potatoes. Questions were also raised to WFP by the CRE on the need for them to prepare the necessary documentation when taking items out of the food security stock warehouse as a loan, and a follow-up bilateral meeting was organised between the parties to clarify the current use of the security stock.*

*From observation, the ET noted how language is an obstacle in the meetings with Arabic, English and Spanish spoken, and with different people translating different aspects. In addition, the minutes distributed were in English and French, and contained translation errors. As already highlighted when discussing the organizational capacity of WFP, language was a practical obstacle that hampered WFP's ability to lead and coordinate the meetings.*

222. Many stakeholders highlighted in their interviews the importance of these meetings and how, since 2015, they have been covering a range of information and coordination. This is seen as a welcome and much needed development and WFP's key role was acknowledged by many. Nevertheless, there was an awareness that these meetings remained operational and were not being used for more strategic decisions, as these issues were covered through other coordination platforms. Reviewing the minutes of the FS meetings during the past 2 years, it was apparent that the meetings don't have much of an impact on strategic decisions or future planning, and how much time and energy is spent on the exchange of practical and logistical information. The strategic-level discussions were instead held in Algiers, at the Cellule de Coordination.

223. In addition, some people referred to it as the Food Security Sector (FSS) meeting, while others as just the FS, highlighting some misconceptions on the forum. For the ET it appeared to be principally concerned with food distribution and not on wider issues of food security—as one stakeholder joked, one does not need to attend when it is so operational, as long as you get to read the minutes.

## **Inter-Sectoral and Inter-Agency coordination**

224. Formally, inter-sectoral coordination meetings began in 2016, after the 2015 flash floods caught “everyone unprepared”, according to one of the stakeholders interviewed. The meetings have very good attendance from a wide range of actors and it has been receiving increased attention as an issue to focus on. The meetings are the responsibility of UNHCR as the agency itself covers seven sectors, although they are not held frequently. In addition to the inter-sectoral level meeting there is also: (i) an annual meeting held in October between agencies and donors; and (ii) the annual Mesa meeting held in November organised by the Sahrawi authorities.

225. The ToRs for Inter-Agency Coordination were drafted in May 2016 as a consequence of the response to the 2015 floods, and meetings occur every six weeks with the heads of UN agencies and NGOs (CRE, Oxfam, CISP, CRA, AFAD, and MDM). The working group

guides and leads the response at Tindouf level, and coordinates at the strategic level, making decisions on major inter-sector issues at the Inter-Sector Working Group (ISWG).

### **Box 11. Inter-Agency Working Group ToRs**

*UN agencies, international and national organizations, and Sahrawi authorities have good working relationships at all levels of the response; however, there has been no inter-agency coordination body guiding the response at the Tindouf level, leaving a major gap to fill. Historically, coordination has focused on the **camp level** and the **sector level** and, although coordination does occur out of necessity at the inter-agency and inter-sector levels, this has often happened in an ad hoc manner. With the creation of an Inter-Agency Working Group (IAWG) for the **inter-agency level** of coordination, and an ISWG at the **inter-sector level**, overall coordination—at all four levels—should improve, given the commitment of agencies and partners to working towards this goal.*

#### **Key findings for coordination**

226. The involvement of WFP in the coordination of the nutrition sector is limited, partly due to the fact that nutrition, in the Sahrawi context, is integrated into health coordination mechanisms. This position of limited involvement in the meetings assumes the WFP's role is of a "supplier" of nutrition products, but not of a strategic leader in the nutrition sector, participating only when logistics matters on supply are discussed.
227. In the food sector, however, WFP is the effective and recognized leader, although the coordination, at all levels, is too often limited to the exchange of logistic information.
228. Initiatives for inter-sectoral or inter-agency coordination are relatively recent and, to date, they have not had demonstrable results.

### **3. Conclusions and Recommendations**

229. The conclusions and recommendations below refer, for the most part, to the nutrition components of WFP Algeria's PRRO 200301, as this has been the scope of the evaluation. Annex 20 presents the EM with notations given by the evaluation to each of the evaluation questions, as listed in the MS.

#### **3.1. Conclusions**

230. Below are the conclusions of the DE, whose purpose has been to determine the **appropriateness** of the nutrition components of the PRRO 200301; to assess and report **performance and results**; and to determine the **reasons** why certain results occurred or not. Taking into consideration the limitations listed in Section 1.5, the DE provides evidence for the reformulation of the nutrition components; while responding to the requirements for the Corporate Integrated Road Map leading to country level strategic planning, focusing on SDG 2, targets 2.1 (*Everyone has access to food*) and 2.2 (*No one suffers from malnutrition*). The DE will help WFP CO redesign its role in nutrition in the Sahrawi context through a wide consultation process with all stakeholders and highlights roles, responsibilities, and forms of contribution to the food and nutrition sectors, in an overall effort to improve nutrition.

231. The evaluation concludes that the design of the PRRO, in 2012, aimed to maintain the improvements in nutrition indicators achieved in previous years by supporting the full range of preventive and curative nutrition activities that were implemented in the camps at the time. Since then, however, WFP has not assessed the relevance and sustainability of these activities, nor explored alternative nutrition approaches or gender focused strategies to maintain and improve the nutritional status of the refugees. The only major change regarding the nutrition components of the PRRO took place in 2014 with the handover of the provision of SNP for prevention of chronic malnutrition and anaemia in children and PLW from UNHCR and the preparation of new guidelines for the management of moderate malnutrition. Changes on the targeting approach led to strong debates between agencies and the SMoH but financial limitations have prevented the full implementation of the protocol. At the time of design, little was done to ensure the programme was gender-sensitive, aside from targeting women.

232. WFP's assistance has contributed to the improvement of basic nutritional indicators. As of today, acute and chronic malnutrition rates in children under 5 and in women continue to decrease since 2010 and don't constitute a severe public health problem. In addition to the direct food transfers, complementary activities carried out by WFP (livelihoods) tend to improve the self-sufficiency and resilience of the refugee population. However, other nutritional problems have been exacerbated in recent years. These are: (i) the increased rates of obesity in women, now one of the most severe public health problems in the camps due to the metabolic risks it involves, and the increase of associated chronic pathologies; and (ii) the increased levels of anaemia, in both children aged 6-59 months and women of reproductive age, reversing a past downward trend and shifting the public health significance from medium to serious. The double burden of malnutrition (concurrence of both under- and over-nutrition) is present in a statistically relevant part of the Sahrawi households. In addition, despite encouraging improvements, IYCF practices remain poor. However, all these issues have a multifactorial origin and require a multi-sectoral and gender-sensitive response, thus, they are beyond the role and the responsibility of WFP's role as supplier of preventive nutritional products.

233. WFP's PRRO includes several components and, although all of them are aligned with the corresponding sectoral policies (corporate WFP and national), there are very few mechanisms, internal or external, fostering synergistic outcomes. Two exceptions are (i)

the complementarity between the GFD and the rations of fresh products distributed by other actors that ensures better quality and variety in refugees' diet; and (ii) the existing collaboration between WFP and the actors responsible for the Food Security Stock that allows for a more stable supply of food assistance in case of stock ruptures. Although both contribute to the improvement of nutrition indicators, neither of them has established mechanisms of complementarity or synergy with WFP's supported nutrition activities.

234. WFP leads the food sector, coordinating with UNHCR and the Red Crescent on food assistance actions in the camps. Thus, WFP has a key influential role in the safeguarding and improvement of the nutritional condition of the Sahrawi population. Coordination meetings for food have occurred since 2015 and are a positive development towards ensuring that interventions of different organizations are coordinated. Nevertheless, the meetings remain at the logistics level of food distribution and programmatic questions are scarcely discussed. In addition, in the context of refugee camps, many of the determinant factors of malnutrition are present, resulting in an imperative need for the food sector to coordinate with other platforms.

235. WFP has a strong logistics sector expertise, but, because "*nutrition*" is not just about providing food rations and SNP, the objectives behind the nutrition components of the PRRO deserve a broader approach to tackle the existing nutrition challenges in the Sahrawi camps. Within the Sahrawi operational context, nutrition actors and actions are articulated and coordinated within the health sector and through the diverse platforms for health activities and programmes coordination. The institutional leadership is under the responsibility of the SMoH, supported by UNHCR. Meanwhile, the contribution of WFP to the health-nutrition sector development is limited to operational and practical aspects. Although the nutrition components of the PRRO respond to SO 1 *Save Lives and Protect Livelihoods in Emergencies*, the programmatic role of WFP in nutrition appears circumscribed to the procurement of the nutrition products that allow the SMoH and its counterparts to implement the nutrition activities.

236. WFP Algeria lacks the technical and operational capacities for an optimal understanding of the nutrition context, and the adequate management of the nutrition components of the PRRO beyond its logistical aspects. This could explain why, for example, the participation of WFP in the health-nutrition sector coordination meetings is irregular and limited to information sharing (on logistical issues), and why WFP is absent from the technical platforms of the different programmes. In addition, the current mechanisms for data collection and analysis, somehow well-planned but ineffectually implemented, do not allow for clearly picturing the context and mapping interventions.

237. WFP's PRRO and its components are tied to sustainable funding. During the early years of the operation (2013–2014) while WFP maintained an adequate level of financing, all the components and activities performed well, as shown by the improvement of most of the nutrition outcomes in the 2012 survey and their subsequent worsening observed in 2016. When, in late 2014, financial shortfalls became salient, WFP tried to cope with the crisis by: (i) purchasing less expensive food items for GFD; and (ii) stopping the procurement of SNP and using funds to ensure an acceptable level of food assistance for all the population. Purchasing less expensive food items affected the quantity and quality of the products distributed, and thus the caloric and nutritional value of the ration, with a drastic reduction of the micronutrient intake for refugees. Putting SNP procurement on hold resulted in an extended interruption in the prevention and treatment services for malnutrition and anaemia, which in turn increased the likelihood of micronutrient deficiencies and related pathologies. The decision to stop the procurement of SNP was made by WFP, with the agreement of its counterparts but not without debate, as it was considered an effective, although controversial, measure to maintain GFD within more or

less adequate parameters. A critical question, however, remains to be asked—*What was the cost of maintaining “2100 kcal for all?”* However, it could also be asked—*What would have been the cost of not maintaining “2100 kcal for all?”* None of the scenarios had an easy answer and uncomfortable effects could have been expected with any decision. The increase in the prevalence of anaemia observed in 2016 may be related to the interruption of the preventive nutrition activities. Very little has been done to improve refugees’ intake by increasing the quantity and the nutritional quality of fresh food products.

238. The evaluation observes that the distribution responsibilities in nutrition among different actors is unclear for WFP, as evidenced through the contradictory opinions expressed by several stakeholders interviewed. This confusion is partly because some regulatory documents (i.e. Global MoU UNHCR-WFP) are too broad and allow for various interpretations.

239. From a political and strategic point of view, WFP had a key opportunity in 2014 when it became necessary to review and update the protocol for PLW. This led to new targeting approaches being adopted, and the use of SNPs being integrated into the protocols. However, the perception prevails that in nutrition WFP is a donor and a supplier, with little to no involvement in strategic debates on Nutrition. UNHCR is responsible for health-nutrition sector coordination as co-lead with the SMoH and is responsible for matters requiring aggregated efforts through inter-sectoral or inter-agency coordination mechanisms. Programmes from other sectors (food, WASH, education) seek to reduce the impact of causal factors of malnutrition, such as health, WASH, but there are no formal instruments to articulate them in a general, common strategy. This also occurs with community-based activities implemented by various actors for IEC, which strongly contribute to the improvement of nutrition but lack common references and frameworks.

240. Finally, the PRRO has not adequately considered gender. While stakeholders are found to have a general understanding of the situation of women in the Sahrawi context, the lack of a more thorough gender analysis currently hampers the ability of the operation to effectively target women and needs to be performed. In addition, while programmatic data is collected and presented disaggregated by sex, efforts are needed to take a step further and actively measure GEEW.

### **3.2. Recommendations**

241. The evaluation has developed recommendations based on the above conclusions. They are intended to provide WFP teams (CO, RBO, HQ) and stakeholders with the elements for clarifying and reformulating WFP’s role in nutrition in the Sahrawi context, and to inform strategic and programmatic decision-making for the nutrition components at country level and within long-term thinking.

*Recommendations 1 and 2 are to be implemented concurrently in 2018–2019, guiding the preparation of the WFP’s new operation in Algeria. Recommendation 3 goes beyond the nutrition components of the operation and will need to be put into effect immediately.*

#### **Recommendations for WFP’s Strategic positioning in Nutrition in Algeria**

242. *The following are internal WFP recommendations although they have substantial external implications.*

##### **Recommendation 1**

In 2018-2019, with the concurrence and support of all levels (HQ, RBO, CO, SO), **WFP Algeria** must decide on its role in nutrition and clarify, internally and externally, how to perform it.

##### **Links to Key Findings 2, 5 and 6**

243. **Rec 1.1.** If WFP remains in its current role of "supplier", it must be guided by decisions regarding the outputs of that role, and these should be taken jointly with all actors in the nutrition and food sectors after a constructive debate, exploring all possible options.

244. If WFP decides to embrace a more active role in strategic aspects within the nutrition sector:

245. **Rec 1.2.** WFP Algeria and the rest of the key players in the nutrition sector should explore and negotiate together how this role is articulated and formalized (see Recommendation 2).

246. **Rec 1.3.** WFP Algeria should reinforce the internal capacities, systems and processes that the role requires (see Recommendation 3).

### Recommendations for the Nutrition Sector

247. *The evaluation recommends the strategic and programmatic responsibilities in nutrition among different actors be clarified.*

#### Recommendation 2

If **WFP Algeria** decides to assume a more active strategic role in nutrition, in 2018-2019, the agency should actively promote and support a revision of the current nutrition strategies and activities.

#### Links to Key Findings 1, 2 and 6

248. **Rec 2.1.** The evaluation recommends (i) performing an in-depth analysis of the effectiveness and impact of current malnutrition and anaemia prevention activities; (ii) conducting broad studies on the causes, consequences, and possible solutions of the current growing nutritional problems, namely (a) obesity and metabolic risk in women, (b) anaemia in women and children under 5, and (c) IYCF practices; and (iii) assessing coverage, effectiveness, and impact, and harmonising existing community-based activities for IEC; and (iv) reviewing existing global mechanisms for data collection and joint analysis to better understand the Sahrawi nutrition context<sup>82</sup>.

*These recommendations are essential to ensure that WFP and all nutrition actors together build a clearer basis for addressing malnutrition issues in the Sahrawi context. It is not within the scope of this DE to respond to all discussed knowledge gaps. The ToR and discussions with WFP CO and RBO made it clear given this not an evaluation of the entire operation, the focus should be on WFP's performance in nutrition and its interaction and coordination with other actors, with no expectation that the DE should be a comprehensive assessment of the nutritional situation in the camps or an impact evaluation.*

249. **Rec. 2.2.** Review current regulatory documents (MoU, bilateral, and tripartite agreements), which seem to have multiple possible interpretations, including misperception of roles. The formal clarification of roles by the key actors would improve the relationship between key actors.

- a. If WFP makes internal decisions that involve substantial changes in its contribution to the current nutrition programming, these decisions must be agreed with key actors in the nutrition and food sectors. Decisions may be made with the legitimate objective of improving the performance, efficiency, or results of the operation; but without necessary consensus, changing scenarios can inadvertently demonstrate a

<sup>82</sup> Although WFP is not involved in other nutrition interventions that run in parallel in the camps (nutritional support to people living with AIDS or nutritional assistance to celiac patients), this recommendation could also include the nutrition sector seeking a better integration of the activities.

lack of comprehension of the Sahrawi context, or the lack of will from WFP to resolve future nutrition challenges.

250. **Rec 2.3.** Promote increasing complementarity and synergy between nutrition-specific and nutrition-sensitive interventions from other sectors.

- a. The nutrition sector should consolidate interlinkages with nutrition-sensitive interventions from other sectors which, while not having explicit nutrition objectives, contribute to the improvement of nutrition outcomes. The sector should also define tools for increased strategic and programmatic collaboration with a comprehensive strategy, mainly with the FS (food assistance and livelihoods) but also with other sectors such as WASH and education. This can include, for example, setting nutrition vulnerability criteria for targeting for FS actions.

251. **Rec 2.4.** Assess and rationalise nutrition sector articulation, mechanisms, and coordination outputs.

- a. Actors in the nutrition sector should promote a revision of actual mechanisms for coordination. There are five nutrition partners, UNHCR, WFP, CRA, MDM and Baleares, with each individual priorities, and although there are multiple coordination platforms and forums, explicit strategic debates are absent. While national policies and guidelines are validated and implemented by actors, some of the bilateral regulatory documents (MoU) allow for several interpretations, thus triggering misunderstandings, duplications, and sometimes conflict.
- b. Discussion must revolve around strategic issues rather than solely operational and logistic aspects. Exchanges should occur between all actors in the sector to discuss current problems, for example funding shortfalls, to find adaptive solutions.

252. **Rec. 2.5.** Strengthen inter-sectoral coordination mechanisms and outputs.

- a. Many causes of malnutrition are present in the refugee camps. Since multiple factors intervene in the occurrence of all forms of under-nutrition, only multi-sectoral approaches can efficiently address the problem. The evaluation recommends that integrated responses be favoured, as well as strengthened partnerships and coordination mechanisms between a wide range of stakeholders, from authorities, UN agencies, NGOs at field level, and donors. UNHCR is, by mandate, responsible for the nutrition sector's coordination. WFP, as much as possible, should contribute to encouraging different sectors to search for a common objective, and to improve global inter-sectoral coordination.

### **Recommendations on programme design, management and performance of the PRRO's Nutrition components.**

253. *With the preparation of the operation, WFP has the opportunity to improve internal mechanisms and systems.*

#### **Recommendation 3**

**WFP Algeria** should reinforce the internal competences and technical capacities in nutrition, as a first step to improving the appropriateness and relevance of the design of the PRRO, and consequently of its nutrition components. It must also strengthen the internal processes and partnerships that influence the performance and results of the PRRO.

#### **Links to Key Findings 1, 2 and 5**

254. **Rec 3.1.** WFP should consider ways of strengthening its **internal capacity in nutrition** by: (i) recruiting a national or international staff member that can guide future strategic and programming decisions and improve WFP's contribution to the development of the Sahrawi nutrition sector; and/or (ii) providing skills and tools to staff directly

involved in the supervision, monitoring, and accompanying of nutrition activities in the camps, and allow them to fulfil their functions.

255. **Rec 3.2.** WFP Algeria should explore **complementarities between the different components of the PRRO**, as well as synergies between the nutrition and the food sectors.

256. **Rec 3.3.** WFP should undertake a **gender** assessment to guide the new PRRO and use analysis to gain a more accurate comprehension of the perspectives of women in the Sahrawi context. Programme design needs to be informed by a detailed view of the vulnerabilities and coping strategies of women in the refugee camps. This analysis would play a critical role in programme design and in allowing the CO to develop context-specific indicators for GEEWS.

257. **Rec 3.4. Vulnerability and Targeting:** Given the difficult political sensitivities in the camps, WFP needs to support high-level efforts to carry out adequate beneficiary assessments, and to review the needs of the vulnerable population. This should be a joint effort between WFP and UNHCR.

a. Better **assessments** would help WFP and other agencies effectively prioritise. Based on the findings of studies seen throughout the evaluation, and with reference to the JAM 2016 recommendation to adjust food assistance to address refugees' needs at the household level, WFP should contemplate adopting alternative approaches (i.e. community-based targeting grounded on vulnerability assessments).

258. **Rec 3.5.** WFP should improve its current **information management capacity** at both Tindouf and Algiers level.

a. A central repository of information that all staff can access is needed, as well as a more efficient strategy on disseminating information among staff. In order to efficiently contribute to the nutrition situation in the camps, decisions need to be based on thorough, tangible, evidence-based data. WFP Algiers, with support from HQ, should seek technical support to achieve this.

259. **Rec 3.6.** WFP should improve implementation of **monitoring and evaluation** activities to ensure the activities respond to the needs of the targeted population.

a. WFP and partners should prioritize the review and improvement of monitoring systems and tools. Furthermore, the analysis of data collected, and its triangulation with external data and information, need to be enhanced to effectively produce relevant recommendations.

260. **Rec 3.7. Partnerships:** A more nuanced and wider approach to nutrition and food security is needed to tackle future challenges faced by the local population in the refugee camps.

a. This requires a multi-sectoral response, as well as stronger partnerships with a wide range of stakeholders—from the NGOs working with WFP at field level to donors making decisions that affect the entire programme. WFP and its donors should explore less harmful alternatives for coping with financial shortfalls.

Madrid, September 2018

WFP Algeria  
<http://www1.wfp.org/countries/algeria>



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