Decentralized evaluation for evidence-based decision making

Decentralized Evaluation

Evaluation of the Nutrition Components of the Algeria PRRO 200301

January 2013 – December 2017

Evaluation Report - Annexes

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WFP Country Office

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Table of Contents

Annex 1. Terms of Reference 1
Annex 2. Stakeholders' Analysis and Mapping 1
Annex 3. Original Logical Framework for the Algeria PRRO 200301 (2013) 5
Annex 4. Updated Logical Framework for the Algeria PRRO 200301 (2015) 7
Annex 5. Mission Agenda 1
Annex 6. Data Collection Methods 3
Annex 7. Focus Group Guides 6
Annex 8. Guide for Interviews with Stakeholders 7
Annex 9. Checklist for Visits to Dispensaries and Nutrition Activities 12
Annex 10. Documents Reviewed 14
Annex 11. Evaluation Matrix 19
Annex 12. Survey's Recommendations 29
Annex 13. JAM´s Recommendations 44
Annex 14. Budget Revisions 59
Annex 15. Photovoice and Storytelling Outputs 61
Annex 16. Effectiveness of the Nutrition Components 63
Annex 17. Outcomes of the Nutrition Components 66
Annex 18. Contributions by Donor 83
Annex 19. Assistance Provided as Response to Emergencies 84
Annex 20. Evaluation Matrix Notation 85

Annex 1. Terms of Reference

Decentralized Evaluation Quality Assurance System (DEQAS)

Evaluation Terms of Reference

Decentralized evaluation for evidence-based decision making

WFP Office of Evaluation

Evaluation of the Nutrition Components of the Algeria PRRO 200301

Terms of Reference

Evaluation of the Nutrition Components of the Algeria PRRO 200301 to inform reformulation of WFP's role in nutrition and sector coordination

Evaluation Manager: Katharina Meyer-Seipp

I. Introduction

1. The purpose of the Terms of Reference (TOR) is twofold. Firstly, it provides key information to the evaluation team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.
2. The Decentralized Evaluation (DE) commissioned by the WFP Algeria Country Office (CO) will examine the Protracted Relief and Recovery Operation (PRRO) 200301, particularly its nutrition components, including the respective sector coordination mechanisms. The coverage period is the same as the PRRO, namely January 2013 to 31 December 2017 (time of the evaluation).
3. The PRRO supports the Sahrawi refugees living in five camps located in south-western Algeria. The WFP nutrition component is aligned to the Sahrawi National Programme for Mother and Child Health[1] combining prevention and treatment approaches to address anaemia, stunting and moderate acute malnutrition among children under 5 years, and pregnant and nursing women.
4. These TOR were modified based on Decentralized Evaluation Quality Support (DEQS) comments and will be further adjusted in consultation with the selected consultant(s) and the Evaluation Reference Group (ERG) that, chaired by WFP Country Director, gathers relevant national and international stakeholders. The evaluation team will conduct the DE in conformity with the final TOR.

II. Reasons for the Evaluation

5. The Sahrawi population receives nutrition support since the 1990s and some trends could be observed over time, for instance, high anaemia prevalence observed in 1997, were reduced by 2001. It increased again by 2005 and decreased until 2012, however, in the last four years, anaemia prevalence has significantly increased. It is worth looking into the factors that have influenced these changes in the past.
6. WFP-UNHCR jointly undertake nutrition surveys in autumn everytwo to four years. The October-November 2016 nutrition survey's results, suggest an improvement in the nutrition of the Saharawi population compared to 2012. There is an observable downward trend in both Global Acute Malnutrition (GAM), and of stunting, which is significantly lower than in 2012. (GAM decreased by 2.9 percent,). The results also showed a net improvement of the overall acute malnutrition rates of children under five years and the under nutrition of pregnant and lactating women (MAM decreased by 6.2 percent), although significant differences are still observed among camps. However, the overall nutrition situation remains of concern, as it reports that the prevalence of anemia for both women and children under five has deteriorated. Conversely, anemia rates have deteriorated for all vulnerable groups (children under-five, non-pregnant women of reproductive age, pregnant and lactating women): anaemia rates are at 39 percent among children 6-59 months (increase of 11 percent since 2012) and 44 percent among women of reproductive age (increase of 7.6 percent) respectively.
7. In addition, according to relevant available data, high prevalence rates of overweight and obesity in children and women of reproductive age reveal a double burden of malnutrition in refugee households. In the past 20 years underweight prevalence has steadily declined from 15.8% in 1997 to 3.6% in 2016. Furthermore, the joint prevalence of overweight and obesity has doubled since 1997 from 33.6% to 67% in 2016, that is, almost seven out of ten women at this age are overweight or obese. According to the results of the 2016 nutrition survey, this rapid rise in overweight and obesity in this population group should be considered of high public health significance. It may be need for WFP and the rest of sectoral actors to update and reinforce their food security and nutrition strategies for Sahrawi refugees in order to address, inter alia, the

[1] Sahrawi health authorities, Rabouni

double burden of maternal overweight and obesity, and under nutrition in children.

8. WFP leads sector coordination for food security and actively participates on sector coordination for nutrition, whereas inter sectorial coordination of the 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 sector and wishes to improve coordination of nutrition intervention to ensure mutual support and programmatic complementary.

9. The results of the DE will have a strong consensual basis, reached through strong community-based participation, relying heavily on the affected population itself, to establish trust and cooperation, networking among stakeholders and the target refugee population. Stakeholders include the Sahrawi Red Crescent (MLRS), the Sahrawi Health Authorities (Salud), the Algerian Red Crescent (CRA), the Spanish Red Cross (MLRE), UNHCR, the United Nations International Children's Emergency Fund (UNICEF), several International and national Non-Governmental Organizations (I/NGO) and several donors.

10. The evaluation is expected to feed into the re-formulation of the nutrition elements of the PRRO that will also respond to requirements of the new corporate Integrated Road Map leading to country level strategic planning (particularly concerning Sustainable Development Goals (SDG) 2 & 17).

11. WFP CO plans to have a Transitional Interim Country Strategy (T-ICSP) during 2018, followed by either a Country Strategic Plan (CSP), if a Country Strategic Review takes place on SDG 2, otherwise an Interim CSP (ICSP). The decentralized evaluation will also provide key insights for above strategic documents. Consequently, WFP CO needs to **re-design its role in nutrition in the Sahrawi context**. A wide consultation needs to take place with all stakeholders, to **highlight roles, responsibilities and forms of contribution on the food security and nutrition sectors** to the overall efforts to improve nutrition.

Objectives

12. Evaluations in WFP serve the dual and mutually reinforcing purpose of accountability and learning.

Accountability – The evaluation will assess and report on the performance and results of the nutrition component of the PRRO 200301

Learning – The evaluation will determine the reasons why certain results occurred or not to draw lessons, derive good practices and develop recommendations for learning. It will provide evidence-based findings to inform operational and strategic decision-making to reformulate the nutrition component. It will also provide insights on the role, responsibility and contribution of the food and nutrition sector. WFP will actively disseminate findings and will incorporate lessons learned and good practices.

13. The **specific objectives** are to:

- Determine the adequacy of the PRRO's nutrition component design and consequent adaptations, in light of nutritional challenges and nutrition survey results (relevance, appropriateness)
- Determine results of the PRRO's nutrition indicators (outputs and outcomes) (efficiency, impact)
- Determine how WFP's role in the actual nutrition coordination mechanisms can be improved to address nutritional challenges and avoid duplication of efforts with other stakeholders on nutrition (coherence, connectedness)
- Draw lessons learned and best practices, providing evidence-based findings and recommendations to inform decision and guide the reformulation of the PRRO nutrition component and related coordination mechanisms.

Stakeholders and Users

14. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will play a role in the evaluation. Several stakeholders have implemented nutritional activities during the period covered by the DE, participated in nutrition surveys and studies, and continue to complement each other through collaboration. In addition, several coordination mechanisms exist in the nutrition sector. Table 1 below provides a preliminary stakeholder analysis, which will require further development during the Inception phase.

Table 1: Preliminary Stakeholders' analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
Country Office (CO) Algeria	Responsible for the country level planning and operations implementation, It has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. WFP also leads the food and nutrition sector. It is also called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.
Regional Bureau (RB) Cairo	Responsible for both oversight of COs and technical guidance and support, the RB management has an interest in an independent/impartial account of the operational performance, as well as in learning from the evaluation findings to apply this learning to other country offices.
WFP HQ	WFP has an interest in the lessons that emerge from decentralized evaluations, particularly as they relate to WFP strategies, policies, thematic areas, coordination mechanisms or delivery modality with wider relevance to WFP programming.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralized evaluation stakeholders as identified in the evaluation policy.
EXTERNAL STAKEHOLDERS	
Beneficiary Sahrawi Refugees	As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Stakeholders	**Interest in the evaluation and likely uses of evaluation report to this stakeholder**

Sahrawi Authorities / Sahrawi Red Crescent (MLRS)	The Sahrawi Health Authorities (Salud) have a direct interest in knowing whether WFP activities, especially nutrition, are aligned with its priorities, harmonized with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest. MLRS implements distribution for all interventions.
Algerian Red Crescent (CRA) / Algerian Government (MoFA)	The Algerian Government, represented byCRA, has a direct interest in knowing whether WFP activities for refugees are aligned with assigned priorities, harmonized with the action of other partners and meet the expected results. Issues related to figures, targeting beneficiaries and implementing modalities and sustainability will be of particular interest, under the auspice of the Tripartite Agreement.

Spanish Red Cross (MLRE)	The MLRE manages a three-month security stock funded by the Spanish cooperation (AECID), which allows: i) maintaining food basket diversity and ration size overtime; and ii) limiting the effect of lack of funding predictability, 3-4 month lead-time for international procurement, delayed commodity arrivals. WFP also rotates the security stock to ensure fitness for human consumption.
UNHCR	The main UN partner for assistance to Sahrawi refugees, and the lead agency in this refugee context and for inter-sector coordination, including health "and nutrition". UNHCR is a direct partner of WFP at activity level and should contribute to the realization of the evaluation. UNHCR also implement directly a nutrition intervention (treatment of severe acute malnutrition). A tripartite agreement is signed between WFP, UNHCR and CRA. A clarification and propositions may be needed with UNHCR for allowing a fully involvement of UNICEF and WFP in nutrition implementing assistance according to their respective mandates.
UNICEF	UNICEF is the second UN humanitarian partner to WFP and may play more and key role into nutrition assistance in the camps. UNICEF technical competencies and expertise in place in Tindouf may be more and fully involved in a large partnership framework for intervention in nutrition areas, including inter-alia, programming, service providing, monitoring and evaluation.
I/NGOs	I/NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. Médicos del Mundo (MDM) is one of the main partner and adviser of the Sahrawi health authorities. The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships.
Donors	WFP operation are voluntarily funded by a number of donors (10). They have an interest in knowing whether their funding has been spent effectively and efficiently and if WFP programme strategic is relevant to nutritional challenges to be addressed. Linkages with their own strategies and programmes is also of great interest to them.

15. Accountability to the affected population is tied to WFP commitments to include beneficiaries as key stakeholders in WFP's work. As such, WFP is committed to ensuring gender equality and women's empowerment in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups.

16. The primary users of this evaluation will be:

- WFP CO to reformulate nutrition components under the Interim Country Strategic Plan (ICSP) and improve its role in food security and nutrition sector coordination, define its responsibility and terms of reference for participation in coordination mechanisms.
- Stakeholders for programmatic decision-making, notably related to nutrition interventions' implementation and/or design, coherence and coordination, connectedness between activities and for the partnerships framework
- Given the core functions of the Regional Bureau (RB), the RB is expected to use the evaluation findings to provide strategic guidance, programme support, and oversight WFP HQ may use evaluations for wider organizational learning and accountability
- OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board

III. Context and subject of the

Evaluation Context of the

Evaluation

17. Algeria has been hosting refugees from Western Sahara since 1975. The Algerian Government has granted access across the border and the administration of the territory surrounding the five refugee camps to the refugee authorities Polisario. The refugees have organized themselves self into the Sahrawi authorities, which plays the role of a de-facto Government and manage the camps with line ministries, such as cooperation, health, education, agriculture/livestock, etc. (albeit for the duration of their presence in Algeria). Each refugee camp represents a Governorate (Wilaya), and several administrative sub-divisions. A Governor (Wali) heads each camp. The refugee context makes any technical discussion politically sensitive.

18. The Sahrawi Red Crescent (MLRS) is the humanitarian arm and coordinates all assistance provided to the refugees. Political issues are handled by the UN Mission MINURSO and humanitarian assistance is conducted by UNHCR, WFP and UNICEF. The Algerian Red Crescent (CRA) is the Algerian Government's implementing partner for all humanitarian assistance to the Saharawi refugees. The MLRS is the CRA's implementing partner in the camps, this allows humanitarian agencies to collaborate with the Sahrawi Red Crescent in the refugee camps, including the distribution of all WFP food assistance.

19. The refugee camps are located in the harsh, isolated desert environment of southwestern Algeria, where opportunities for self-reliance are limited, forcing them to rely on international humanitarian assistance. WFP has been providing basic food support to the most vulnerable refugees since 1986. The host country also provides bilateral support to the Sahrawi refugee population, including in the health and education sectors.

20. Market facilities are limited as a result of the limited cash availability and long travel distances to and from Tindouf (for passengers and goods) increasing the transport costs. However, small shops in the camps stock food items that are not provided by WFP or other agencies, such as milk and tomato paste, juice and biscuits.

21. Communal and household gardens established with support from United Nations agencies and NGOs, provide some small-scale local production using new technologies that require less water to produce vegetables. Although 18 percent of households have family gardens, food production has been hampered by the lack of agricultural tradition, limited resources (including fertile soil) and damage caused by wind, sheep and goats.

22. WFP PRRO 200301 has essentially three main activities, namely General Food Distribution (GFD), a nutrition intervention (NUT) and a school feeding activity (SF). The specific objectives of this PRRO 200301 are to:

- Improve the food consumption of the most vulnerable refugees living in the camps through general food distribution
- Reduce acute malnutrition and anemia in children under 5 years and in pregnant and lactating women (PLW) through targeted nutrition feeding interventions
- Maintain the enrolment and retention of refugee girls and boys targeted through school meals

23. The **GFD** aims at ensuring adequate food consumption of Sahrawi refugees by distributing 125 000 rations with a planned dry food ration composed of nine commodities with a caloric value of 2,166 kcal/ration/day. The monthly GFD is implemented by the MLRS, in coordination with UNHCR and the CRA. The Spanish Red Cross and OXFAM provide complementary fresh fruits and vegetables to 125,000 refugees as well as supplementary food items to vulnerable groups with specific needs (celiac disease, etc.).

24. The nutrition components of the PRRO aim at reducing acute malnutrition and the prevalence of anaemia in children under 5 years and pregnant and lactating women, through **treatment and prevention** in 29 health centres with a planning figure of 22 360 in total. UNHCR ensures treatment of Severe Acute Malnutrition (SAM) by providing PlumpyNut® an average of 38 child/month. The section Subject of the Evaluation provides more details on the nutrition components of the PRRO.

25. The main causes of malnutrition and anemia among children include underlying factors such as WASH (water, sanitation and hygiene) and infant and young child feeding (IYCF) practices. A group of stakeholders from different sectors are continuing to address the WASH and IYCF issues by conducting regular sensitization and advocacy campaigns sessions targeting men, women, youth and schoolchildren.

26. The Sahrawi Health Authorities implements the Integrated Nutrition programme under the PISIS framework (IMCI, Integrated Management of Childhood Illnesses), including support for treatment of acute malnutrition, for prevention of chronic malnutrition and anemia for all children under 5, lactating and pregnant woman, as well as incentives for medical staff involved in program. They also cover behavior change communication (BCC) activities and capacity building focusing on Infant and Young Child Food (IYCF) practices, food habits and nutrition. In addition to education, information and communication (EIC) sessions, the Infant and Young Child

27. Feeding practices (IYCF) support program for each health centre includes a one-day per week session for awareness raising on breastfeeding technics (kind of baby tents), and food diversification practices (cooking, food items to be introduced according the age, hygienic measures).

28. The WFP **School Meals** activity aims at maintaining the enrolment and retention of 42,000 refugee girls and boys in primary schools and kindergartens. WFP provides mid-morning snacks to primary school students and kindergarten children in the form of dried skimmed milk received in-kind. Distribution of high-energy biscuits is also planned. The aim of the school meals activity is to maintain attendance and retention rates of schoolchildren. This activity is implemented through the NGO Comitato Internazionale per lo Sviluppo dei Popoli (CISP), which is providing extensive sensitization campaigns on milk preparation, WASH and hygiene issues. Furthermore, CISP provides hygiene materials to all the schools to ensure the cleaning of kitchen and utensils and conducts laboratory analysis of the prepared milk three to four times a year in a random sample of schools. UNICEF leads the Education sector and coordinates all support interventions in this sector.

29. WFP implements also other **nutrition-sensitive** activities in addition to the above three activities aiming to improve nutritional status of the population through interventions on

livelihoods. A CBT activity is under discussion with the Sahrawi authorities to pilot the use of e-vouchers in the camp of Laayoune over a two-month period.

30. WFP leads the food security and nutrition sector by drawing all stakeholders in monthly coordination meetings in Algiers (strategic) and Rabouni (operational). WFP also actively participates in other sector coordination, including the health sector and nutrition. Several other coordination mechanisms are organized by all national and international stakeholders and bilaterally as needed. The risk for duplication of efforts without being clearly identified, as well as the missed opportunities for nutrition to be complementary and mutually supportive have been noted in the past.

31. Women are actively involved in the management of the camps and have a strong participation and essential decision-making roles in various aspects of the society and family life. The majority of heads of households, both married and single, are women. Women continue to play a key role in the food distribution process and are responsible for receiving food as the food entitlement holders of the households. However, the gender or civil status of the head of household does not appear to influence the level of food consumption. Widows/widowers' families tend to be slightly better-off, which might be due to very well established solidarity practices. Nearly all households reported using coping mechanisms including sharing cooked meals, eating less, selling livestock and purchasing on credit throughout the year. This usually happens during periods of food shortages (i.e. in the last few days before the next distribution, or in case of pipeline breaks or flooding).

32. The refugees' dependency on external assistance was corroborated by the nutrition survey conducted in 2010 by the Emergency Nutrition Network (ENN). UNHCR and WFP also found a strong correlation between increases in the prevalence of global acute malnutrition (GAM) and interruptions or delays in food distributions. This was partially addressed by WFP and partners through the establishment of a security stock and diversification of the food basket. Other assessments that confirmed the refugees' dependence on external assistance include the 2013 and 2016 Joint Assessment Mission (JAM) report as well as the 2012 and 2016 nutrition survey.

Subject of the Evaluation

33. The nutrition component of the PRRO combines treatment of moderate acute malnutrition and prevention of chronic malnutrition and anemia. WFP procures and supplies Nutributter™ to children between 6-59 months and Micronutrient Powders (MNPs) to PLW for the prevention of anaemia and stunting, and Plumpy Sup® for the treatment of moderate acute malnutrition (MAM) in children 6-59 months. In addition, SuperceralPlus® (CSB+), vegetable oil and sugar are provided to PLW for the treatment of MAM.

34. WFP, in coordination with MLRS, CRA, I/NGOs, is providing technical support to the Ministry of Health for the management of acute malnutrition in the camps, as well as the prevention of anemia and stunting among children less than 5 years. UNHCR and WFP support the community-based management of acute malnutrition by ensuring technical assistance, in addition to supplying nutrition products.

35. Every month WFP planning figure targets around 22,360 women and children under the Mother and Child Health (MCH) activity through 29 health centers.[2]

- Prevention: An additional 6,360 pregnant and nursing women with anaemia receive Micronutrient Powder to prevent malnutrition. WFP targets 13,200 boys and girls aged 6-59 months with the monthly provision of a special spread (Nutributter) to prevent chronic

2 WFP Algeria PRRO 200301 Budget Revision 07

malnutrition[3]

- Treatment: WFP provides vegetable oil, sugar and fortified blended food (CSB+) to treat approximately 1,000 malnourished pregnant and nursing women. In addition, WFP provides 1,800 acutely malnourished children aged 6-59 months with a special spread fortified with vitamins and minerals (Plumpy Sup)

36. This population receives nutrition support since the 1990s and some trends could be observed over time, for instance, high anemia prevalence observed in 1997, were reduced by 2001. It increased again by 2005 and decreased until 2012, however, in the last four years, anaemia prevalence has significantly increased. It is worth looking into the factors that have influenced these changes in the past.

Table 2: Nutrition intervention

BENEFICIARIES BY TYPE OF NUTRITION INTERVENTION						
Nutrition Intervention	**Product**	**Condition**	**Beneficiary Category**	**Current**		
				Boys / Men	**Girls / Women**	**Total**
Prevention (blanket) WFP	Nutributter	Stunting and Anemia	Children 6-59 months	6 600	6 600	13 200
	Micronutrient Powder (MNP)		PLW	-	6 360	6 360
Treatment WFP	PlumpySup®	Moderate Acute Malnutrition (MAM)	Children 6-59 months	900	900	1 800
	SupercerealPlus®, Oil and Sugar		PLW	-	1 000	1 000
TOTAL				**7 500**	**14 860**	**22 360**

37. Specifically, the subject of the evaluation will examine the contribution of WFP's PRRO's nutrition component in responding to Sahrawi refugees' nutritional challenges (relevance & coherence), outlining results since 2013 against choice of activities, beneficiary targeting, (effectiveness, coverage and impact) to address challenges.

38. The evaluation will also examine WFP's role in coordination mechanisms with the Sahrawi Health Authorities, the Sahrawi Red Crescent, UNHCR, UNICEF, I/NGOs and other partnership frameworks in place, particularly the interaction of the food security and nutrition sectors with other sectors involved in nutrition (coherence).

39. The project document of PRRO 200301, including related amendments (budget revisions) and the latest resource situation are available on www.wfp.org. The key amendments and other characteristics are in below Table 3. The project logical framework is reproduced in Annex 3.

3 WFP Algeria PRRO 200301 Budget Revision 07

Table 3: Key amendments and characteristics of the operation

<table>
<tr><th colspan="3">PRRO 200301 (January 2013 to December 2017)</th></tr>
<tr><td>Approval</td><td colspan="2">The operation was approved by the Executive Director in April 2013</td></tr>
<tr><td>Amendments</td><td colspan="2">There have been 7 amendments (budget revisions) to the initial project document and an additional one under approval. In particular:
• BR#1 extended the PRRO 200301 to introduce new commodities and additional tonnage to PRRO 200301 to accommodate Gofio (a toasted maize blend) and Dried Skimmed Milk (DSM) not planned under the original PRRO. These commodities will be transferred from the previous PRRO 200034, as well as include new purchases of Gofio as per donor request. Total tonnage increase is as follows: 1,485 mt of Gofio and 405 mt of Dried Skimmed Milk
• BR#2 extended the PRRO from June 2014 to December 2015 to enable WFP to continue assisting Western Sahara refugees through to the end of December 2015, while a new operation is developed. The number of rations distributed, and activities and objectives envisaged in the original PRRO and subsequent BRs will continue during the extension period
• BR#3. This budget revision (BR) proposes a straightforward twelve months extension-in-time for enabling WFP to continue assisting Western Saharan refugees through December 2016, while preparing a new operation. The BR presents an increase in DSC to include in the budget plan additional requirements for an expanded monitoring, the screening of Pregnant and Lactating Women (PLW), the nutrition survey and various Cash and Voucher (C&V) assessment mission
• BR#4. This budget revision proposes a six-month extension-in-time with an increase the food requirements by 13,896 mt, valued at US$10.6 million and related associated by US$4.9 million, which include: external transport, landside transport, storage and handling (LTSH) costs, other direct operational costs (ODOC); direct support costs (DSC); and indirect support costs (ISC)
• BR#5. This BR proposes a straightforward twelve months extension-in-time for the Algeria protracted relief and recovery operation (PRRO) 200301, which will enable WFP to continue assisting Western Saharan refugees through December 2016, while preparing a new operation. Number of rations distributed, activities and objectives envisaged in the original PRRO and subsequent BRs will continue during the extension period. the BR presents an increase in DSC to include in the budget plan additional requirements for an expanded monitoring, the screening of Pregnant and Lactating Women (PLW), the nutrition survey and various Cash and Voucher (C&V) assessment missions
• BR#6. It proposes the inclusion of commodities received in kind of new ad-hoc activities, the increase in numbers of beneficiaries for school meals and nutrition activities
• BR#7 extended the PRRO for three months, from 1 January to 31 March 2017, and adjust the budget accordingly. The strategies and primary activities, as envisaged in the original PRRO and subsequent BRs remain unchanged
• BR#8 to extend the PRRO until 31 December 2017 is under approval
• BR#9: to extend activities to December 2018 (t-ICSP).</td></tr>
<tr><td>Duration</td><td><u>Initial:</u>
18 months (Jan 2013 – Jun 2014)</td><td><u>Revised (BR#7):</u>
51 months (Jan 2013 – Mar 2017)
9 months (Apr 2017 – Dec 2017)</td></tr>
<tr><td>Planned beneficiary coverage</td><td><u>Initial:</u>
- 90 000 GFD beneficiaries - 35 000 beneficiaries targeted for additional supplementary general food rations for addressing chronic malnutrition and anemia (same rations as under GFD)
- 6 000 children under 5 and 4 000 PLW targeted for SFP
- 31 900 school children targeted for school feeding (mid-morning school snack of fortified date bars to primary school children)</td><td>Revised (BR#7):
- 124 900 GFD beneficiaries
- 35 036 beneficiaries for CBT modality
- 8 000 beneficiaries for school meals
- 32 500 for primary school meals beneficiaries
- 8 000 kindergartens beneficiaries
- 13 200 children under 5 in prevention of chronic malnutrition
- 6 300 PLW in prevention of anemia
- 1 800 children for SFP (treatment)
- 1 000 PLW for SFP (treatment)
- 8 000 Special rations for PLW</td></tr>
</table>

Planned food tonnage requirements	Initial: 40 524 of food commodities 0 US$ of cash commodity	Revised (BR#7): 117 560 mt of food commodities US$ 350 360 of cash transfers Revision under approval (BR#8): 137 749 mt of food commodities
Planned US$ requirements	Initial: US$ 31 694 690	Revised (BR#7): US$ 98 351 645 Revision under approval (BR#8): US$ 111 883 601

IV. Evaluation Approach

Scope

40. The evaluation will cover the nutrition component of the PRRO 200301, including all areas and processes related to its formulation, implementation and coordination amongst stakeholders, resourcing, monitoring, evaluation and reporting relevant to answer the evaluation questions. The period covered by this evaluation captures the period from the beginning of the operation (1 January 2013) up to the date of the evaluation.

41. The evaluation will dedicate particular interest on the 2016's nutrition survey results, which indicated improvements in global acute malnutrition, but a deterioration in the prevalence of anaemia. The evaluation will also take into account new information concerning the double burden (overweight and obesity of children under five years and pregnant women) of increasing public health concern.

42. The evaluation will also look at the food and nutrition coordination and how it interacts with other coordination mechanisms (field of nutrition). The evaluation results and recommendations will inform proposed changes to t WFP's actual role in nutrition and on WFP's actual contribution to existing coordination mechanisms in order to ameliorate WFP's response and adapt approaches to the context.

43. The evaluation will provide clear recommendations and guidance to inform programmatic decisions. The evaluation is expected to clearly show links to achievements as well as failures and will provide recommendations on what needs to be changed to make the intervention more relevant and effective and improve coherence and coordination between WFP nutrition activities and the one's of other stakeholders.

44. The evaluation will help align program objectives and context, and inform the design of the nutrition components of the upcoming Transitional Interim Country Strategic Plan (t-ICSP) following the Integrated Road Map (IRM), thus providing key insights for work and strategic documents. The geographical scope of the evaluation will be defined by the footprint of the operation i.e. areas of intervention within the refugee camps.

Evaluation Criteria and Questions

45. **Evaluation Criteria** The evaluation will apply the international evaluation criteria of Relevance, Effectiveness, Coherence, Connectedness, and Impact. Gender Equality and the Empowerment of Women will be mainstreamed throughout the

process.

46. **Evaluation Questions** aligned to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the evaluation team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of PRRO 200301 throughout its nutrition component, which could inform future specific strategic and operational decisions on nutrition, as outlined in below Table 44

Table 4: Criteria and evaluation questions

Evaluation questions / sub-questions	Evaluation criteria
Key Question 1: How appropriate is the intervention	**Relevance, Appropriateness, Coherence**
To what extent were the design and consequent adaptations of the nutrition components of the PRRO in line with the needs of the targeted groups: women, girls, boys, men, pregnant and nursing women?	
To what extent the nutrition components of the PRRO were coherent to PRRO objectives?	
To what extent was the nutrition component of the PRRO coherent with Sahrawi authorities' policies?	
To what extent was the nutrition component of the PRRO coherent with the nutrition interventions implemented by other stakeholders (UNHCR, UNICEF, I/NGOs…)?	
To what extent are the nutrition components of the PRRO coherent with the approaches of sectorial partners?	
Key Question 2: What are the results of the intervention	**Effectiveness, Outputs and Outcomes (Effects or Impacts)**
What were the short and medium term effects (both positive and negative) of the nutrition intervention on the people assisted in terms of • Reducing malnutrition and anaemia prevalence; • Increasing knowledge and/or changing behaviour of mothers and female adolescents regarding hygiene, sanitation, health and nutrition	
What were the gender-specific impacts, especially regarding women's empowerment?	
Key Question 3: Why and how has the intervention produced the observed results?	**Internal and external factors affecting performance (and results)**
What are the reasons for the observed effects?	
Internal factors: logistics, M&E, HR, technical support, partnerships	

4 For more detail see: http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm and http://www.alnap.org/what-we-do/evaluation/eha

External factors: access and security, funding, institutional environment, economical factors, coordination
How well is WFP coordinating with partners in the food security and nutrition sectors?
How are the food security and nutrition sectors coordination mechanisms within the inter-sectorial coordination mechanisms?

Data Availability

47. The national nutritional data and information for Algeria exclude the Sahrawi refugee population. The following are the sources of information available to the evaluation team. The sources provide both quantitative and qualitative information, and should be expanded by the evaluation team during the inception phase:

    - Standard Project Reports 2013 – 2016
    - M&E and Post distribution Monitoring Reports 2012 - 2016
    - PRRO 200301 and respective BRs
    - Joint Assessment Reports (2016)
    - Quantitative Assessments (2015)
    - Standard Monitoring and Assessment in Relief and Transitions (SMART) Nutrition Surveys 2012 and 2016
    - Food Security Assessment (2016)
    - Nutrition Survey 2016
    - WFP gender strategy
    - WFP nutrition strategy
    - PISIS Guidance 2010 (Arabic)

48. Concerning the quality of data and information, the evaluation team should:

Assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection

Systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data

Methodology

49. The methodology will be designed by the evaluation team during the inception phase. It should:

Employ the relevant internationally agreed evaluation criteria including those of relevance, effectiveness, efficiency, impact, sustainability, connectedness, coverage and coherence

Demonstrate impartiality and lack of biases by relying on a cross- section of information sources (stakeholder groups, including beneficiaries, etc.). The selection of field visit sites will also need to demonstrate impartiality

Using mixed methods (quantitative, qualitative, participatory, etc.) to ensure triangulation of information through a variety of means including focus group discussions, key informant interviews and surveys as well as participatory methods such as storytelling.

Apply an evaluation matrix geared towards addressing the key evaluation questions taking into account the data availability challenges, the budget and timing constraints.

Ensure gender-sensitivity through the use of mixed methods that women, girls, men and boys from different stakeholders groups participate and that their different voices are heard and used

Mainstream gender equality and women's empowerment as above, by meeting UN SWAP commitments on gender.

50. Given the broad set of evaluation questions, both qualitative and quantitative approaches should be utilized. The integration of qualitative and quantitative methods would help to achieve a thorough understanding of the design, operational and contextual factors that may contribute to the intended or unintended effects.

51. An Evaluation Committee and an Evaluation Reference Group will ensure independence and impartiality.

Quality Assurance and Quality Assessment

52. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.[5]

53. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the DEQAS Process Guide and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

54. WFP has developed a set of Quality Assurance Checklists for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs

55. To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides review of the draft inception and evaluation report (in addition to the same provided on draft TOR), and provide:

Systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report;

Recommendations on how to improve the quality of the final inception/evaluation report

56. The evaluation manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalize the inception/evaluation report. To ensure transparency and credibility of the process in line with the UNEG norms and standards[1], a rationale should be provided for any recommendations that the team does not take into account when finalizing the report.

57. This quality assurance process as outline above does not interfere with the views and independence of the evaluation team, but ensures the report provides the

5 UNEG 2016 Norms and Standards states Norm #7 states *"that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability"*

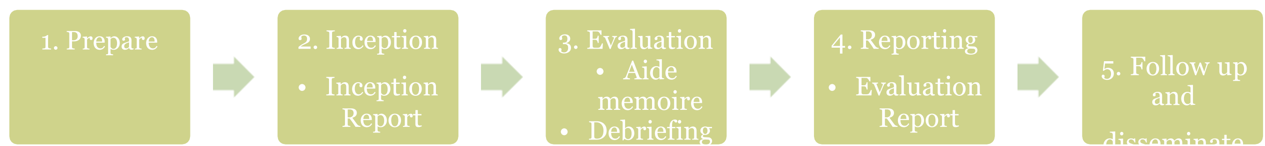
necessary evidence in a clear and convincing way and draws its conclusions on that basis.

58. The evaluation team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The evaluation team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in WFP's Directive (#CP2010/001) on Information Disclosure.

59. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.

Phases and Deliverables

Figure 1: Summary Process



60. The evaluation will proceed through the following five phases. The evaluation schedule (below) provides a detailed breakdown of the proposed timeline for each phase over the full timeframe. All translations will be under the responsibility of the evaluation team. A summary of deliverables and deadlines for each phase are as follows:

61. Preparation phase (April-July 2017): The evaluation manager will conduct background research and consultation to frame the evaluation; prepare the TOR (in English); select the evaluation team and contract the company for the management and conduction of the evaluation.

62. Inception Phase and Inception Report (September 2017): This phase aims to prepare the evaluation team by ensuring that it has a good grasp of the expectations for the evaluation and a clear plan for conducting it. The inception phase will include a desk review of secondary data and initial interaction with the main stakeholders (beneficiaries, government, donors and WFP), including sessions on the Theory of Change (TOC)[6]. The Inception Report (in English) will follow the Decentralized Evaluation Report template and will include the TOC and include an updated evaluation stakeholder matrix.

63. Data Collection phase (October/November 2017): The field work will span over a two weeks and will include field visits to project sites, primary and secondary data collection from local stakeholders. Debriefings will be held upon completion of the field work (WFP, Algerian authorities, Sahrawi authorities). The evaluation team is expected to collect beneficiary stories (including photos and/or film) through participatory methods in this phase (min. 2 stories).

64. Reporting phase (December-February 2017): The evaluation team will analyse the data collected during the desk review and the field work, conduct additional consultations with stakeholders, as required, and draft the evaluation report including recommendations by stakeholders. It will be submitted to the evaluation manager for quality assurance. Stakeholders, through the Evaluation Reference

6 See WFP Guidance on Developing Theories of Change

Group, will be invited to provide comments on the preliminary findings, which will be recorded in a matrix by the evaluation manager and provided to the evaluation team for their consideration before finalizing the report (in English, translated into French under the responsibility of the evaluation team). The executive summary will be translated by the evaluation team into Arabic.

65. A two-pager and a power point presentation (January/February 2017): showing main findings and recommendations. The beneficiary stories and photos are expected to be integrated into these documents.

66. Follow-up and dissemination phase (February-March 2018): The final evaluation report will be shared with the relevant stakeholders. Management will address each recommendation and propose actions and an estimated timeline for taking them. The evaluation report will also be subject to external post-hoc quality review to report independently on the quality, credibility and utility of the evaluation in line with evaluation norms and standards. The evaluation report will be published on the WFP public website. Findings will be disseminated and lessons will be incorporated into other relevant lesson sharing systems

Table 5: Language requirements:

	English	French	Spanish	
Terms of Reference	**X**			
Inception Report	x		X	
Draft Report	x			
Final report	x	x	X	
Executive summary	x	x	X	
Two-pager	x	x	X	
Presentation	x	x	x	

V. Organization of the Evaluation

Evaluation Conduct

67. The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP evaluation manager. The team will be hired following agreement with WFP on its composition and in line with the evaluation schedule outlined in Annex 2.

68. The evaluation team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the code of conduct of the evaluation profession.

Team compositions and competencies

69. The evaluation team is expected to include two or three members, including the team leader and it should include women and men of mixed cultural backgrounds, at least one national evaluator (Algerian or Sahrawi refugee) and a combination of fluency in French, English, Spanish and Arabic. To the extent possible, the evaluation will be conducted by a gender- balanced, geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR. At least one team member should have WFP experience.

70. The team will be multi-disciplinary and include members who together include an

appropriate balance of expertise and practical knowledge in the following areas:

- Displacement and refugee transition contexts
- Nutrition expertise (both treatment and prevention of malnutrition)
- Gender expertise / good knowledge of gender issues
- A minimum of one team member with a good understanding of the socio/cultural context and familiarity with Sahrawi refugees context
- All team members should have strong analytical and communication skills and evaluation experience
- Behavioral change expertise
- Oral and written language requirements include full proficiency in French and English. Knowledge of Arabic and Spanish is an asset

71. The team leader will have technical expertise in one of the technical areas listed above as well as expertise in designing methodology and data collection tools and demonstrated experience in leading similar evaluations. She/he will also have leadership, analytical and communication skills, including a record of accomplishment of excellent French and English writing and presentation skills.

72. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the evaluation team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

73. The team members will bring together a complementary combination of the technical expertise required and have a record of accomplishment of written work on similar assignments.

74. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

Security Considerations

75. Security clearance for all internal travel (in-country) is to be obtained from WFP Algeria Office. The evaluation team is responsible for all required external travel (to and from Algeria) security clearances.

As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UN Department of Safety & Security (UNDSS) system for UN personnel.

Consultants hired independently are covered by the UN Department of Safety & Security (UNDSS) system for UN personnel which cover WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling to be obtained from designated duty station and complete the UN system's Basic and Advance Security in the Field courses in advance, print out their certificates and take them with them[7].

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7 Field Courses: Basic https://dss.un.org/bsitf/; Advanced http://dss.un.org/asitf

Security arrangements to visit the refugee camps are managed by MINURSO, WFP Country Office will facilitate.

76. However, to avoid any security incidents, the Evaluation Manager is requested to ensure that:

The WFP CO registers the team members with the Security Officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground.

The team members observe applicable UN security rules and regulations - e.g. curfews, etc.

IV. Roles and Responsibilities of Stakeholders

77. The WFP Algeria Country Office (CO)

Algeria CO Management (Director or Officer in Charge) will take responsibility to:

- Assign an Evaluation Manager for the evaluation, Katharina Meyer-Seipp, Reports and PI officer
- Compose the internal evaluation committee and the evaluation reference group (see below)
- Approve the final ToR, inception and evaluation reports
- Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group (see below and TN on Independence and Impartiality)
- Participate in discussions with the evaluation team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the evaluation team
- Organise and participate in two separate debriefings, one internal and one with external stakeholders
- Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations

i. Evaluation Manager (EM):

- Manages the evaluation process through all phases including drafting these ToR
- Ensure quality assurance mechanisms are operational
- Consolidate and share comments on draft TOR, inception and evaluation reports with the evaluation team
- Ensures expected use of quality assurance mechanisms (checklists, quality support
- Ensure that the team has access to all documentation and information necessary to the evaluation; facilitate the team's contacts with local stakeholders; set up meetings, field visits; provide logistic support during the fieldwork; and arrange for interpretation, if required
- Organize security briefings for the evaluation team and provide any materials as required
- Chairs the External Reference Group meetings

ii. Internal Evaluation Committee (IEC):

- IEC formed as part of ensuring the independence and impartiality of the evaluation
- The membership includes the evaluation manager, technical unit in charge of the refugee operation and nutrition activities, the head of sub-office responsible for implementation, one staff each from finance and supply chain units

- The key roles and responsibilities of this team includes providing input to evaluation process and commenting on evaluation products

iii. Evaluation Reference Group (ERG):

- External ERG formed with representation from UNHCR, UNICEF, Sahrawi Red Crescent, an INGO and or a NGO partner, Government of Algeria through CRA, WFP Country Office, and Regional Bureau
- ERG reviews the evaluation products as further safeguard against bias and influence

78. The Regional Bureau Cairo (RBC)

- The RB management will take responsibility to:
- The Regional Evaluation Officer, Luca MOLINAS, will be assigned as the focal point for this evaluation by RBC
- Participate in discussions with the evaluation team on the evaluation design and on the evaluation subject as relevant
- Provide comments on the draft TOR, Inception and Evaluation reports
- Support the Management Response to the evaluation and track the implementation of the recommendations

79. Relevant **WFP RBC and HQ divisions** (nutrition) will take responsibility to:

- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation
- Comment on the evaluation TORs, inception report, and draft report

80. Other Stakeholders (Sahrawi Authorities, Sahrawi Red Crescent, Algerian Red Crescent, I/NGOs, UNHCR, UNICEF) will be identified for interviews by the evaluation team in addition to the list provided by WFP which will be based on the preliminary stakeholder analysis in Table 1.
81. The Office of Evaluation (OEV). OEV will advise the Evaluation Manager and provide support to the evaluation process where appropriate. It is responsible to provide access to independent quality support mechanisms reviewing draft inception and evaluation reports from an evaluation perspective. It also ensure a help desk function upon request from the Regional Bureau.

VII. Communication and Budget

Communication

82. To ensure a smooth and efficient process and enhance the learning from this evaluation, the evaluation team should place emphasis on transparent and open communication with key stakeholders. This will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders. Communication with the evaluation team and stakeholders should go through the evaluation manager.
83. The results of this evaluation will also be communicated to the beneficiaries in consultation with the External reference Group (ERG).

84. A part of the international standards for evaluation, WFP requires that all evaluations are made publicly available. Following the approval of the final evaluation report, dissemination will be broad and workshops will be conducted internally and with partners, looking at the recommendations and the way forward.

Budget

85. **Budget:** The evaluation will be conducted by contracting a Long-term Agreement (LTA) firm. According to WFP procurement procedures the budget will be proposed by the applicants.

86. For the purpose of this evaluation, the budget will:

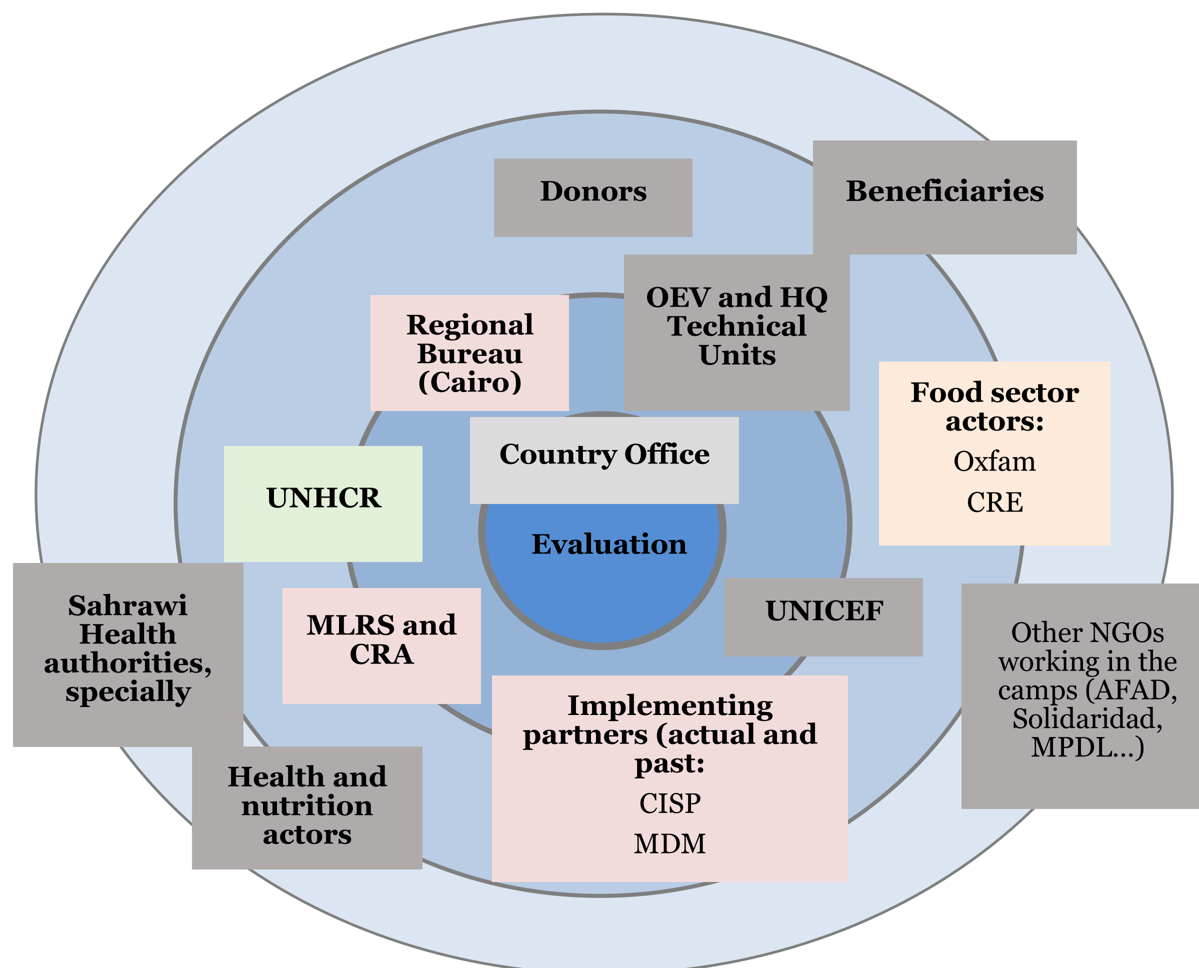
Be based on the best offer

Use the management fee corresponding to a small operations

Not include any special communication-related provisions

Annex 2. Stakeholders' Analysis and Mapping

Stakeholders mapping



Stakeholders' analysis

Stakeholder	Interest in the intervention	Involvement in evaluation and likely use
Internal (WFP) stakeholders		
Country Office (CO) Algeria	Responsible for the country level planning and implementation of the intervention. Leads the food and nutrition sector in-country and is accountable, internally and to the beneficiaries and partners for performance and results of the intervention	Primary responsible for the evaluation, key informant and main user of the evaluation findings. It has direct stake in the evaluation and an interest in learning from experience to inform decision-making in deciding next Transition Strategy.
Country Office (SO) Tindouf	Responsible for the planning and implementation of the intervention.	Key informant and main user of the evaluation findings. It has direct stake in the evaluation and an interest in learning from experience to improve operational performance.
Regional Bureau (RB) Cairo	Responsible for oversight of WFP CO. Provides technical guidance and support to country offices.	Key informant and primary stakeholder Involved in the planning of the evaluation, has an interest in an independent and impartial account of the operational performance, as well as in learning from the evaluation findings to apply this learning to other country offices.

Stakeholder	Interest in the intervention	Involvement in evaluation and likely use
WFP HQ	Selected departments at HQ level provide technical support and inputs into design and implementation of CP components (e.g. on school feeding, social protection, etc.)	WFP HQ has interest in the lessons that emerge from decentralized evaluations, particularly as they relate to WFP strategies, policies, thematic areas, coordination mechanisms or delivery modality with wider relevance to WFP programming.
Office of Evaluation (OEV)	Provides indirect, independent oversight through commissioning of evaluations (in consultation with the WFP decision making structures)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralized evaluation stakeholders as identified in the evaluation policy.
External stakeholders		
Beneficiaries and national authorities		
Beneficiary Sahrawi Refugees	Ultimate recipients of WFP assistance	As the ultimate recipients of WFP assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Sahrawi Authorities	The Sahrawi Health Authorities (Salud) are responsible of the nutrition activities within Sahrawi primary health system.	The Sahrawi Health Authorities have a direct interest in knowing whether WFP nutrition activities are aligned with its priorities, harmonized with the action of other partners and meet the expected results. Issues related to capacity development, handover and sustainability will be of particular interest.
UN Agencies		
UNHCR	The main UN partner to WFP, the lead agency in this refugee context and responsible for inter-sector coordination. UNHCR is also partner at activity level as the agency directly implements treatment of severe acute malnutrition. A tripartite agreement is signed between WFP, UNHCR and CRA.	UNHCR will contribute to the realization of the evaluation. The evaluation findings would help to clarify roles and responsibilities between UNHCR, WFP and UNICEF in nutrition and coordination of the nutrition sector, while implementing assistance according to their respective mandates.
UNICEF	UNICEF is the second UN humanitarian partner to WFP and may play more and key role into nutrition assistance in the camps.	The evaluation findings would help to clarify roles and responsibilities between UNHCR, WFP and UNICEF in nutrition and coordination of the nutrition sector, while implementing assistance according to their respective mandates. UNICEF technical competencies and expertise in place may be more and fully involved in a large partnership framework for intervention in nutrition, including inter-alia, programming, service providing, monitoring and evaluation. However, and because UNICEF can only act under special request from UNHCR or from authorities, the evaluation's findings and recommendations might open alternative ways of collaboration.

Stakeholder	Interest in the intervention	Involvement in evaluation and likely use
NGOs and Red Crescent / Cross Movement		
I/NGOs	I/NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. Most relevant regarding sectors covered by WFP are: Oxfam: works on food security and livelihoods and collaborates with WFP on the monitoring of the monthly GFD (PDM). CISP: works on the Education and Health sectors and collaborates with WFP on the monitoring of the monthly GFD (PDM). MDM: is one of the main partners of the Sahrawi health authorities, and supports, among other programmes (primary health care, chronic illnesses, referrals, etc.) the Saharawi PSIS as facilitator and technical adviser. Treatment of SAM is one of the activities within the PSIS and therapeutic products are provided by UNHCR. In the past, MDM collaborated with WFP on the prevention of anaemia but since the new protocol is in place. Other like MPDL or Solidaridad Andaluza work on other key sectors (waste management and WASH) that, indirectly may influence nutritional condition of the refugee population.	The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships, especially for those directly involved in activities supported by WFP. For those working in different sectors, they could also be concerned by the findings of the evaluation as their respective domains are considered determinants of malnutrition.
Sahrawi Red Crescent (Media Luna Roja Saharaui, MLRS)	MLRS implements distribution of food and nutrition products supplied by WFP, participates in distributions monitoring and in sensitisation activities aiming at improving sensitisation and promotion of population's behaviour changes in health and nutrition.	Two issues have recently created some concerns between WFP and MLRS: the intention of the WFP to introduce alternative modalities for assistance (CBT) and the current un-availability of non-fortified food products. The MLRS expects the evaluation to clarify roles and priorities for action.
Spanish Red Cross (Cruz Roja Española, CRE)	Among other activities, the CRE manages a three-month security stock funded by the Spanish Cooperation (AECID) that helps limiting the effect of lack of funding or delayed commodity arrivals. The CRE also contributes to the refugee's food security through the distribution of fresh and special products and participates on the food security sector coordination mechanisms.	The CRE expects the evaluation's findings will offer an opportunity for improving sectorial and inter-sectorial coordination and have a positive impact on the refugees' food security.
Algerian Red Crescent (Croissant Rouge Algérien, CRA)	The CRA represents the Algerian Government and is the responsible for the responsible for the management of all types of assistance to refugees. The CRA collaborates with WFP in the distribution of food and nutrition products (logistics and transport from Oran to Rabouni), in the monitoring of distributions and in sensitisation activities aiming at improving sensitisation and promotion of population's behaviour changes in health and nutrition.	The Algerian Government, represented by CRA, has a direct interest in knowing whether WFP activities for refugees are aligned with assigned priorities, harmonized with the action of other partners and meet the expected results. Issues related to figures, targeting beneficiaries and implementing modalities and sustainability will be of particular interest, under the auspice of the Tripartite Agreement.

Stakeholder	Interest in the intervention	Involvement in evaluation and likely use
		The CRA expects the evaluation's findings will offer an opportunity for improving sectorial and inter-sectorial coordination, and have an impact on the performance of BBC related activities.
I/NGOs	I/NGOs are WFP's partners for the implementation of some activities while at the same time having their own interventions. Most relevant regarding sectors covered by WFP are: Oxfam: works on food security and livelihoods and collaborates with WFP on the monitoring of the monthly GFD (PDM). CISP: works on the Education and Health sectors, and collaborates with WFP on the monitoring of the monthly GFD (PDM). MDM: is one of the main partners of the Sahrawi health authorities, and supports, among other programmes (primary health care, chronic illnesses, referrals, etc.) the Saharawi PSIS as facilitator and technical adviser. Treatment of SAM is one of the activities within the PSIS and therapeutic products are provided by UNHCR. In the past, MDM collaborated with WFP on the prevention of anaemia but since the new protocol is in place. Other like MPDL or Solidaridad Andaluza work on other key sectors (waste management and WASH) that, indirectly may influence nutritional condition of the refugee population.	The results of the evaluation might affect future implementation modalities, strategic orientations and partnerships, especially for those directly involved in activities supported by WFP. For those working in different sectors, they could also be concerned by the findings of the evaluation as their respective domains are considered determinants of malnutrition.
Donors		
Donors	WFP operation is funded by a number of donors, being the most relevant ECHO and AECID	They have an interest in knowing whether their funding has been spent effectively and efficiently and if WFP programme strategic is relevant to nutritional challenges to be addressed. Linkages with their own strategies and programmes is also of great interest to them.

Annex 3. Original Logical Framework for the Algeria PRRO 200301 (2013)

ANNEX II - LOGICAL FRAMEWORK SUMMARY - ALGERIA PRRO 200301

Results chain (logic model)	Performance indicators	Assumptions
SO 1: SAVE LIVES AND PROTECT LIVELIHOODS IN EMERGENCIES **Goal: To reach vulnerable refugees whose food and nutrition security has been adversely affected by shocks**		
Outcome 1.1: Improved food consumption over assistance period for targeted refugee households	• Household food consumption score (target: 80% maintain at least a borderline consumption of 28.5 or above)	• Regular and adequate contributions from donors to meet monthly food requirements of the targeted refugees.
Outcome 1.2:Reduced acute malnutrition and anaemia in children under 5 and pregnant and lactating women	• Prevalence of acute malnutrition among children under 5, measured in weight-for-height as percentage (current baseline[13]7.9%, target7.2% next update). • Prevalence of iron deficiency anaemia (IDA) in women[14]and children under five. Non pregnant women; baseline[15] 48.9%, target 44% next update. Pregnant women, baseline 55.8%, target 50.2% next update. Lactating women baseline 67.1%, target 60.4% next update. Children under five, baseline 52.8% target 47.5 next update.	• Regular and adequate contributions from donors to meet monthly food requirements of the beneficiary caseload. • Fortified food stored in good condition and for not more than six month to preserve their nutritional value • Public health and nutrition awareness campaigns take place to promote the appropriate use of food
Output 1.1/1.2: Food distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions	• Number of rations distributed (target 90,000 GFD rations and 35,000 supplementary feeding rations per month) and as % of planned figures (100%) • Tonnage of food distributed (target 2,138 mt average per month), by type (100% in line with	• The socio-political situation for the refugees from Western Sahara remains relatively static and therefore does not require any major change to the project

[13]WFP/UNHCR joint nutritional survey October/November 2010 which will be updated in October 2012.
[14]Haemoglobin cut-offs defined as: non pregnant women <12 g/dl, pregnant women <11 g/dl and children under 5 <11 g/dl
[15]WFP/UNHCR joint nutritional survey October/November 2010.

	ration size), as % of planned distributions[16] (100%) • Quantity of fortified foods (71.3mt per month), complementary foods and special nutritional products distributed, by type, as % of planned distribution (100%) • Quantity of fortified foods, complementary foods and special nutritional products distributed (71.3mt), by type, as % of actual distribution (100%) • Number of security incidents (0) • Number of health centres assisted (baseline, 27, target, 27)	
SO 3: RESTORE AND REBUILD LIVES AND LIVELIHOODS IN POST-CONFLICT, POST-DISASTER OR TRANSITION SITUATIONS Goal: To support the re-establishment of the livelihoods and food and nutrition security of communities and families affected by shocks		
Results chain (logic model)	**Performance indicators**	**Assumptions**
Outcome 2.1:Enrolment of refugee girls and boys in assisted schools stabilized at pre-crisis levels	• Retention rate. No baseline data available, target for next update, 85%. • Enrolment: average annual rate of change in number of girls and boys enrolled. Baseline[17], 11%, target 5% next update.	• Regular and adequate contributions from donors to meet monthly food requirements of the beneficiary caseload. • The school data is made available to enable monitoring of the impact of school feeding.

[16] Planned distribution includes quantity, quality and timeliness.
[17] Enrolment data school year 2010/2011 over previous school year.

Annex 4. Updated Logical Framework for the Algeria PRRO 200301 (2015)

LOGICAL FRAMEWORK- Algeria PRRO 200301		
Results-Chain (Logic Model)	**Performance Indicators**	**Assumptions**
CROSS-CUTTING RESULTS AND INDICATORS:		
GENDER: Gender equality and empowerment improved;	• Proportion of assisted women, men or both women and men who make decisions over the use of cash, vouchers or food within the household **Target:** 70% • Proportion of women beneficiaries in leadership positions of project management committees **Target:** 50% • Proportion of women project management committee members trained on modalities of food, cash or voucher distribution **Target:** 60%	
PROTECTION: WFP assistance delivered and utilized in safe, accountable and dignified conditions;	• Proportion of assisted people who do not experience safety problems to/from and at the WFP programme site **Target:** 90% • Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain) **Target:** 80% • Proportion of project activities implemented with the engagement of complementary partners **Target:** 90%	

PARTNERSHIP: Food assistance interventions coordinated, and partnerships developed;	• Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks) **Target:** 30% • Number of partner organizations that provide complementary inputs and services **Target:** 6	• Cooperating partners on the ground have sufficient capacity

STRATEGIC OBJECTIVE ONE: SAVE LIVES AND PROTECT LIVELIHOODS IN EMERGENCIES **Goals:** 1. Meet urgent food and nutrition needs of vulnerable people and communities and reduce under nutrition to below emergency levels 2. Protect lives and livelihoods while enabling safe access to food and nutrition for women and men **Components:** General food distribution for the refugees and MAM treatment and prevention programmes under 5 children and PLW		
Outcome 1.1: Stabilized or reduced under nutrition among children aged 6–59 months and pregnant and lactating women2 **Linked outputs: A and K**	1.1.1 Moderate acute malnutrition (MAM) treatment performance: recovery, mortality, default and non-response rates **Target:** Recovery rate: >75% Non-response rate: <15% Default rate: <15% Mortality rate: <3% 1.1.2 Proportion of target population who participate in an adequate number of distributions **Target:** >66% 1.1.3 Proportion of eligible population who participate in programme (coverage) **Target:** Treatment: Camps: >90% Prevention: >70%	• Fortified food stored in good condition and for not more than six months to preserve their nutritional value • Monthly report is provided by MOH • Public health and nutrition awareness campaigns take place to promote the appropriate use of food • Clean drinking water available

Outcome 1.2: Stabilized or improved food consumption over assistance period for targeted households and/or individuals **Linked output: A**	1.2.1 Food consumption score, disaggregated by sex of household head **Target**: Percent of targeted households with poor food consumption **Baseline:**3% **Target:** 3%[8] 1.2.2 Diet diversity score, disaggregated by sex of household head **Target:** Increased diet diversity score of targeted households[9] **Baseline:** tbc **Target:** tbc	• Political and security environment improves • The socio-political situation for the refugees from Western Sahara remains relatively stabile • Regular and adequate contributions from donors and complimentary partners to meet the monthly food requirements of the targeted refugees
Output A: Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned	• Refugees participate in the implementation of project activities • Access to distribution points is secured
Output K: Messaging and counselling on specialized nutritious foods and infant and young child feeding	Proportion of women/men beneficiaries exposed to nutrition messaging supported by WFP, against proportion planned	• WFP and partners respect agreements (FLAs) to enable programme to function smoothly • Partners of WFP will have adequate HR capacity for planning, monitoring and accountability of the project

8 The baseline information is based on 2013 post-distribution monitoring (PDM) after refugee households have received assistance. The target is therefore to stabilize the situation.
9 The baseline and target for the diet diversity score will be established once the corporate guidance is available.

(IYCF) practices implemented effectively	Proportion of women/men receiving nutrition counselling supported by WFP, against proportion planned Proportion of targeted caregivers (male and female) receiving 3 key messages delivered through WFP-supported messaging and counselling	•
Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies **Goals** 1. Support or restore food security and nutrition of people and communities and contribute to stability, resilience and self-reliance **Components:** School feeding		
Outcome 2.2: Improved access to assets and/or basic services, including community and market infrastructure **Linked outputs: A**	2.2.2 Retention rate of boys and girls in WFP assisted schools **Target**: 70% 2.2.3 Enrolment rate of girls and boys in WFP assisted schools **Baseline:** 17% **Target:** 5%	• Sahrawis budget allocations to basic education adequate
Output A: Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, sex, food, non-food items, cash transfers and vouchers, as % of planned Quantity of food assistance distributed, disaggregated by type, as % of planned Number of institutional sites assisted (e.g. schools, health centres), as % of planned	• Refugees participate in the implementation of project activities • Access to distribution points is secured

Annex 5. Mission Agenda

Evaluation Team

Date	Montse Saboya	Claudia Martinez Mansell	Majidi Bouzid
Friday 17-Nov.	Arrival in-country		
Sat. 18-Nov.	Mesa de Concertación de Salud y Nutrición Internal work on IR and data collection tools		Mesa de Concertación de Salud y Nutrición Internal work on IR and data collection tools
Sun. 19-Nov.	Mesa de Concertación de Salud y Nutrición Internal work on IR and data collection tools		Mesa de Concertación de Salud y Nutrición Internal work on IR and data collection tools
Mon. 20-Nov.	Meeting with ECHO Internal work on IR and data collection tools	Arrival to the mission	Meeting with ECHO Internal work on IR and data collection tools
Tues. 21-Nov.	Team briefing Finalisation of IR and its annexes	Team briefing Finalisation of IR and its annexes	Team briefing Finalisation of IR and its annexes
Wed. 22-Nov.	Preparing for meetings with stakeholders Food Security meeting	Preparing for meetings with stakeholders Food Security meeting	Preparing for meetings with stakeholders Food Security meeting
Thurs. 23-Nov.	Team work	Team work	Team work
Fri. 24-Nov.	Team work	Team work	Team work
Sat. 25-Nov.	Interviews with: Hala Suleiman (WFP) Minister of Public Health Amel Boda (CISP)	Interviews with: Hala Suleiman (WFP) Minister of Public Health Amel Boda (CISP)	Interviews with: Minister of Public Health
Sun. 26-Nov.	Interview with Djawad (Oxfam) Minurso Security Briefing to NGOs	UNHCR meeting on GBV Interview with Djawad (Oxfam) Minurso Security Briefing to NGOs	Interview with Djawad (Oxfam) Minurso Security Briefing to NGOs
Mon. 27-Nov.	Interview with Mohammed Lamien, CRA Cellule de Coordination de Sécurité Alimentaire et Nutrition (remote) Faysal, CISP	Interview with Mohammed Lamien, CRA Cellule de Coordination de Sécurité Alimentaire et Nutrition (remote) Faysal, CISP	Interview with Mohammed Lamien, CRA Cellule de Coordination de Sécurité Alimentaire et Nutrition Faysal, CISP
Tues. 28-Nov.	Meeting with Romain & Katarina, WFP	Meeting with Romain & Katarina, WFP	Meeting with Romain & Katarina, WFP
Wed. 29-Nov.	Laayoun Camp: Visit to wo dispensaries Interviews with SMoH representatives and staff	Laayoun Camp: Visit to wo dispensaries Interviews with SMoH staff FGD	Laayoun Camp: FGD
Thurs. 30-Nov.	Chafik, UNHCR Emmanuelle, WFP Katerina, WFP	Chafik, UNHCR Emmanuelle, WFP Katerina, WFP	Chafik, UNHCR Emmanuelle, WFP Katerina, WFP
Fri. 1-Dec.	Team work	Team work	Team work
Sat. 2-Dec.	Interviews with: Marco MDM MLRS Ana Lopez García and Rute Guilhoto, CRE	Interviews with: Marco MDM MLRS Ana Lopez García and Rute Guilhoto, CRE	Interviews with: Marco MDM MLRS
Sun. 3-Dec.	Dakhla Camp: Visit to wo dispensaries Interviews with SMoH representatives and staff	Dakhla Camp: Visit to wo dispensaries Interviews with SMoH staff FGD	Dakhla Camp: FGD

Mon. 4-Dec.	Interview with Mohammed Lamien, CRA	Interview with Mohammed Lamien, CRA	Interview with Mohammed Lamien, CRA
Tues. 5-Dec.	Team work for preparation of DBF and next steps	Team work for preparation of DBF and next steps	Team work for preparation of DBF and next steps
Wed. 6-Dec.	DBF of the mission with stakeholders	Departure to Algiers	DBF of the mission with stakeholders
Thurs. 7-Dec.	Departure to Algiers	Departure	End of mission
Fri. 8-Nov.	Departure Departure		

Photovoice Team

Date	**Victor Carreño**
Wednesday 5-Dec.	Travel to Tindouf
Thur. 6-Dec.	Rabouni Protocolo Discussion with focal point, Debriefing meeting.
Fri. 7-Dec.	Storytelling in Awserd First FGD in Boujdour with women First FGD in Boujdour with young men
Sat. 8-Dec.	Second FGD in Boujdour with women Storytelling in Boujdour
Sun. 9-Dec.	Storytelling in Laayoun
Mon. 10-Dec.	Storytelling in Awserd Storytelling in Smara third FGD in Boujdour with women
Tue. 11-Dec.	Storytelling in Smara Storytelling in schools in Boujdour & Awserd
Wed. 12-Dec.	Storytelling in Dakhla
Thur. 13-Dec.	fourth FGD in Boujdour with women Second FGD in Rabouni with young men Rabouni Protocolo
Fri. 14-Dec.	Departure from Tindouf

Annex 6. Data Collection Methods

Both qualitative and quantitative data were gathered using appropriate tools and methods. The main tools and methods used during the evaluation are described below.

Desk review

Document review was used along all the spectrum of evaluation questions and was the starting point to elaborate additional questions. It was a continuous activity that evolved along the progression of the evaluation as new documents were considered for analysis and other might be discarded.

Desk review was for some questions the main way to attempt an answer, but additionally it provided support for all the other tools and methods in the evaluation. Desk review was used as a standing tool mainly for descriptive questions, usually more related to objectives alignment, strategies and frameworks inter-compatibility and compliance with standards, regulations and conventions.

Documents selection and consideration for the evaluation depended on documentation source, content, availability and timeliness. Some documents from a source with non-guaranteed reliability or not sufficiently related to the evaluation question were excluded during the screening process. A list of documents used is attached in Annex 7.

Interviews

Interviews of key informants were among the main sources of information for the evaluation. Interviews, like desk review, were used extensively through the evaluation to ensure sufficient level of participation and were addressed to key informants from all the spectrum of stakeholders and beneficiaries depending on the questions and topic to be addressed.

This line of questioning applied throughout various exercises in the course of the field visits and served to collect information in the selected sites on the main issues outlined in the evaluation matrix and to identify causalities, validating hypotheses and key assumptions, and bridging information gaps.

Interviews were used mainly to address effectively evaluation descriptive questions related to policies, strategies, objectives and frameworks, among others. Additionally, interviews were used to gather data regarding stand points, views and positions of key informants, and organization they represent, vis-à-vis specific topic enabling thus to produce data to be analysed not only qualitatively but also quantitatively.

Several types of interviews were used during the filed visits:

- *Open interviews:* this specific type of interview was used to address question, issues and topics where either there is no information base from which a guide can be developed or to explore issues beyond existing and well-established knowledge on them.
- *Semi-structured interviews*: this type of interview was used to address question, issues and topics where there is some degree of information and data availability, but depth and exploration are required to acquire sufficient knowledge about the subject.
- *Structured interviews*: more similar to a questionnaire, this specific type of interview was used to address questions where no additional knowledge about the subject it-self is required but rather the view, opinion or position of the interviewed regarding that same topic or subject. This specific type of interview enabled for qualitative and quantitative analyses through categorization and tagging of qualitative data gathered.

The **interview guides** were prepared based on the questions and sub-questions of the evaluation matrix, to ensure systematic coverage of evaluation questions, topics and issues. To ensure effectiveness and efficiency, interview guides were not developed as of a single or

separate interview guide, or questions' list, as per each single interview. A list of questions per each Evaluation question and sub-questions were developed to establish a general pool from which question can be selected for a specific interview depending on the interviewee and the needs of the evaluators. Regarding fully structured interviews**,** guides were individually adapted to each interviewee according the perspective the informant had on each specific topic and the degree of details he/she could offer.

Group and participatory techniques

Focus Group Discussions (FGDs)

FGDs were used to get more in-depth information on perceptions, insights, attitudes, experiences, or beliefs from key stakeholders and to complement quantitative data collection methods. Focus groups, like other qualitative methods, are useful in providing interpretations of data collected through quantitative methods.

Focus groups were used mainly for questions related to impact and to explore how the overall activity design and operation is responding to assessed needs and whether there are collateral effects or not and impact on beneficiaries and stakeholders.

Depending on questions addressed FGDs were implemented as participatory exploratory techniques to elicit new aspects and dimensions of core questions and perceptions, attitudes and expectations towards those same questions and issues.

Specifically those focus groups are designed not only as data gathering tools and instruments but also to help define pathways along which relevance and appropriateness of the nutrition components could be improved in the future.

Focus group participants were selected to ensure three main aspects:

- *Representativeness:* the group of participants were as a whole representative of the larger group representing a specific interest for the evaluation.
- *Balance:* internal composition of participants group should tried to match the larger group composition. Socio-metric criteria were taken into consideration and positive discrimination was used to favour groups that might have less participation potential in regular conditions.
- *Relevance and adequacy:* participants individually should be exposed in daily life, either personally or professionally, to the questions and subjects of the focus group discussion.

Story-telling

The evaluation was complemented with the use of story-telling in order to focus on particular interventions and reflect on the array of contextual factors that influence outcomes. **Photovoice** is an organization that uses a participatory methodology that allows it to capture the perceptions of affected populations´ reality and in turn enhance participation. Information obtained through this participatory method complemented the findings acquired through other methods and allowed for triangulation between sources.

The methodology used purposive selection, which is not intended to be representative of the whole population but rather tailored to the specific evaluation questions, key participants and socio-cultural context, but will focus on women and children. Participants were selected in advance, among those willing to engage, and they took photos of issues related to the evaluation objectives (i.e. use and utility of nutritional products, child's caring practices, etc.), and subsequently used them to discuss their acceptability. Throughout focus group sessions, participants decided what pictures better represent problems and concerns of the community and why, and they mapped out and created a concept map on the selected topic.

The Photovoice methodology was carried out by a separate team and in a different timeframe for field data collection than the one for the ET, to prevent evaluation fatigue. The Photovoice

mission took place after the ET´s debriefing session. This allowed for the methodology to incorporate the relevant questions and clearly identify photos that better illustrated the evaluation´s findings.

The Photovoice team worked in a collaborative manner with the ET under the coordination of DARA's support team, and in consultation with WFP staff and partners. The Photovoice team used the evaluation questions as a guide to discussions with beneficiaries.

The Photovoice team visited all five camps. A first phase consisted in identifying key actors to support this data collection method. The team organized the groups into 8 to 10 participants (women and young men). The first FGD involved the team explaining the desired outcomes of this methodology, the process and the use of the cameras. They then left the cameras to each participant for the photographic data collection. The second phase consisted of the team returning to each camp and organizing a debriefing session with the same participants in order to discuss the results and enhance participation.

Observation

In addition to above described tools, structured observation was used to check compliance of specific subjects with pre-set criteria, such as those related to infrastructure, availability and access, for example.

To conduct structured observation, checklist to guide the observation process were developed to help observers to look for specific characteristics thus focusing on the aspect relevant to the evaluation, observation guides also helped check, in situ, those characteristics against pre-established criteria, norms and conventions.

Data gathered trough structured observation was analysed both quantitatively and qualitatively, and was used in directly answering evaluation questions, as those related to infrastructure adequacy, accessibility and availability, but also helped explaining some of the results and outcomes of both nutrition components and evaluation process. Where necessary, positive discrimination was used to ensure gender sensitivity of the evaluation process.

Triangulation

In order to ensure validity and reliability of the analysis, secondary data and information obtained through documentation desk review has been confronted to primary data from interviews, observation and participatory techniques (FGD and Story-telling). Quantitative and qualitative data have been analysed separately and then combined to avoid "biases". Measurement bias can be caused by the way in which data is collected (i.e. peer pressure on focus group participants has been compensated with individual interviews when required) and sampling bias caused by "omission" (not all the population under study can be covered) or "inclusion" (or convenience sampling). These processes have allowed the ET to consider where findings from each method agree (convergence), when they offer complementary information on the same issue (complementarity) or when appear to contradict each other (discrepancy or dissonance) and produce a more transparent and clearer understanding of the evaluation subject.

Annex 7. Focus Group Guides

FGD #1

Relates to**:**

- Questions on population's perceived needs
- Evaluation criteria: Relevance, Appropriateness, Coherence

Specific objectives:

- Determine what are the perceived needs from beneficiaries' perspective
- Determine how much of those needs are covered by assistance and how
- Contrast priority configurations between assistance coverage and perceived needs ranked list
- Determine how beneficiaries think assistance could meet their needs

Targeted participants: Beneficiaries, predominantly women (head of household or participating in distribution process)

Desirable number of required participants: 50

Minimum desirable number of sessions: 4

Location of sessions: 2 separate camps

Duration of sessions: 2 hours per session

FGD #2

Relates to**:**

- Questions on gender and gender's specific impacts, especially regarding women's empowerment
- Evaluation criteria: Effectiveness, Outputs and Outcomes (Effects and Impacts)

Specific objectives:

- Determine whether or not food distribution is having an effect on women position in society.
- Determine what those effects are and to which part of food distribution are most related to.
- Assess what actions can be undertaken to prevent negative effects and to consolidate positive effects.

Targeted participants: Beneficiaries, predominantly women (head of household or participating in distribution process)

Desirable number of required participants: 30

Minimum desirable number of sessions: 2

Location of sessions: 2 separate camps

Duration of sessions: 2 hours per session

Annex 8. Guide for Interviews with Stakeholders

Key Question 1: How appropriate is the intervention			
Nb.	Sub-questions	Measure/Indicator	Stakeholder concerned by the question
1.1	To what extent were the design and consequent adaptations of the nutrition components of the PRRO in line with the needs of the targeted groups: women, girls, boys, men, pregnant and nursing women? *Consider different needs in different locations (camps)*	Regularity and availability of needs' monitoring Degree to which the nutrition components of the operation are regularly updated to reflect changing needs Alignment of the nutrition components of the operation with assessment recommendations Stakeholder perceptions regarding the degree to which needs of different groups were identified appropriately PRRO design and adaptations were done based on needs	Beneficiaries / Saharawi authorities NGOs and UN agencies WFP staff and management Donors
1.2	To what extent the nutrition components of the PRRO were coherent to PRRO objectives?	Degree of connectedness of the activities implemented under the nutrition components of the PRRO and the operation objectives	WFP management
1.3	To what extent was the nutrition component of the PRRO coherent with Sahrawi authorities' policies?	Level of consideration of national frameworks and actions when designing the intervention Alignment with the PISIS guidance	Sahrawi authorities (MoH) NGOs and UN agencies WFP staff and management
1.4	To what extent was the nutrition component of the PRRO coherent with WFP sector policies and WFP Strategic Plans and Frameworks?	Alignment of the intervention with WFP's with Nutrition Policy, Gender Policy, Protection Policy and other relevant sector policies Alignment of the intervention with WFP's Strategic Plans (2008-2013; 2014-2017 and 2017-2021), and in particular the SO1 and SO4 (for SP 2008-2013) and SO2 for (SP 2014-2017) orientations.	WFP staff and management
1.5	To what extent was the nutrition components of the PRRO coherent with the nutrition interventions implemented by other stakeholders (UNHCR, UNICEF, I/NGOs...)?	Alignment of the objectives of the nutrition components of the PRRO with global UN humanitarian community objectives.	UN agencies members WFP staff and management
1.6	To what extent are the nutrition components of the PRRO coherent with the approaches of sectorial partners?	Existence and nature of the synergies envisaged with the programming of other actors (in particular UNHCR and UNICEF but more generally other Food Security and Nutrition actors).	Sahrawi authorities (MoH) NGOs and UN agencies WFP staff and management

Key Question 1: How appropriate is the intervention			
Nb.	**Sub-questions**	**Measure/Indicator**	**Stakeholder concerned by the question**
			Donors
1.7	To what extent is the nutrition component of the PRRO is satisfying population's perceived needs?	The degree to which beneficiaries feel/perceive that the nutrition components of the PRRO were tailored to their needs, including appropriateness of the assistance received, targeting, access to services and information Relevance of beneficiaries' participation in the intervention. (including women beneficiaries)	Beneficiaries / Sahrawi authorities

Key Question 2: What are the nutrition results of the operation			
Nb.	**Sub-questions**	**Measure/Indicator**	**Stakeholder concerned by the question**
2.1	What are the short and medium-term results in terms of (1) Reducing malnutrition and anaemia prevalence and (2) Increasing knowledge and/or changing behaviour of mothers and female adolescents regarding hygiene, sanitation, health and nutrition		
2.1.1	During the period, target groups have effectively been reached (outputs)	Number of beneficiaries reached vs. planned by activity, age and gender Including sensitisation sessions (men and women, old and young women) and IYCF activities Targeting criteria effectively implemented	WFP staff and management NGOs and UN agencies Sahrawi authorities
2.1.2	Timeliness of the interventions	Actual execution versus planning. Temporal changes in the number of beneficiaries and the level of assistance. Level of satisfaction of recipients with the timing of assistance.	Beneficiaries / Sahrawi authorities NGOs and UN agencies
2.1.3	Achievement of expected nutrition outcomes	Monitoring of outcomes by target groups of short-medium-long term results. Measurement of impact of sensitization actions, including utilisation of nutrition products and IYCF practices	WFP staff and management NGOs and UN agencies Sahrawi authorities
2.2	Unexpected effects of the intervention have been assessed / documented / considered	Unintended effects of activities documented (negative and/or positive) Target groups, including dynamic economic, social and gender relations.	WFP staff and management NGOs and UN agencies

Key Question 2: What are the nutrition results of the operation			
Nb.	Sub-questions	Measure/Indicator	Stakeholder concerned by the question
		Economy of the host region Environment	Beneficiaries / Sahrawi authorities
2.3	What were the gender-specific impacts, especially regarding women's empowerment?	Positive shifts in relevant gender indicators	WFP staff and management NGOs and UN agencies Beneficiaries / Sahrawi authorities Donors

Key Question 3: Why and how has the intervention produced the observed results?			
Nb.	Sub-questions	Measure/Indicator	Stakeholder concerned by the question
3.1	What are the key internal factors explaining the results obtained		
3.1.1	Logistics	Adequacy of logistics (stocks, warehouses, transport…) Security of goods and people during distributions and measures for ensuring access.	WFP staff and management NGOs and UN agencies
3.1.2	To what extent are the results of the operation adequately monitored / measured?	Pertinence of the indicators on the operation log-frame and adaptation of 2013 LF to the new Strategic Framework (2014) Pertinence of the nutrition outcome indicators of the LF Organisation and effectiveness of the M&E system Quality, independence and completeness of M&E data, and quality of the data analysis Internal and external dissemination of results. Utilisation of data and results for the adaptation of the intervention	WFP staff and management NGOs and UN agencies Sahrawi authorities
3.1.3	Organisational capacity of WFP – Algeria to deliver the programme	Staff capacity / skill sets relative to operation Coverage of key posts (number and type of personnel).	

Key Question 3: Why and how has the intervention produced the observed results?			
Nb.	Sub-questions	Measure/Indicator	Stakeholder concerned by the question
		Equilibrium by gender and by other key aspects (language?) Capacity development Motivation (satisfaction, professional perspectives, remuneration…) and level of satisfaction of the staff Nature and number of RO or HQ visits for technical support	
3.1.4	Partnerships	Degree of development of productive implementation partnerships / Level of engagement with key partners Selection of partners / Number and capacity of partners providing inputs/services Technical support to partners, including supervision, and quality of partnerships	WFP staff and management NGOs and UN agencies
3,2	What are the key external factors explaining the results obtained		
3.2.1	Access and security	Potential security risks and number of security incidents documented Access regulations adopted by UN agencies and partners	WFP staff and management NGOs and UN agencies
3.2.2	Availability of funds and sensitivity of financial partners to the issues around the intervention	Number of donors during the period Coverage of funding	WFP staff and management NGOs and UN agencies Donors
3.2.3	Institutional environment	Mapping of the national institutional framework Degree of collaboration between WFP and institutional Saharawi structures	WFP staff and management Sahrawi authorities NGOs and UN agencies Donors
3.2.4	Geographical factors (distances, climate, infrastructures…)	Km and condition of roads Availability of infrastructures for locally stocking products	WFP staff and management NGOs and UN agencies
3.2.5	Economic factors (markets, products…)	Availability and prices of products distributed during the intervention on local, national and/or international markets Availability and cost of transport services Availability and cost of financial services	WFP staff and management NGOs and UN agencies Donors

Key Question 3: Why and how has the intervention produced the observed results?			
Nb.	Sub-questions	Measure/Indicator	Stakeholder concerned by the question
3.3	How much involved is WFP in the actual mechanisms for sectorial and inter-sectorial coordination?		
3.3.1	How well is WFP coordinating with partners in the food security and nutrition sectors?	Current coordination mechanisms by sector and type (ToR and objectives) Attendance to coordination meetings Dedicated staff to coordination Number of sectorial coordination meetings (over total) to which WFP participates (food, livelihoods and nutrition) Role played by WFP in those meetings: auto-perceived role and performance, and stakeholders perception of WFP role and performance Adoption and / or follow up of coordination meetings conclusions / recommendations	WFP staff and management Sahrawi authorities NGOs and UN agencies Donors
3.3.2	How are the food security and nutrition sectors coordination mechanisms within the inter-sectorial coordination mechanisms?	Current inter-sectorial coordination mechanisms and type (ToR and objectives) Attendance to inter-sectorial coordination meetings Joint actions implemented upon recommendations of inter-sectorial coordination meetings Number of inter-sectorial coordination meetings (over total) to which WFP participates Role played by WFP in those meetings: auto-perceived role and performance, and stakeholders perception of WFP role and performance Adoption and / or follow up of coordination meetings conclusions / recommendations	WFP staff and management Sahrawi authorities NGOs and UN agencies Donors

Annex 9. Checklist for Visits to Dispensaries and Nutrition Activities

1. General information				
Wilaya	Daira			
Health Centre	Date			
2. Type of activity *(Questions to ask to the HC Nurse and observation)*				
	Children		**Women**	
TSFP	Yes	Non	Yes	Non
BSFP Nutributter	Yes	Non		
MNP for women			Yes	Non
Complementary food products for women			Yes	Non
Other				
3. Presence and condition of tools for anthropometric measurements	**Presence**		**Condition**	
Height board	Yes	Non	Good	Bad
Scale for children	Yes	Non	Good	Bad
Scale for women	Yes	Non	Good	Bad
MUAC for children	Yes	Non	Good	Bad
MUAC for adults	Yes	Non	Good	Bad
4. MAM treatment for children *(Observation)*				
Registration book and follow-up cards available	Yes	Non		
Protocols (nutrition and medical) available and easily accessible to health staff	Yes	Non		
Who is responsible for the activity? Who is doing it? Number and posts / profiles. List				
How the visit is performed? Medical examination, anthropometric measurements, distribution of products, education / sensitisation.	Need to improve		Acceptable	
List weak aspects				
5. Prevention for children *(Observation)*				
Registration book available	Yes	Non		
How the distribution is performed? Distribution of products, education / sensitisation	Need to improve		Acceptable	
List weak aspects				

6. Protocol for PLW *(Observation)*				
Registration book and follow-up cards available	Yes	Non	Yes	Non
Protocols (nutrition and medical) available and easily accessible to health staff	Yes	Non	Yes	Non
Who is responsible for the activity? Who is doing it? List number and posts / profiles				
How the visit is performed? Medical examination, anthropometric measurements, distribution of products, education / sensitisation	Need to improve		Acceptable	
List weak aspects				
7. Supply and logistics, specify products *(Observation and interviews)*				
Tools for distribution of products to PLW (CSB+, oil, sugar) are available? Condition?	Yes	Non	Good	Bad
Timeliness of supply	Yes	Non		
If delays or pipeline breaks, quantify (time and frequency)				
Reasons given by WFP (and MLRS) about for delays				
Any actual problem with supply, specify product				
Consequences of problems with supply, specify product				
8. Monitoring *(observation and interviews)*				
Which data is collected monthly on the different nutrition programmes for children and PLW?				
Formats for data collection available?	Yes	Non		
Who is responsible for monthly reports?				
To whom reports are given and frequency, list recipients of monthly reports				

Annex 10. Documents Reviewed

This annex lists the documents reviewed for the evaluation and highlights missing documentation (documents requested but never received).

From United Nations World Food Programme

PRRO Documents

- PRRO 200301
- PRRO 200301 Budget Revision 1 (no date)
- PRRO 200301 Budget Revision 2 (29 November 2013)
- PRRO 200301 Budget Revision 3 (no date)
- PRRO 200301 Budget Revision 4 (draft)
- PRRO 200301 Budget Revision 5 (no date)
- PRRO 200301 Budget Revision 6 (13 November 2016)
- PRRO 200301 Budget Revision 7 (no date)
- PRRO 200301 Budget Revision 8 (no date)
- WFP Standard Project Report 2012 (11 March 2012)
- WFP Standard Project Report 2013 (17 March 2013)
- WFP Standard Project Report 2014 (12 February 2015)
- WFP Standard Project Report 2015
- WFP Standard Project Report 2016

Concept Notes and Proposals

- WFP, Algeria Transitional Interim Country Strategic Plan (2018)
- WFP, General Overview and Strategic Paper: WFP's Complementary Activities (March 2016)
- 2016-2017 HNO Sahrawi Refugees in Algeria

Programme Documents

- WFP Organigram (25 September 2017)
- WFP Staff List (Updated 18 October 2017)

Logistics

- Pipeline reports 2013, 2014, 2015, 2016, 2017
- Algeria PRRO 200301 - RbP Pipeline Report -30.11.2017
- Distribution reports: 2013 (Jan, Feb, Aug, Sept, Oct) and 2014 (Jan, Feb, March, April, May)

WFP Monthly distribution reports

	2013	2014	2015	2016	2017
January		ok			
February	ok	ok			
March		ok			
April		ok			
May		ok			
June					
July					
August	ok				
September	ok				
October	ok				
November					
December					
Pipeline report	ok	ok	ok	ok	ok

M&E

- Algeria PDM sampling strategy PRRO March 2014
- Algeria monitoring plan March 2014

Monthly monitoring reports (WFP-HCR)

	2013	2014	2015	2016	2017

January	ok	ok			
February	draft		ok	ok	
March	draft				
April	ok	ok			
May	draft	ok	ok	ok	
June	draft	draft			
July		draft	ok		
August	draft				
September	ok	draft			
October	ok	draft			
November					
December					

PDM reports (WFP-HCR and CISP)

	2013	2014	2015	2016	2017
January	ok				
February	ok				
March	ok				
April	ok				
May	ok				
June	ok				
July	ok				
August	ok				CISP
September	ok				
October	ok				
November	ok				
December	ok				

PDM raw data

	1st Q	2nd Q	3rd Q	4th Q
2013				
2014				
2015	*annual WFP-HCR*			
2016	*annual WFP-HCR*			
2017	*WFP-HCR*	*WFP-HCR*	*WFP-HCR-CISP*	
	WFP-HCR-CISP corrected			

WFP Country briefs

- 2014: Q4
- 2015: Q1, Q2, Q3, Q4
- 2016: Jan, March, May, June, July, Aug, Oct, Nov, Dec
- 2017: Jan, Feb, March, April, May, June, July, Aug, Sept, Oct, Nov

MoU, Agreements and JAP

- Accord de base PAM-GOA 1967
- Global MoU WFP HCR 2011
- Contrat Opérationnel Régissant PAM-CRA 2013
- WFP-UNHCR Memo for JPA 2014
- Accord Tripartite PAM-CRA-UNHCR_08-2015
- 2017 Addendum - 2011 MOU UNHCR-WFP
- LOU Lettre d'entente PAM 200301_21 03 2016 Accord
- WFP- UNHCR Joint Action Plan (2015)
- JAP-WFP-UNHCR 2016

JPA REQUESTED BUT NOT RECEIVED:

- WFP-UNHCR: 2013, 2014, 2017
- WFP-UNHCR-CRA: 2013, 2014, 2015, 2016, 2017
- WFP-CRA: 2013, 2014, 2015, 2016, 2017

Terms of Reference (ToR)

- Draft ToRs– Working Group on Vulnerability Categorization of Sahrawi refugees
- Junior Professional Officer, Nutrition Officer

BTO and RB visits

- Latifa's BTO 2015
- BTO Report Algeria 201405
- Algeria ME mission report_March 2014
- Algeria ME mission report_October 2014
- 2014 Nut Mission report Algeria

Evaluations and Assessments

JAM

- 2011 JAM
- 2013 JAM
- 2016 JAM

Nutrition surveys

- 2010 survey
- 2012 survey
- 2016 survey

Other

- Report Rapid Assessment in Laayoune 2108161 UNICEF-WFP-DRC-OXFAM-CRE-CISP.docx
- Joint Rapid Assessment July 2017 (Heavy Wind in Dakhla Camp)
- WFP 2015 Final report on Assessment mission for suppliers of WHF and oil in Algeria
- WFP Algeria Report SF 2015 (002)

From other organisations

Sahrawi authorities (Salud)

- Guia de contenidos PISIS ESPAÑOL 170210
- Plan Estratégico de Salud Saharaui 2016-20
- 2009 Nutrition strategy Sahrawi

CISP

- 2017 Third Quarterly PDM Report and Raw Data
- PDM project 2014
- 2014 (2) FLA CISP PDM
- 2016 FLA CISP PDM
- 2017 FLA CISP PDM 2017
- 2017 FLA CISP TV studio

CRE

- CRE – WFP Règlement complémentaire de gestion du stock pre-positionné de réserve 8 juin 2011
- Encuesta Habitos Nutricionales. 2016

CRA

- Actividades de nutrición 2013-2017

MDM

- Proposal WFP-MDM 2015
- FLA signed Dec 2014 to Dec 2015
- MDM 20150115_PRRO200301 Final Report

Oxfam

- RESPUESTA OXFAM INUNDACIONES 2015

Coordination

Health platform

	2013	2014	2015	2016	2017
January				ok	
February			ok	ok	
March					
April			ok	ok	ok
May			ok		ok
June			ok	ok	
July					
August					
September			ok	ok	
October					
November			ok		
December					ok

Food sector meeting

	2013	2014	2015	2016	2017
January	ok	ok	ok	ok	ok
February	ok	ok	ok	ok	ok
March	ok	ok	ok	ok	ok
April	ok	ok	ok	ok	ok
May	ok	ok	ok	ok	ok
June	ok	ok	ok	ok	ok
July	ok	ok	ok	ok	ok
August	ok	ok	ok	ok	ok
September	ok	ok	ok	ok	ok
October	ok	ok	ok	ok	ok
November	ok	ok	ok	ok	ok
December		ok	ok	ok	ok
calendar for meetings		ok	ok		

CdC Algiers

	2013	2014	2015	2016	2017
January			ok		
February		ok	ok		
March		ok	ok		
April		ok	ok		
May		ok	ok		
June		ok	ok	ok	
July		ok	ok	ok	
August		ok	ok	ok	
September				ok	
October	ok	ok			
November	ok			ok	
December					

Mesa Alimentaria

2013	2014	2015	2016	2017
	ok		ok	

Mesa Salud – Nutrición

2013	2014	2015	2016	2017
	ok		ok	ok

Inter-Agency and Inter-Sector coordination

	IAWG	ISWG
	2017	2017

January		
February		ok
March	ok	ok
April		
May	ok	ok
June		ok
July		
August		
September		ok
October		ok
November		
December	ok	ok
TOR	yes	yes

Annex 11. Evaluation Matrix

Key Question 1: How appropriate is the intervention						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
1.1	To what extent were the design and consequent adaptations of the nutrition components of the PRRO in line with the needs of the targeted groups: women, girls, boys, men, pregnant and nursing women?	Regularity and availability of needs' monitoring Degree to which the nutrition components of the operation are regularly updated to reflect changing needs of the targeted groups: women, girls, boys, men, pregnant and nursing women Alignment of the nutrition components of the operation with assessment recommendations Stakeholder perceptions regarding the degree to which needs of different groups were identified appropriately PRRO design and adaptations were done based on needs	PRIMARY DATA: Country Office (CO) and key stakeholders interviews (including Sahrawi authorities, NGOs, UN agencies & donors) Observation in field visits, especially at dispensaries and food distribution points SECONDARY DATA: PRRO documentation (including original project document, SPR, BR, etc.) Post Distribution Monitoring (PDM) reports Data from Saharawi Ministry of Health (MoH) Surveys & assessments reports WFP corporate documentation (Policies, Strategic Plans and Frameworks and Technical Notes)	Desk Review Interviews Observation	Triangulation	Weak (Project data is available, but not all documentation has been shared and often just draft versions.)
1.2	To what extent the nutrition components of the PRRO were coherent to PRRO objectives?	Degree of connectedness of the activities implemented under the nutrition components of the PRRO and the operation objectives	PRIMARY DATA: WFP Management and CO staff interviews SECONDARY DATA: PRRO documentation Surveys & assessments reports PDM reports Data from Sahrawi MoH	Desk Review Interviews	Triangulation	Fair (PRRO project documents available)

Key Question 1: How appropriate is the intervention						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
1.3	To what extent was the nutrition component of the PRRO coherent with Sahrawi authorities' policies?	Level of consideration of national frameworks and actions when designing the intervention Alignment with the PISIS guidance	PRIMARY DATA: WFP staff, Sahrawi authorities and NGOs/UN interviews SECONDARY DATA: PRRO documentation Current national guidance on food and nutrition security PISIS guidance and tools, (including existing protocols for treatment and prevention of malnutrition and anaemia)	Desk Review Interviews	Triangulation	Good (PRRO and National Guidance documents available)
1.4	To what extent was the nutrition component of the PRRO coherent with WFP sector policies and WFP Strategic Plans and Frameworks?	Alignment of the intervention with WFP's with Nutrition Policy, Gender Policy, Protection Policy and other relevant sector policies Alignment of the intervention with WFP's Strategic Plans (2008-2013; 2014-2017 and 2017-2021), and in particular the SO1 and SO4 (for SP 2008-2013) and SO2 for (SP 2014-2017) orientations.	PRIMARY DATA: Country Office (CO) and key WFP staff interviews at HQ & Regional Bureau SECONDARY DATA: PRRO documentation Back to Office Reports (BTORs) WFP corporate documentation	Desk Review Interviews	Triangulation	Good (PRRO project documents and WFP Strategic Plans available)
1.5	To what extent was the nutrition components of the PRRO coherent with the nutrition interventions implemented by other stakeholders (UNHCR, UNICEF, I/NGOs…)?	Alignment of the objectives of the nutrition components of the PRRO with global UN humanitarian community objectives.	PRIMARY DATA: Stakeholders interviews (UNHCR, UNICEF, Algerian and Sahrawi Red Crescent MDM, Cruz Roja & Oxfam) SECONDARY DATA: Stakeholders documentation (Strategies, project documents, briefs and surveys/assessments)	Desk Review Interviews	Triangulation	Good (PRRO & Stakeholder documents made available by partners)
1.6	To what extent are the nutrition components of the PRRO coherent with the approaches of sectorial partners?	Existence and nature of the synergies envisaged with the programming of other actors (in particular UNHCR	PRIMARY DATA: Stakeholders interviews SECONDARY DATA:	Desk Review Interviews	Triangulation	Good (PRRO & Stakeholder documents

Key Question 1: How appropriate is the intervention						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
		and UNICEF but more generally other Food Security and Nutrition actors).	PRRO documentation Stakeholders documentation			made available by partners)
1.7	To what extent is the nutrition component of the PRRO is satisfying population's perceived needs?	The degree to which beneficiaries feel/perceive that the nutrition components of the PRRO were tailored to their needs, including appropriateness of the assistance received, targeting, access to services and information Relevance of beneficiaries' participation in the intervention. (including women beneficiaries)	PRIMARY DATA: Focus groups discussion (FGD) with beneficiaries Survey with beneficiaries Interviews with key stakeholders and dispensary staff Observation in field visits, especially at dispensaries and food distribution points SECONDARY DATA: PRRO documentation Stakeholders documentation	Desk Review Interviews Survey FGD Observation	Triangulation Statistical analysis	Fair (PRRO & WFP documents made but not complete. JAM & surveys)

Key Question 2: What are the nutrition results of the operation						
Nb.	Sub-questions	Measure / Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
2.1	What are the short and medium-term results in terms of (1) Reducing malnutrition and anaemia prevalence and (2) Increasing knowledge and/or changing behaviour of mothers and female adolescents regarding hygiene, sanitation, health and nutrition					
2.1.1	During the period, target groups (women, girls, boys, men, pregnant and nursing women) have effectively been reached (outputs)	Number of beneficiaries reached vs. planned by activity, age and gender Including sensitisation sessions (men and women, old and young women) and IYCF activities Targeting criteria effectively implemented	PRIMARY DATA: FGD with beneficiaries Interviews with dispensary staff. Survey with beneficiaries Observation in field visits, especially at dispensaries and food distribution points SECONDARY DATA: PRRO documentation M&E reports JAM and nutrition surveys reports Stakeholders documentation WFP corporate documentation	Desk Review Interviews Survey FGD Observation	Triangulation Statistical analysis	Weak (Project data is available, but not all documentation has been shared and often just draft versions.)
2.1.2	Timeliness of the interventions	Actual execution versus planning. Temporal changes in the number of beneficiaries and the level of assistance. Level of satisfaction of recipients with the timing of assistance.	PRIMARY DATA: FGD with beneficiaries Survey with beneficiaries SECONDARY DATA: PRRO documentation M&E reports JAM and nutrition surveys reports Stakeholders documentation	Desk Review Interviews Survey FGD	Triangulation Statistical analysis	Weak (Project data is available, but not all documentation has been shared and often just draft versions.)
2.1.3	Achievement of expected nutrition outcomes	Monitoring of outcomes by target groups of short-medium-long term results. Measurement of impact of sensitization actions, including	PRIMARY DATA: FGD with beneficiaries Survey with beneficiaries	Desk Review Interviews Survey	Triangulation	Weak (Project data is available, but

Key Question 2: What are the nutrition results of the operation						
Nb.	Sub-questions	Measure / Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
		utilisation of nutrition products and IYCF practices	Stakeholders interviews Observation in field visits, especially at dispensaries and food distribution points SECONDARY DATA: PRRO documentation M&E reports JAM and nutrition surveys reports Stakeholder documentation WFP corporate documentation	FGD Observation		not all documentation has been shared and often just draft versions.)
2.2	Unexpected effects of the intervention have been assessed / documented / considered	Unintended effects of activities documented (negative and/or positive) Target groups, including dynamic economic, social and gender relations. Economy of the host region Environment	PRIMARY DATA: FGD with beneficiaries Survey with beneficiaries WFP & Stakeholders interviews Observation during field visits on the economy, markets, environment and other factors that may cause unexpected effects SECONDARY DATA: PRRO documentation M&E reports JAM and nutrition survey reports Stakeholders documentation	Interviews Desk review FGD Survey Observation	Triangulation	Fair (PRRO & WFP documents made available but not complete. JAM & surveys. Stakeholders documents shared)
2.3	What were the gender-specific impacts, especially regarding women's empowerment?	Positive shifts in relevant gender indicators	PRIMARY DATA: FGD with beneficiaries Survey with beneficiaries WFP & Stakeholders interviews Observation at food distribution centres & dispensaries.	Desk Review Interviews Survey FGD Observation	Triangulation	Good (PRRO & Stakeholder documents made available by partners)

Key Question 2: What are the nutrition results of the operation

Nb.	Sub-questions	Measure / Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
			SECONDARY DATA: PRRO documentation* M&E reports* JAM and nutrition surveys reports* Stakeholders documentation* WFP corporate documentation * Gender disaggregated data over time should be included			

Key Question 3: Why and how has the intervention produced the observed results?						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
3.1	What are the key internal factors explaining the results obtained					
3.1.1	Logistics	Adequacy of logistics (stocks, warehouses, transport…) Security of goods and people during distributions and measures for ensuring access.	PRIMARY DATA: WFP Staff and UNCHR/Algerian Red Crescent/Sahrawi Red Crescent staff interviews Observation of food distributions and field visits SECONDARY DATA: PRRO documentation Stakeholders documentation	Desk Review Interviews Observation	Triangulation	Weak (Project data is available, but incomplete.)
3.1.2	To what extent are the results of the operation adequately monitored / measured?	Pertinence of the indicators on the operation log-frame and adaptation of 2013 LF to the new Strategic Framework (2014) Pertinence of the nutrition outcome indicators of the LF Organisation and effectiveness of the M&E system Quality, independence and completeness of M&E data, and quality of the data analysis Internal and external dissemination of results. Utilisation of data and results for the adaptation of the intervention	PRIMARY DATA: WFP & Stakeholders interviews Observation of food distributions and field visits SECONDARY DATA: PRRO documentation Stakeholders documentation	Desk Review Interviews Observation	Triangulation	Weak (Project data is available, but incomplete.)
3.1.3	Organisational capacity of WFP – Algeria to deliver the programme	Staff capacity / skill sets relative to operation Coverage of key posts (number and type of personnel). Equilibrium by gender and by other key aspects (language?) Capacity development	PRIMARY DATA: Interviews with WFP Management and Staff Observation of staff behaviour at office and field visits SECONDARY DATA:	Desk Review Interviews Observation	Triangulation Statistical analysis	Weak (Project data is available, but incomplete)

Key Question 3: Why and how has the intervention produced the observed results?						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
		Motivation (satisfaction, professional perspectives, remuneration…) and level of satisfaction of the staff Nature and number of RO or HQ visits for technical support	PRRO documentation WFP – Algeria Organisational chart M&E reports WFP management information (M&E reports, performance reports, assessment data etc.), including decision-making documentation			
3.1.4	Partnerships	Degree of development of productive implementation partnerships Selection of partners. Technical support to partners, including supervision, and quality of partnerships Number and capacity of partners providing inputs/services Level of engagement with key partners	PRIMARY DATA: WFP & Stakeholders interviews Observation in field visits of information on WFP with partners, shared advocacy SECONDARY DATA: PRRO documentation WFP corporate documentation	Desk Review Interviews Observation	Triangulation	Weak (Project data is available, but incomplete)
3.2	What are the key external factors explaining the results obtained					
3.2.1	Access and security	Potential security risks and number of security incidents documented Access regulations adopted by UN agencies and partners	PRIMARY DATA: WFP & Stakeholders interviews MINURSO security briefing SECONDARY DATA: PRRO documentation	Desk Review Interviews	Triangulation	Good (PRRO & Stakeholder documents made available by partners)
3.2.2	Availability of funds and sensitivity of financial partners to the issues around the intervention	Number of donors during the period Coverage of funding	PRIMARY DATA: Donor interviews SECONDARY DATA: PRRO documentation Donor documentation	Desk Review Interviews	Triangulation	Good (PRRO & Stakeholder documents made available by partners)

Key Question 3: Why and how has the intervention produced the observed results?						
Nb.	Sub-questions	Measure/Indicator	Main Sources of Information	Data Collection Methods	Data Analysis Methods	Evidence quality
3.2.3	Institutional environment	Mapping of the national institutional framework Degree of collaboration between WFP and institutional Saharawi structures	PRIMARY DATA: WFP, Sahrawi authorities & stakeholders interviews SECONDARY DATA: PRRO documentation Stakeholder documentation	Desk Review Interviews	Triangulation	Good (Strategies and documents detailing institutional environment available)
3.2.4	Geographical factors (distances, climate, infrastructures…)	Km and condition of roads Availability of infrastructures for locally stocking products	PRIMARY DATA: WFP, Sahrawi authorities & stakeholders interviews FGD with beneficiaries Survey with beneficiaries Observation on geographical factors during field visits. SECONDARY DATA: PRRO documentation Stakeholder documentation	Desk Review Interviews FGD Survey Observation	Triangulation	Good (Information available from a wide range of sources)
3.2.5	Economic factors (markets, products…)	Availability and prices of products distributed during the intervention on local, national and/or international markets Availability and cost of transport services Availability and cost of financial services	PRIMARY DATA: WFP, Sahrawi authorities & stakeholders interviews FGD with beneficiaries Survey with beneficiaries Observation on economic factors during field visits. SECONDARY DATA: PRRO documentation Stakeholder documentation	Desk Review Interviews FGD Survey Observation	Triangulation	Fair (Information available from a wide range of sources and different partners)
3.3	How much involved is WFP in the actual mechanisms for sectorial and inter-sectorial coordination?					

Key Question 3: Why and how has the intervention produced the observed results?						
Nb.	**Sub-questions**	**Measure/Indicator**	**Main Sources of Information**	**Data Collection Methods**	**Data Analysis Methods**	**Evidence quality**
3.3.1	How well is WFP coordinating with partners in the food security and nutrition sectors?	Current coordination mechanisms by sector and type (ToR and objectives) Attendance to coordination meetings Dedicated staff to coordination Number of sectorial coordination meetings (over total) to which WFP participates (food, livelihoods and nutrition) Role played by WFP in those meetings: auto-perceived role and performance, and stakeholders perception of WFP role and performance Adoption and / or follow up of coordination meetings conclusions / recommendations	PRIMARY DATA: Key informant interviews including participants to meetings and WFP staff Observation during coordination meetings and how coordination actually takes place at field level SECONDARY DATA: Terms of Reference of Sector groups Minutes of coordination meetings Food Security Cluster Guidance	Desk Review Interviews Observation	Triangulation Statistical analysis	Weak (Coordination info is available, but incomplete and often just draft versions)
3.3.2	How are the food security and nutrition sectors coordination mechanisms within the inter-sectorial coordination mechanisms?	Current inter-sectorial coordination mechanisms and type (ToR and objectives) Attendance to inter-sectorial coordination meetings Joint actions implemented upon recommendations of inter-sectorial coordination meetings Number of inter-sectorial coordination meetings (over total) to which WFP participates Role played by WFP in those meetings: auto-perceived role and performance, and stakeholders perception of WFP role and performance Adoption and / or follow up of coordination meetings conclusions / recommendations	PRIMARY DATA: WFP, Sahrawi authorities & stakeholders interviews Observation during coordination meetings and how coordination actually takes place at field level SECONDARY DATA: Terms of Reference of Sector groups Minutes of coordination meetings Food Security Cluster Guidance	Desk Review Interviews Observation	Triangulation	Weak (Coordination info is available, but incomplete and often just draft versions)

Annex 12. Survey's Recommendations

	2010	2012	2016
Data collection Report dates	Oct. - Nov. 2010 Report April 2011	Nov. 2012 Report May 2013	Oct. – Nov. 2016 Report (last review) May 2017
CMAM	Continue the implementation of acute malnutrition care programmes. Acute malnutrition care should continue to be integrated within the PISIS, including pregnant and lactating women in the supplementary feeding programme should continue and their participation should be monitored. Admission of pregnant women in the supplementary feeding programme should start as early as 12 weeks of pregnancy and should continue postpartum up to the first 6 months of lactation. Active case finding in the community by the 'Jefas de barrio', using MUAC, should be reinforced. M&E components of on-going strategies to combat acute malnutrition should be developed and/or strengthened. Given the differences observed between camps, monitoring indicators should be obtained and reported at camp level.	**Prevention** Improve WASH (water, sanitation & hygiene), Diarrheal and infection diseases monitoring and IYCF practices, as described above. Maintain the inclusion of pregnant and lactating women in the supplementary feeding programme. Strengthening the admission and the duration of the supplementation of pregnant women. **Treatment** Continue the implementation of acute malnutrition treatment. Acute malnutrition care programmes should continue to be integrated within the PISIS, following international standards. Revise and integrate the current CMAM protocols in order to render it fully operational. In 2013 Fortified Blended Foods or Ready-to Use Supplementary Foods will be roll-out to replace the ration of CSB+, plus sugar, plus oil for the care of MAM. It is recommended that an assessment of needs for transitioning	*Global Acute malnutrition (GAM) prevalence has improved in the last years. For the first time GAM prevalence is considered of low public health significance. Given its potential to reduce child morbidity and mortality, improving the integration of acute malnutrition management into routine health services should be considered a priority intervention. In addition, timely treatment of MAM cases is known to prevent progression into SAM.* Ensure regular and timely procurement of sufficient quantities of nutritional products for SAM/MAM treatment. WFP/UNHCR to reinforce the technical capacity of the implementing partners in charge of overseeing malnutrition treatment programmes through the provision of technical support a regular training. Review and update MAM treatment based on current practice with RUSF in the CMAM protocols. Until extra-nutritional requirements are ensured to PLW, those found with acute malnutrition should receive a premix ration of about 1,000

<table>
<tr><th></th><th>2010</th><th>2012</th><th>2016</th></tr>
<tr><td></td><td>Training in current protocols and monitoring procedures should be performed at the dispensary level in order to improve the programmes’ impact and to produce reliable registers. Annual evaluation of training programmes should be developed and/or strengthened.</td><td>to these new products is implemented. Current protocols for MAM care will need to be revised.

Develop SOP for SAM with complications. In addition, a SOP for SAM treatment in the absence of Plumpy’nut needs to be developed.

Screening and follow-up of acute malnutrition at the community level
• Active case finding and referral in the community by the ‘Jefas de barrio’, using MUAC, should be reinforced.
• Strengthening the follow-up of identified cases of acute malnutrition

Strengthening the current programmes
• Further trainings in current protocols should be performed at the dispensary level, in order to improve the programmes’ coverage & impact, and to produce reliable registers. Annual evaluation of training programmes should be developed and/or strengthened.
• To reinforce the current capacity of the current implementing partners in charge of overseeing acute malnutrition management.</td><td>kcal/day to account for intra-household sharing.

There is poor monitoring of malnutrition programmes’ performance. In addition, there are unreliable and conflicting registers of malnutrition treatment programmes.

WFP/UNHCR should increase resources to improve the monitoring of programme performance and to strengthen staff capacities within UN agencies, implementing partners and Saharawi Health Authorities staff (see annex 22)

WFP, UNHCR and SHA should develop and/or update monitoring and reporting tools with the aim to adequately monitor programme performance of MAM treatment for children and PLW, based on internationally agreed standards.

Produce monthly statistic reports for MAM treatment, one for children and another for PLW, from each health centre. Given the differences observed between Wilayas, indicators should be reported at Daira and Wilaya levels.

Develop a MAM monitoring database.

Develop training programme to build capacities on revised protocols and programme monitoring tailored to different monitoring levels, in order to produce reliable registers.</td></tr>
</table>

	2010	2012	2016
		Explore the need to identify an additional implementing partner for expanding the treatment of acute malnutrition. M&E components of on-going strategies to combat acute malnutrition should be developed and/or strengthened. Given the differences observed between camps, monitoring indicators should be obtained and reported at camp level	*The survey results indicate very low coverage of malnutrition treatment programmes. Furthermore, secondary data indicates that active case finding of SAM/MAM for referral was very limited in the last year.* Expand the participation of other actors in active case finding to increase coverage. Mothers, carers, and educators143 in kinder gardens could be trained to undertake monthly MUAC measurements from children to detect acute malnutrition. *Malnutrition usually occurs in vulnerable households. Furthermore, malnutrition also clusters in households with inadequate IYCF practices. The occurrence of malnutrition in any household member is a clear sign of household vulnerability.* Include as a priority component counselling on IYCF best practices for mothers and carers during the provision of SAM/MAM care. Evaluate household vulnerability145 of children following MAM treatment discharge. Ensure that identified vulnerable households are beneficiaries of the GFD and consider linkages with livelihood activities in the community. Cover the additional pregnancy- and lactation-related nutritional requirements needed by non-malnourished PLW's from the second trimester onwards by providing

	2010	2012	2016
			additional food commodities (e.g. fresh foods, eggs & dairy products) through other means such as cash transfers or food vouchers.
GFD / food security	Continue the provision of micronutrient-rich foods within the general food ration. Ensure greater dietary diversity with additional food items such as fresh foods. One strategy could be to increase the amount of fresh food distributed to 10kg/person/month as recommended by the 'Adapted Food Basket' Steering Group. However, other strategies should be explored (e.g. use of vouchers). Increase the stability of the food distribution system with an active security food stock. The security food stock should cover between 1-3-month worth of distributions. M&E of the food distribution system should continue. Reporting should be performed at camp level	Further improve the stability of the General Food Distribution (GFD): • Evaluate resources and needs utilised for food distribution. • Develop appropriate indicators to better monitor the frequency of distributions of the GFD (basic and fresh foods). • Revise the agreement of the Food Security Stock (FSS) as to make more flexible the borrowing of commodities. Improve the stability of the distribution of complementary foods, including fresh and canned foods Continue the provision of micronutrient-rich foods within the general food ration. • Review and define the needed strategy regarding the provision of fortified foods, with potential focus on flour and oil, with the aim of stabilising and adequate micronutrient provision of the GFD Continue to provide diverse commodities, exploring new	*The GFD's vitamin and mineral content is inadequate. There is large monthly variability in the GFD's vitamin and mineral content.* • Re-establish the distribution of iron-fortified wheat flour and vitamin A-enriched vegetable oil as a priority • Include CSB+ as commodity to the Food Security Stock. *Household food diversity has improved in the past 4 years. However, the dietary diversity assessed by a 24-hrs recall indicates that 4 out of 7 food groups consumed on average by households comprised only cereals, sugary products, vegetables and spices, condiments and drinks. Furthermore, only about 4 out of 10 women reached a minimum dietary diversity* • Increase the number of fresh food commodities. Provide a minimum monthly distribution of three different fresh food commodities. Work towards increasing this minimum to five different food commodities • Increase the number of food commodities rich in animal protein. Canned fish should be distributed monthly.

	2010	2012	2016
		commodity options, additional delivery channels to help increase food diversity (e.g. use of vouchers) and support local livelihoods activities to expand local production (Wilaya, school and home gardens). Review the composition of the FSS as to make it a tool for ensuring the stability of diversification of the GFD Continue the monitoring and evaluation of the food distribution system. • Revise the current joint monitoring system, with special focus on improving the reporting of food security indicators (Food Consumption Score and Household Dietary Diversity Score). • The M&E should be performed at camp level, given the nutritional differences observed in the nutrition survey. Improve the correct utilisation of the GFD, raising nutrition awareness (e.g. culinary contest, TV cuisine programme, women's groups)	• In line with the 2013 and 2016 JAM recommendations and the 2015 market assessment, work towards a shift in the GFD from an in-kind only to a hybrid food assistance modality that includes cash transfers of food vouchers *The Food Security Stock has supported the stability of the GFD to provide rations with a minimum of 2,100 kcal since 2012; contributing up to 50% of the energy of the ration. In addition, it has contributed commodities to all GFD monthly distributions in the past three years. Secondary data suggest that the Food Security Stock has contributed to the improvement observed in nutritional indicators in children aged 6-59 months.* • Revise Food Security Stock protocols between WFP and the CRE to streamline procedures. Revised protocols should help inform timely on Food Security Stock inputs needed to fulfil GFD monthly distribution, and to prevent Food Security Stock shortages. • Increase the Food Security Stock capacity to cover one additional month worth of food commodities. *Nutrition-sensitive interventions have the potential to affect nutrition indicators trough affecting the underlying causes of malnutrition such as economic development, better caring practices or improved food security.*

	2010	2012	2016
			• Develop and strengthen linkages between actors in the Nutrition sector and actors implementing livelihood programmes. • Strengthen local livelihood activities to expand production with the view of improved nutrition goals. • Assess the feasibility of producing fortified date bars in this setting. Purchase of these locally produced fortified commodities would contribute to the school feeding programme and support development of the local economy. • Mainstream nutrition education in all nutrition activities and related multi-sectoral programmes. • Re-launch the Saharawi TV programme “Hacer mucho con poco”. Include the delivery of key nutrition, health and hygiene messages aimed to improve nutrition and well-being. *M&E of food security indicators has improved in previous years. However, delays in data compilation, analysis and reporting remain. In addition, despite the availability of additional data from a sufficient sample, no regular reporting of combined data is produced to aid understanding the food security situation.* • Strengthen post-distribution monitoring (PDM) activities so that data compilation, analysis and reporting

	2010	2012	2016
			is undertaken timely on a quarterly basis. • Collect and report M&E at the Wilaya level. • Implement regular refresher training for staff working on PDM activities. • WFP/UNHCR should conduct a yearly comprehensive food security assessment. At present, insufficient information is available on the food security situation within the Wilayas.
IYCF	Support adequate infant and young child feeding through programmes that emphasize maternal and community participation in supporting exclusive breastfeeding up to six months, and provision of age-appropriate complementary feeding to two years of life. The IEC activities within the PISIS of nutrition education and community mobilisation should be reinforced. Monitoring and evaluation of IEC activities should be developed and/or reinforced. Training of health personnel about adequate infant and young child feeding practices should be performed. In addition, training on strategies to support breastfeeding practices should be performed at the dispensary level.	Develop an integrated component for improving IYCF practices within the nutrition strategy including: Revise and/or develop activities that emphasize peer- and community participation in supporting exclusive breastfeeding up to six months Develop activities to improve the provision of age-appropriate complementary feeding from six months to two years of life, and beyond. Improvement of the current behaviour change communication activities towards infant and young child feeding practices (e.g. women's meetings, TV and radio campaigns, etc.). Targeting BCC during calendar festivities is strongly recommended.	*IYCF practices remain poor in this context, despite improvements observed in the past 4 years. Improved IYCF practices are known to improve the nutritional status of children and to reduce and/or prevent morbidity. In this setting, bottle-feeding is high and exclusive breastfeeding is low, there is evidence of inadequate weaning practices and all IYCF indicators indexing an acceptable diet are low.* • Develop a 5-year IYCF strategy as a priority. The strategy should integrate with the Saharawi Nutrition Strategy. • Prioritise behaviour change counselling and support for IYCF in health and nutrition activities • Increase or strengthen the human resource capacity to promote and support IYCF during any contact between health services and mothers throughout pregnancy and the first two years of child´s life.

	2010	2012	2016
		Revise the current IYCF promotion and support protocols of the PISIS programme. Provide further training of health personnel regarding adequate infant and young child feeding practices. In addition, training on strategies to support breastfeeding from the health system should be performed and strengthened at the dispensary level. Develop an M&E system for monitoring IYCF practices, including indicators on IYCF and BCC activities. The M&E strategy should be implemented and reported at the Wilaya level. Develop a minimum package for mothers and care takers to enhance their caring capacity, with the aim of improving IYCF. Study the cultural and local factors affecting IYCF.	• Develop or strengthen IYCF community-based activities through community peer-to-peer support groups. These activities should include other family members who traditionally influence IYCF practices of mothers, e.g. husbands and mothers-in-law. • Review and update current protocols and activities for IYCF promotion and support within PISIS activities. • Develop a package of IYCF materials to facilitate user-friendly communication and dissemination of appropriate IYCF messages. Design a media/communication campaign for IYCF awareness. • Explore the feasibility of introducing the Baby Friendly Hospital Initiative • Undertake formative research as a priority to assess factors that influence IYCF practices in this setting. Findings should inform the IYCF Behaviour Change Communication (BCC) intervention, its appropriate key messages and its priority target groups. • Monitor IYCF practices and interventions. Reports should be produced monthly at the Daira and Wilaya level
Anaemia / stunting prevention	Programmes to combat anaemia in children and women (especially pregnant and lactating women) and stunting in children are strongly recommended.	Continuation of the Anaemia and Stunting Reduction Programme is recommended, under the detailed	In past surveys, the Anaemia and Stunting *Reduction Programme has shown a strong impact on reducing anaemia prevalence. However, this programme has functioned poorly in recent years, and the current*

	2010	2012	2016
	The on-going provision of multiple micronutrient powders to PLW and children aged 36-59 months and lipid-based nutrient supplements (LNS) to children aged 6-35 months should be evaluated after one year of being implemented and the effectiveness and cost-effectiveness carefully evaluated.	recommendations of the impact evaluation report[10] are implemented. Specific BCC activities targeting PLW, mothers and care takers regarding anaemia prevention/treatment should be implemented. Explore additional channels for the better outreach and impact. These activities should be integrated within the primary care services (PISIS, "Materno-Infantil" programme, etc.). Implement the deworming programme. M&E should be strengthened, and reports should continue to be produced monthly according to the UNHCR Operational Guidelines. An additional compiled M&E report should be produced twice a year, to be shared with the Saharawi Refugee Health Authorities and other stakeholders. Integrate programmes targeting pregnant and lactating women: review the current implementation protocols of the A&SR-SFP and the SFP to better integrate the programmes targeting PLW to increase its outreach. Explore delivering a minimum package for women of childbearing	*worsening of anaemia prevalence is likely the result of this poor functioning. In addition, data indicates high acceptability of this programme in the target populations but very poor coverage due to lack of special products (in children) or inadequate implementation (in PLW).* Resume the BSFP to children aged 6-59 months with Nutributter® and continue BSFP for PLW with micronutrient-powder (MNP). Ensure regular and timely procurement of sufficient quantities of Nutributter® and Chaila. Revise and overhaul implementation and distribution protocols of the Anaemia and Stunting Reduction Programme to improve performance and aid integration into PISIS and reproductive health services. Develop documentation and guides to define the distribution systems, roles and responsibilities of stakeholders, and improve implementation. For the BSFP to children aged 6-59 months with Nutributter®, WFP should coordinate with UNICEF, SHA and partners involved in health and nutrition to provide, develop and/or review IEC materials on IYCF and caring practices until a more comprehensive BCC package for IYCF is developed.

10 An additional document will be produced for more detailed recommendations aimed specifically to improve the implementation of the Anaemia and Stunting Reduction Programme.

	2010	2012	2016
		age addressing optimal wellbeing including maternal care, psychosocial support, and additional nutrient needs, among others.	Conduct formative research to understand challenges, barriers and enabling factors affecting MNP coverage among PLW. Develop a BCC component regarding BSFP for PLW. Findings from the formative research should guide its development. Implement an extensive social sensitization campaign through different means, combined with adequate training given to service providers to provide sufficient, adequate, and timely information to the beneficiaries in order to promote regular use of the product. *At present, there is no functioning monitoring system in place.* Strengthen as priority the monitoring and evaluation of the Anaemia and Stunting Reduction Programme. Monitoring reports should be produced monthly, according to UNHCR guidelines. Monitoring indicators should be reported at Daira level. Twice a year, an additional M&E report should be produced and shared with the SHA and other stakeholders. Develop a training plan to build capacities on revised protocols and programme monitoring tailored to different monitoring levels. Integration of revised/new protocols and monitoring tools into the programme should be done in one Wilaya at any given time.

	2010	2012	2016
			Develop a monitoring programme database. To assess effectiveness and impact of the programme, WFP/UNHCR in collaboration with partners could include a research component (this apart from the bi-annual survey planned), by monitoring the cohort of children and PLW in one of the Wilayas. For improved performance and results attained, WFP should incorporate one Nutrition focal point for the anaemia and stunting reduction programme. *Multi-sectorial actions have the potential to reduce anaemia and stunting prevalence trough affecting the underlying causes of malnutrition such as health and well-being, better caring practices or improved food security*. Develop and/or implement a deworming strategy Explore delivering a minimum package for women of childbearing age addressing optimal wellbeing including maternal care, psychosocial support, and increased nutrient needs, among others. This and other nutrition education topics should be included as part of the curricula within secondary school and other relevant forums. Mainstream nutrition education and hygiene promotion into the school curricula.

	2010	2012	2016
			Expand the School Feeding programme to kinder-gardens. Link livelihoods interventions with the Anaemia and Stunting Reduction Programme, including also criteria for targeting of beneficiaries. Explore the feasibility to develop a locally-produced a nutritionally-rich food for children aged 6-23 months (e.g. staple cereals or gofio) or a fortified, ready-to-eat, specialized nutritious foods.
Obesity in women / double burden	Survey data indicate that obesity and concomitant chronic diseases are likely to continue to rise in significance amongst Western Sahara women. It is recommended that awareness of the risk of overweight should be raised among women and the general population. Further evaluation of the risk of metabolic disorder is needed. Given the very high prevalence of obesity measured in this survey, it is recommended that a separate survey with a special focus on metabolic disorders and cardiovascular disease be implemented.	Given the very high prevalence of obesity measured in the past survey, it is recommended that a separate survey with a special focus on metabolic disorders and cardiovascular disease be implemented (women and men) Implement operational research to better understand the cultural, social and biological aspects regarding overweight and non-communicable diseases. Expand the current BCC activities to increase awareness about obesity and associated risks.	*The burden of obesity and non-communicable diseases are high in this setting. WHO recommends the reduction of risk factors as part of the priority interventions* Develop a 5-year strategy for the prevention of obesity and non-communicable diseases. Develop infrastructure and programmes to increase physical activity, especially among women of childbearing age, to promote a healthier life-style. Undertake operational research to understand the cultural, social and biological aspects regarding overweight and non-communicable diseases. Findings should be used to develop BCC strategies.
HIS	There is a lack of reliable information on the health status of the refugee population. Basic indicators such as morbidity, crude	Collect and report basic standard UNHCR health indicators (e.g. low	

	2010	2012	2016
	mortality, low birth weight and under five mortality rates were not available at the time of the survey; and there was no reliable centralised monthly reporting on health service utilisation, disease prevalence or other key indicators. It is therefore recommended that an effective HIS is established as a high priority.	birth weight prevalence, infectious diseases), at the Wilaya level. Strengthen the capacity with regards to reporting and monitoring of the HIS.	
Monitoring the situation	Nutrition surveys are a useful tool for the monitoring of the nutritional profile of the population and the impact of current strategies. It is recommended that standardised nutrition surveys are carried out systematically in the future, following UNHCR survey guidelines. Nutritional surveys should not take place with a gap greater than two years apart. Subsequent nutrition surveys should routinely include infants aged <6 months as a target group. A nutritional survey should be implemented in October-November 2011 to update information on the situation and to evaluate the impact of the MNP and LNS intervention. Given the differences observed between camps for several indicators, future nutritional surveys should be performed	Technically review the current monitoring systems: Implement nutrition surveys systematically every two years, following UNHCR SENS guidelines, including infants aged <6 months as a target group and, when feasible perform separately for each camp. If the monitoring systems become functional, a significant worsening of health and/or nutrition indicators should trigger the implementation of a nutrition survey. Implement a survey to establish the nutrition status of school age children in order to have baseline data for future activities, and a survey to establish the nutrition status of special needs groups (e.g. elderly, people with disabilities).	*There is a lack of reliable health information systems (HIS) data to monitor nutrition indicators in this setting. Furthermore, available HIS data is unlikely to provide representative data of all population groups given its selection bias.* Implement nutrition surveys every two years. Nutrition surveys should follow UNHCR SENS guidelines and, when feasible, undertaken separately by Wilaya. Nutrition surveys should include infants aged <6 months as a target group. Undertake a survey to ascertain the prevalence of metabolic diseases, specifically diabetes, hypertension and high cholesterol. Include men in the assessment of metabolic risk factors such as overweight and obesity. Undertake an assessment to ascertain the nutritional status of school age children in

	2010	2012	2016
	separately for each camp when feasible. Yearly reporting of programme monitoring indicators and key nutritional indicators should be performed. Dissemination of this information should be as wider as possible. One possible forum for dissemination would be the Health 'Mesa de Concertación', held in Algeria; however, other strategies for dissemination should be explored.	Implement operational research[11] such as KAP surveys to better understand IYCF, food habits, utilization and acceptability of GDF commodities, and utilization and acceptability of supplementary products.	order to have baseline data for future activities. Undertake an assessment to ascertain the nutrition status of other vulnerable population groups (e.g. elderly, people with disabilities).
Coordination		Technically assess the effectiveness of the current mechanisms of coordination of each sector (i.e. Nutrition, WASH, Health and Food). Technically assess the effectiveness of the current mechanisms of inter-sectorial coordination. Strengthen the current nutrition sector coordination to expand its effectiveness and capacities (e.g. partnerships, information sharing, guidelines development, strategy harmonisation, etc.).	
WASH		Implement the recently developed WASH strategy.	*Survey data indicate that about half of households do not meet UNHCR water provision standards and that about four out of five households are not satisfied with the water provision. Improvements of*

11 Operational research should strengthen an evidence-based approach.

	2010	2012	2016
		Integrate WASH components in the nutritional response implementation (e.g. hygiene promotion). Implement a WASH survey following UNHCR SENS guidelines and ensure monitoring and evaluation indicators are collected and reported at the Wilaya level.	*water infrastructure and hygiene practices are known to improve nutrition indicators and reduce morbidity*. Mainstream hygiene promotion activities in all nutrition interventions. UNHCR to continue replacement of water containers to improve access to quality water. Provide information and education to improve the maintenance and cleanliness of water containers and to increase their utility life span.

Annex 13. JAM´s Recommendations

	2011	2013	2016
CMAM and Nutrition		1. continue implementation of the nutrition programmes 2. continued support to PISIS programme with special attention to IYCF component, anaemia/stunting and celiac disease 3. provide support for nutrition partners to establish the IFTC (intensive therapeutic feeding centre at the national hospital level) 4. insure stable procurement/supply of sufficient quantity of LNS and M 5. continue monitoring the nutritional status in the camps by implementing a SENS nutrition survey at least every 2 years	1. Continue implementation and improvement of the nutrition programmes. Given the high levels of anaemia in the camps, anaemia prevention for children 6.59 and pregnant and lactating women will continue through the distribution of Nutributter and MNPs. 2. renew PISIS/nutrition equipment on a regular basis (such as weight and height scales, MUAC tapes, mixing tools and utensils) Continue providing support to the staff working under PISIS and nutrition programs through regular capacity building sessions and providing incentives 3. ensure regular procurement of sufficient quantities of nutrition products for the prevention and treatment of malnutrition (Nutributter, MNP, Plumpy´Sup and Plumpy´Nut) 4. Continue providing technical support to refugee representatives and partners on the management of CMAM and anaemia programs (monitoring data collection and analysis, HIS)
GFD and Food security	The food distributions in the camps will continue based on previous modalities; however, the food basket of 2,100 kcal should be adjusted reintroducing barley and pasta and advocating for gofio	Continue GFD in the camps Implement a pilot voucher system and facilitate a progressive introduction of income generating activities to complement the current food assistance	1. continue GFD to all HH and ensure complete rations are provided to HH with insufficient means 2. ensure that food assistance address HH need through a community-based approach

	2011	2013	2016
	distributions and diversification of pulses. Ideally, fresh fruits and vegetables should be distributed in general, and the feasibility of their distribution in the school feeding programme needs to be studied. As for the period of Ramadan, the advocacy for special distributions should continue. In order to improve the availability of a diversified basket on a regular basis with products such as rice, pasta, fish, cheese, etc. the deliveries of WFP and bilateral contributions need to be coordinated. As an alternative to complement the food basket, the possibility of FFW or cash/voucher schemes or similar activities with particular attention to benefiting people with special needs could be explored.	Study and explore other distribution modality for food aid in order to introduce in the long term different types of assistance, such as introduction of conditionality in food transfers (food for work/food for training) for all the other refugees. Introduce a bakery support project (with wheat flour) to create livelihood opportunities and stimulate the market Some groups remain extremely vulnerable to food insecurity as they have no possibility of earning an income and are totally dependent on assistance and support from the community. Female-headed households, the elderly, unaccompanied children, and the disabled or chronically ill are among them. According to the interviews in each camp around 20% of households are extremely vulnerable. This group of people needs more support than that which is currently provided. Pilot a food voucher system in the camps This will complement general food distribution in order to stimulate the local market to enhance dietary diversity and to empower refugees about food choice	3. implement a hybrid transfer modality, such as commodity vouchers of the GFD The analysis of secondary data and the JAM findings confirm that the households remain largely dependent on food assistance, in particular, and humanitarian assistance globally to address their basic needs. The analysis of specific food security indicators such as food consumption scores and expenditure levels, indicate that there are differences between households with regard to their access to food, assets and livelihoods. The household expenditures levels range from the median value of 20,550 DZA to 48,286 DZA for the better-off households. Likewise, half of the households spend less than 7,100 DZA on food, monthly, whereas the level is twice for the better-off households. It shows that some households are in a position to better cover their food and non-food needs whereas others remain dependent on external support to address their basic needs. Therefore, the food assistance needs to be adjusted to address real needs at household level and requires targeting to sustain households according to their capacities. The quantitative survey of December 2015 undertaken by WFP, which provides an overview of the food security situation, suggests that at least a quarter of the households are estimated to be

	2011	2013	2016
			food secure, meaning that they are able to meet essential food and non-food needs without engaging in uncommon coping strategies. There are some households that have special needs because of their nutritional or health status, disabilities, or little or no means to generate complementary income. These groups require special attention and are to be given priority in their access to humanitarian aid and food assistance. Support to reinforce households and the community's livelihoods and resilience need to be adjusted to their abilities, available assets and economic opportunities. Refugee households and their community need to gain more control over their decision-making for a more dignified life. Continue general food distributions to all households. Ensure complete rations are provided to targeted households who have specific needs and depend only on food assistance to secure their acceptable food consumption. Adjust the food rations supplied to the assisted refugees who are already food secure; Introduce a hybrid transfer modality including a commodity voucher allowing access to a wider range of food items, such as animal protein (chicken) and milk; and thus diversifying the food basket provided through the general food distribution

	2011	2013	2016
IYCF		Target women or young people Pilot conditional food transfers (food for training) specifically for these groups in order to support skills creation, livelihood support and access to employment. Access to education for primary and intermediate school children is guaranteed and school feeding has improved attendance, retention and productivity. Nevertheless, small children in kindergartens are not assisted and children already assisted need increased support to make the school feeding activity adequate for their needs.	In view of the evidence that school feeding contributes to improving attendance, retention and concentration, it should be continued, and a complete snack be provided. The programme shall consider integrating pre-primary schoolchildren in order to foster enrolment and retention while contributing to reducing micronutrient deficiencies and preparing children to a more effective schooling in the primary cycle. Complete the snack provided at primary school with HEB starting next school year, while examining the possibility to purchase locally produced fortified biscuits. The school feeding activity will be expanded to the kindergarten starting next school year as well.
Anaemia / stunting prevention			Health and nutrition situation is stable and improving. However, the anaemia and stunting rates are still of concern and need to be addressed. A survey carried in kindergarten in January 2016 indicates that global anaemia affects 61 % of the surveyed children, of which 54 % suffered from moderate anaemia. The planned nutrition survey late this year will help to get a clearer picture on the current nutrition situation in the camps and therefore better orienting the implementation of nutrition programs.

	2011	2013	2016
			Continue the support to maintain and improve the nutrition and public health programmes, and address the root causes of malnutrition, with particular emphasis on the prevention and treatment of malnutrition and anaemia; continue the on-going activities under JAM 2013 recommendations where necessary;
HIS/Health	The capacity of health workers at all levels, but in particular for clinical management and medical care, should be improved by recruiting/seconding qualified medical doctors to work at the regional hospitals, providing ongoing training to health workers in health clinics and community health workers and further improving the quality of the teaching centre for nurses and mid-wives. The supply management of medicines and medical materials from the central pharmacy to the regional hospitals and health clinics needs also to be improved (ECHO should address the supply management of MDM Greece and implement monitoring and quality assurance tools at central and hospital pharmacies). Moreover, the drug management at the provider level needs to be	1. need to provide adequate incentives for skilled medical staff especially Medical Doctors to increase retention 2. advocate for increased variety and availability of adapted drugs 3. improve health infrastructure especially WASH and electricity. Support renewal of equipment (i.e. beddings) 4. improve capacities of health workers on protocols and the performance of health information systems and utilization of data 5. increase awareness raising programmes in chronic diseases The overall health and nutrition situation in the camps has been reported as stable and mainly linked to the level of humanitarian assistance received. Some malnutrition indicators have slightly improved in recent years thanks to the nutrition-focused interventions although though remain a cause for	1. continue to improve the capacity of health workers 2. increase the BCC activities related to promoting good feeding habits and practices, hygiene and health care seeking behaviour especially for children under 5 and PLW (tackle the issue of superstition) Regarding cooking capacities, the cooking fuel that is provided is insufficient and should be increased as funding allows. There are also serious safety concerns in view of the condition of kitchen stoves and gas cylinders. Sensitization campaign on cooking gas utilization and hygiene is a priority. The provision of hygiene products (soap powder, bleach, insecticides, waste containers, disinfectants, etc.) is also recommended. The transport fleet requires renewal and/or maintenance after a thorough assessment of its condition.

	2011	2013	2016
	enhanced by conducting training for nurses, pharmacies and health workers in the regional hospitals and health clinics.	concern. Moreover, there are emerging health problems (e.g., celiac disorder) among the refugee population along with the persistence of chronic diseases because of the lack of healthcare/sufficient resources. Enhance health assistance to ensure adequate resources are available to address major health and nutrition problems, to improve local skills and train skilled staff	
Monitoring the situation	In order to have a proper monitoring and reporting mechanisms, the joint UNHCR and WFP M&E system has to continue to be strengthened; in addition, ARC and MDM Spain nutrition reports should be provided using the updated templates. Regular training on nutrition M&E system to the PISIS staff should be provided, the coordination with other M&E systems (partners) has to increase (having regular coordination meetings) and the monitoring in the school feeding has to be improved. At the same time, an implementing partner to undertake Behaviour Change Communication (BCC) activities	1. harmonize monitoring systems in place and introduce standardized indicators to optimize resources 2. establish a comprehensive inter sectorial system of data analysis and data strangulation (linking between health, nutrition, food WASH monitoring data) 3. encourage the “decision making” based on the outcome of an analysis forum to discuss the outcomes of monitoring and evaluation reports, and plan the response accordingly)	1. ensure regular analysis (quarterly report) of monitoring results 2. introduce regular collection and analysis of food security data to determine food security groups and profiles 3. food security and nutrition monitoring results Will be used to support decision-making at Tindouf and Algiers level 4. food security and nutrition reports to be widely disseminated also to the donor community, including non-traditional donors, to create new funding opportunities

	2011	2013	2016
	on nutrition programmes, has to be identified, and the monitoring plan on the Anaemia programme established jointly with the Emergency Nutrition Network (ENN) in August 2011, needs to be activated.		
Coordination	As a coordination mechanism, general coordination meetings in Tindouf on food/non-food programmes, organized by UNHCR with the participation of WFP, partners (ARC/S and NGOs) and donors should be resumed. At the same time, the roundtables in health and food aid shall continue taking place with the participation of all actors in the operation, in which UNHCR and WFP are regular members. UNHCR and WFP are also members of the working groups. WFP/UNHCR Joint Assessment Mission Algeria October 2011 Another important recommendation is the improvement of the communication between the Country Office and sub-offices in Tindouf with regards to the Coordination Cell. In order to achieve this, the timely sharing of the note for the record of all	1. strengthen the existing coordination mechanism to include more strategic discussions and planning with periodical follow up 2. initiate inter-sectorial coordination mechanism especially for Health-nutrition – Food- WASH – education Ensure existing coordination mechanisms support more strategic planning and decisions so that the different monitoring efforts are better harmonized	1. strengthened the Inter-Agency Working group (IAWG), and Sector Working Group coordination mechanism. 2. sector working groups in shelter and livelihoods were established Ensure that food assistance is adapted to the households' needs through a community-based targeting system. The community shall be empowered to determine the ways to best allocate scarce resources to the people more in need, while considering its social cohesion and the acceptability of targeting criteria and mechanisms. WFP can facilitate the process; Evaluate the impact of vocational skills training to inform improvements, re-design more results-oriented projects while ensuring access to up-to date equipment and technologies also attracting youth; Ensure skills development to produce quality products according to market opportunities in all sectors and activities with high potential; Continue to improve intersectoral coordination through the IAWG and

	meetings in the sectors is recommended. Moreover, the inter-sectoral cooperation between the refugee authorities themselves (health, water, sanitation and education) needs to improve. UNHCR shall meet the authorities to encourage them to improve their communication at the technical level. In addition, a WFP/UNHCR Joint Action Plan with clearly established agency responsibilities should be prepared; and timelines for 2012 be monitored.		ISWG to facilitate decision-making and provide strategic orientations to sectorial, inter-sectorial and Tindouf level coordination mechanisms; Cross-cutting issues on gender marker, protection and partnership will be addressed at inter-sectorial coordination level;

WASH	The implementation of the strategic plan to increase water availability to the camps needs to continue by drilling additional boreholes, setting up water treatment/storage facilities, and expanding water pipe network and distribution points. As well, further support and capacity building of Sahrawi staff is planned within a yearly sensitisation programme. The water quality monitoring has to continue, and the regular maintenance of water trucks and water reservoirs needs to be improved. In addition, subject to available funding, it is foreseen to gradually renew the old water truck fleet. There is a need to advocate with the Spanish Red Cross, in order for them to expand the sanitation programmes in schools, also to kindergartens, education centres for persons with special needs, vocational schools and women and youth centres. At the same time, a responsible stakeholder should be identified to carry out the maintenance and cleaning of sanitation facilities in education, health and social centres. It is very important to develop a joint work plan for health and hygiene promotion between	1. Water Storage at both HH and institutions levels should be improved/replaced 2. where the pipeline system is present should be enhanced and improved 3. create improved maintenance systems. Especially in areas invaded by sand The water and sanitation infrastructure are in a precarious condition and there is an urgent need to improve access to good quality water. Increased ownership and efforts to strengthen the management of these systems must be put in place. Improve water, sanitation and rubbish management through FFW activities or other incentives	1. continue improving the quality of water storage conditions at HH level. Maintain and increase the water production (quantity) and distribution system (access) 2. continue to improve the maintenance system (preventative and operational) Access to drinking quality water has improved over the recent years. However, to maintain the quality of the water at households' level efforts to replace and improve the quality of households' storage facilities should continue. Furthermore, an effective and efficient management of the water system, especially in the operation and maintenance should be pursued. Continue to ensure access to water and improve the sustainability of the water systems in the camps, including production, treatment, storage, distribution, and maintenance;

	health, education and water and environment authorities, setting up a technical working group. In doing so, the awareness raising initiatives on WASH need to be improved (exploring the use of media and conduct targeted campaigns in schools, health centres, food distribution points and social centres) and a WASH survey should be carried out (developing a methodology).		
Micronutrient deficiencies	The implementation of the nutrition programmes should be continued. However, there is a need to find specialized NGOs to manage nutritional projects (SFP and Chronic malnutrition and anaemia). Regarding monitoring of nutritional programme implementation, information sharing and coordination of nutrition programmes should be improved by introducing a monitoring system and encouraging information sharing and joint planning. Based on the positive results of the impact evaluation of the anaemia programme, the procurement of products will be handed to WFP in the next operation. It is recommended to adapt protocols for therapeutic feeding for children with SAM and	2.1. continue implementation of the nutrition programmes 2.2. continued support to PISIS programme with special attention to IYCF component, anaemia/stunting and celiac disease 2.3, provide support for nutrition partners to establish ITFC (Intensive Therapeutic Feeding Centre) at the national hospital level 2.4. Insure stable procurement/supply chain of sufficient quantities of LNS and MNP 2.5. Continue monitoring the nutritional status in the camps by implementing a SENS nutrition survey at least every 2 years	

	medical condition at hospital level; to keep a small stock of therapeutic feeding products such as F100 and ready-to-use foods; to continue training and awareness raising with health workers under the PISIS framework; and assess the possibility of changing the ration of CSB to other alternative products in 2013 (SFP). Furthermore, general awareness raising campaigns should be increased using the available media (including TV and radio) to: discourage the consumption of tea by children under 5 and pregnant/lactating women, reduce the sugar consumption, encourage the breastfeeding and weaning practices, sensitize pregnant women at household level about the importance of regular clinic visits, improve the water sanitation and hygiene in general, prevent chronic diseases, such as diabetes, encourage the iron and folic acid consumption for the pregnant and lactating women, and to consume nutritional products , especially MNP.		
Local purchases/Pipeline Management	WFP, UNHCR, the Spanish Red Cross and WSRC need to advocate with donors for the full funding for 3 months of the		Provide support to camp refugee representatives to develop business investment models aiming at investment sustainability. Develop a policy for

	security stock under the management of ARC and the Spanish Red Cross. It is also recommended to continue the local purchases and negotiate the purchase of subsidized products with the Government of Algeria; as well as to support partners in local purchases, particularly in diversifying procurement sources, by providing technical advice in procurement and assist in the supply chain management.		entrepreneurship to guide effective and efficient programming through quality services
Distribution Management	The tripartite agreement between UNHCR, WFP and ARC needs to be updated in accordance to the last MOU between UNHCR and WFP; and implemented in timely manner to enhance the management of secondary transport and food distribution and monitoring. In addition, the support of WSRC in monitoring the receipt of food commodities by the neighbourhood group leaders and beneficiaries sign-off a document upon receipt of the ration has to continue being supported. Furthermore, WSRC should be provided with logistical support, but the mechanisms for the support need to be found.		Ensure full cycle capacity development in vocational/technical skills, business management skills, and provide initial grants for investment as well as ensuring monitoring and evaluation of activities Ensure regular analysis (quarterly report) of monitoring results and introduce regular collection and analysis of food security indicators to determine food security groups and profiles. Results will be widely disseminated, including to the donor community, non-traditional donors, to create new funding opportunities;

	The food release note should be prepared by the 25th of each month at latest; the mechanism to change the coordination in his regards needs to be discussed with senior management.		
School Feeding	In line with the 2011 report "Revision of the School Feeding Programme" it is suggested to consider changing the commodities and rations for different educative centers, which may eventually include kindergartens, primary, intermediate and boarding schools, introducing a hot lunch for full day schools and a complete food ration for boarding schools; and enlarge the scope of the activity to include kindergartens, special needs centres and pedagogical institute, in order to ensure continuity of nutritional interventions to tackle high rates of micronutrient deficiencies. It is also recommended to include de-worming activities in the school feeding, rehabilitate or construct kitchen and refectory facilities (including adequate WASH), and assess the feasibility of including productive/ vocational activities and of distributing fresh fruits on the school feeding programme.	1. introduce hot meals and maintain snacks 2. support kindergartens with a snack project 3. pilot garden projects for the provision of fresh vegetables 4. pilot provision of bakery products from local production (in partnership with NGOs) 5. Continue the improvement of water and sanitation facilities at the education infrastructures level. Especially potable water and hand washing facilities 6. advocate for the provision of equipment (electricity supply at first) Expand the school feeding ration to also include lunch and ensure it uses locally produced commodities (bakery products, fresh food from school gardens) and covers kindergartens too.	1. complete the snack provided at primary school with HEB for the next school year 2. consider purchasing locally produced fortified biscuits as 2017/2018 3. expand the school feeding activity to the kindergarten

	The introduction of an adequate by a monitoring system of the school feeding programme is also recommended, particularly given the changes needed in implementation.		
Support Self-reliance Activities/ Livelihoods and resilience	It is recommended to assess the feasibility of undertaking human asset development activities that would enhance refugee self-reliance. While considering the environmental constraints, if feasible such activities would include market and production development opportunities such as animal husbandry, FFW or cash/voucher activities, food processing activities, gardening activities, etc…	1. increase self-reliance activities, micro credit or microfinance projects 2. support marketing of products produced in the camp to make the self-reliance activities more profitable. Explore marketing opportunities with a feasibility study 3. increase resources devoted to self-reliance activities, micro credit or microfinance projects Given the enduring political stalemate in which agreement for return, resettlement and integration has not been reached yet, it is imperative to strengthen the self-reliance of refugees in order to give them other alternatives beyond humanitarian assistance and more importantly, to re-establish their dignity and right to decide for their lives (what to eat, what to buy, how to build their shelter etc.). Develop a livelihood support strategy Continue general food distribution but facilitate a progressive introduction of income generating	1. develop business investment models aiming at sustainability; Encourage developing a policy for entrepreneurship to guide effective and efficient programming through quality services provided by camo representatives 2. develop a full cycle capacity development in vocational/technical skills, business management skills, and provide initial grants for investments. 3. ensure skills development to produce quality products according to market opportunities in priority sectors and activities with high potential 4. reinforce agricultural practices in family gardens and livestock rearing to improve productivity through technical assistance, credits and services Up to now, livelihood activities mainly focused on complementing humanitarian aid with the free distribution of products and were not financially sustainable. Private initiatives in services and crafts, groceries, small scale bakeries and hardware shops developed over years with a number of households investing small capital but allowing only supplementing their income. Family gardens and livestock activities also complement food

		activities to complement current food assistance. Develop self-reliance projects and support the establishment of microcredit activities Market conditions in the camps are positive and despite certain constraints food availability and price levels indicate that an alternative transfer modality for food assistance could be considered, at least in a piloting phase. Explore establishing a bakery support programme in which wheat flour from the food basket is provided to bakeries that then sell subsidized bread. This programme would both aim to stimulate new livelihood activities and reduce the costs linked to the wheat flour distribution Pilot a conditional food transfers activity Develop a strategy for different food transfer modalities that could involve refugees in activities that are beneficial for the community. These activities could target people already involved in community services (i.e. teachers) and support new income generating activities	intake and humanitarian aid and face many challenges in a context of scarce natural resources. Homestead gardening, livestock rearing, and the development of the camel value chain require technical feasibility and support in view of the limited availability of natural resources and insufficient technical capacities. Vocational training has to be linked to employment opportunities supported by access to start-up capital and equipment or toolkits. It needs to provide marketable business and management skills leading to employment or matching with market demand. There are no rules or policies supporting private business at camp level. A body/entity would need to be established to provide project management support, technical support, project/initiative appraisal capacities and promotion with stakeholders/investors/traders according to market demand.

Annex 14. Budget Revisions

BR	Approval date	Main points
BR#1	2013 (?)	Extended the PRRO 200301 to introduce new commodities and additional tonnage to PRRO 200301 to accommodate Gofio (a toasted maize blend) and Dried Skimmed Milk (DSM) not planned under the original PRRO but transferred from the previous PRRO 200034, as well as new purchases of Gofio as per donor request. Total tonnage increase is as follows: 1,485 mt of Gofio and 405 mt of Dried Skimmed Milk
BR#2	2013 (?)	Extended the PRRO from June 2014 to December 2015 to enable WFP to continue assisting Western Sahara refugees through the end of December 2015, while a new operation is developed. The number of rations distributed, and activities and objectives envisaged in the original PRRO and subsequent BRs will continue during the extension period. Introduction of specialized products for prevention (Nutributter™ and Micronutrient Powders - MNP) and treatment (Plumpy Sup®) starting January 2014.
BR#3	November 2013	This budget revision (BR) proposes a straightforward twelve months extension-in-time for enabling WFP to continue assisting Western Saharan refugees through December 2016, while preparing a new operation. The BR presents an increase in DSC to include in the budget plan additional requirements for an expanded monitoring, the screening of Pregnant and Lactating Women (PLW), the nutrition survey and various Cash and Voucher (C&V) assessment mission
BR#4	2014 (?)	This budget revision proposes a six-month extension-in-time with an increase the food requirements by 13,896 mt, valued at US$10.6 million and related associated by US$4.9 million, which include: external transport, landside transport, storage and handling (LTSH) costs, other direct operational costs (ODOC); direct support costs (DSC); and indirect support costs (ISC). New commodities (school feeding), increase ODOC but decreases CD&A
BR#5	2014 (?)	This BR proposes a straightforward twelve months extension-in-time for the Algeria protracted relief and recovery operation (PRRO) 200301, which will enable WFP to continue assisting Western Saharan refugees through December 2016, while preparing a new operation. Number of rations distributed, activities and objectives envisaged in the original PRRO and subsequent BRs will continue during the extension period. The BR presents an increase in DSC to include in the budget plan additional requirements for an expanded monitoring, the screening of Pregnant and Lactating Women (PLW), the nutrition survey and various Cash and Voucher (C&V) assessment missions. Re-alignment of PRRO objectives to the new 2014-2017 Strategic Plan and Strategic Results Framework, building on the achievements of the previous project. The specific objectives of this PRRO are to: (i) improve the food consumption of the most vulnerable refugees living in the camps and reduce acute malnutrition and anaemia in children under 5 years and in pregnant and lactating women through general food distributions and nutrition support (SO 1 - “Save lives and protect livelihoods in emergencies”); and (ii)

BR	Approval date	Main points
		maintain the enrolment and retention of refugee girls and boys targeted through school feeding (SO 2 - "Restore food security and nutrition or rebuild livelihoods in fragile setting and following emergencies")
BR#6	November 2016	It proposes the inclusion of commodities received in kind of new ad-hoc activities, the increase in numbers of beneficiaries for school meals and nutrition activities
BR#7	2016 (?)	Extended the PRRO for three months, from 1 January to 31 March 2017, and adjust the budget accordingly. The strategies and primary activities, as envisaged in the original PRRO and subsequent BRs remain unchanged. But includes budget for piloting CBT modality (staff included)
BR#8	April 2017	To extend the PRRO until 31 December 2017 with the aim of aligning the operation with the Integrated Road Map and to ensure the start of the Transitional Interim Country Strategic Plan in January 2018, budget adjustments. This BR presents a summary of the revised Operation Logical Framework under the 2014-2017 Strategic Plan and Strategic Results Framework.

Annex 15. Photovoice and Storytelling Outputs

Photovoice

As agreed with the Evaluation Team, the *Photovoice* methodology was carried out with 3 groups of participants: a group of 6 women under 35, a group of 6 women over 35 and a group of 6 young men aged 15 and 18 years old. The women in both groups are all residents of the Boujdour camp, with the exception of one who resides in Awserd, while the young men of the third group are residents of the Smara camp. The debate sessions were developed in Spanish, and the Photovoice team had the help of the participants to translate and interpret the conversations.

The two groups of women finally decided to unify and hold joint work sessions for reasons of logistics and preference of the participants themselves. The unified group of women held four discussion sessions, each lasting approximately two hours. The development of the sessions resulted in the selection of a minimum of 5 photographs per participant, and in the classification of the photographs into 6 categories: traditional food (23 photographs), lifestyle (7 photographs), fruits and vegetables (9 photos), "What we no longer receive from WFP" (16 photos), "What we eat and do not receive from WFP" (13 photos), and "Food we received from WFP" (36 photos). The main takeaways and final recommendations which resulted from the discussions are detailed in the Photovoice report.

To view the participants work, please follow the link: https://spark.adobe.com/page/b0AibBUJ1fJT6/

Photograph of the group of women participants

Storytelling

Along with the implementation of the *photovoice* methodology, the storytelling work that was carried out in the 5 Wilayas of the Tindouf refugee camps basically constitutes a dissemination product. It is worth highlighting the development of a photo essay with the most relevant findings from the perspective of the evaluation. In order to develop the storytelling interviews, it was essential to understand the main points that the photovoice group participants had discussed. Through the combination of documentary photography and semi-structured interviews with refugees, testimonies have been obtained that provide first-hand information on nutrition in the camps. Although the photovoice methodology tries to investigate the habits and customs of the refugees in their more familiar, private environment, the storytelling also addresses nutrition in the camps, seeking interviews on the street, in markets, institutes, dispensaries and in public spaces.

To view the Storytelling, please follow the link: https://spark.adobe.com/page/aOK4yrhBFqI59/

Photograph of a food store in the Wilaya of Dakhla

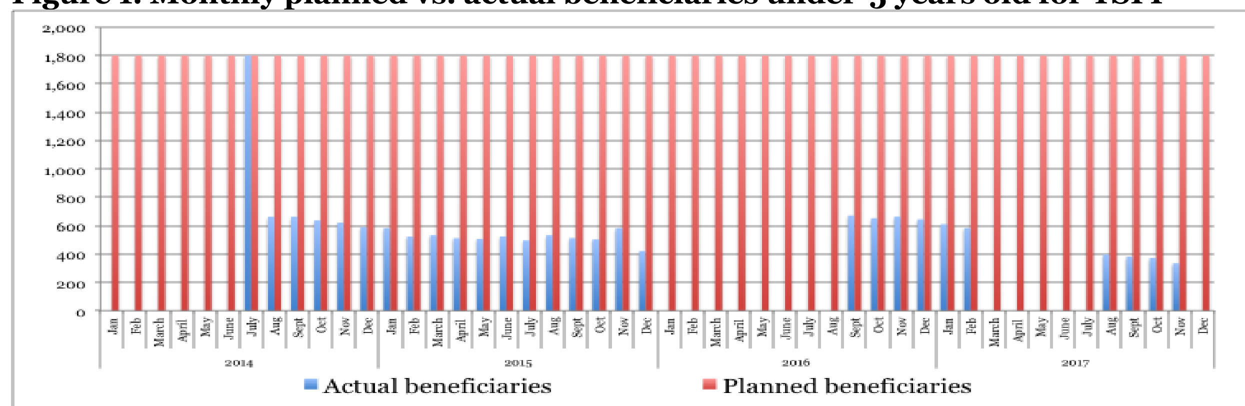
Annex 16. Effectiveness of the Nutrition Components

Planned and actual beneficiaries for children under-5 and for TSFP and BSFP

Monthly data available for 2013 can't be exploited as they don't discriminate between under-5 years old children and PLW in TSFP and because existing old distribution of TSFP protocols was blanket and beneficiaries were rarely admitted based on their nutritional status and annual data from the SPR show realisations above 100%. In 2013, BSFP was managed by UNHCR.

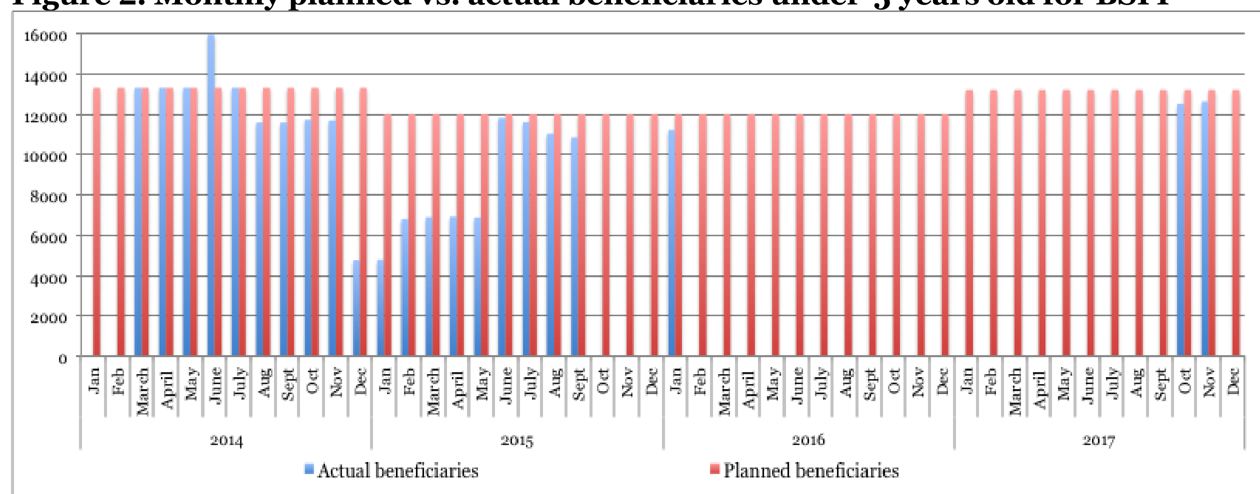
Data provided by M&E on beneficiaries assisted show monthly realisations during 2014 – 2017 using as denominator (Planned beneficiaries) figures presented in the annual SPR. Although the new protocols for BSFP and TSFP were to be implemented from beginning of 2014, TSFP is only reported from July and BSFP from March. Then, for many months activities were interrupted due to financial shortfalls that caused pipeline breaks for SNP.

Figure 1. Monthly planned vs. actual beneficiaries under-5 years old for TSFP



Data available don't allow for further explanation as no patterns or trends can be identified, with the fluctuations on number of admissions being caused by instability of the SPN's supply.

Figure 2. Monthly planned vs. actual beneficiaries under-5 years old for BSFP

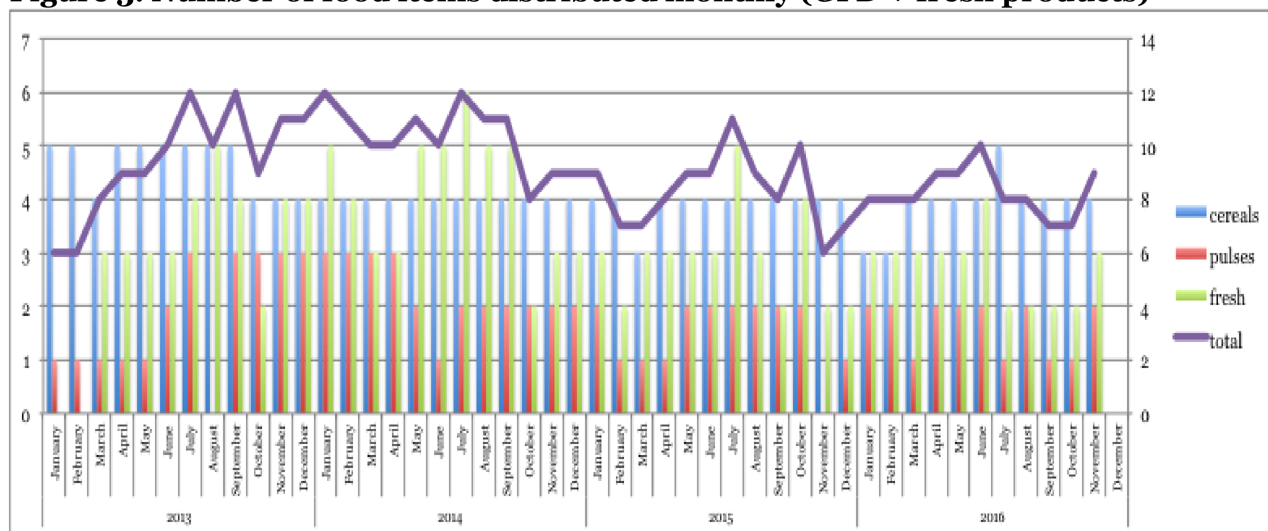


Assistance provided

Diversity of the diet

Figure below shows the variability on the number of items of the food assistance distributed during the period 2013 – 2016, including both WFP's GFD and the fresh items distributed by OXFAM and CRE. The left axis (represents the number of individual categories (cereals, pulses and fresh products) and the right axis the total number of items distributed.

Figure 3. Number of food items distributed monthly (GFD + fresh products)



Only during few months in 2013 and 2014, the number of items distributed was higher than 10 and offering an acceptable diversity to the refugee's regime.

Table 1. Annual means for the number of food items distributed monthly (GFD + fresh products)

Year	Mean for cereals	Mean for pulses	Mean for fresh products
2013	4.7	1.8	2.9
2014	4	2.3	4.1
2015	3.9	1.5	2.9
2016	3.9	1.6	2.7

Not included here: sources of animal proteins (i.e. canned fish) only distributed sporadically but no consistent data available to be analysed here. Other products (i.e. yeast) are distributed by UNHCR or punctually by NGO when funds or donations available. Every year and during the Ramadan period, dates are distributed thanks to donations from Saudi Arabia.

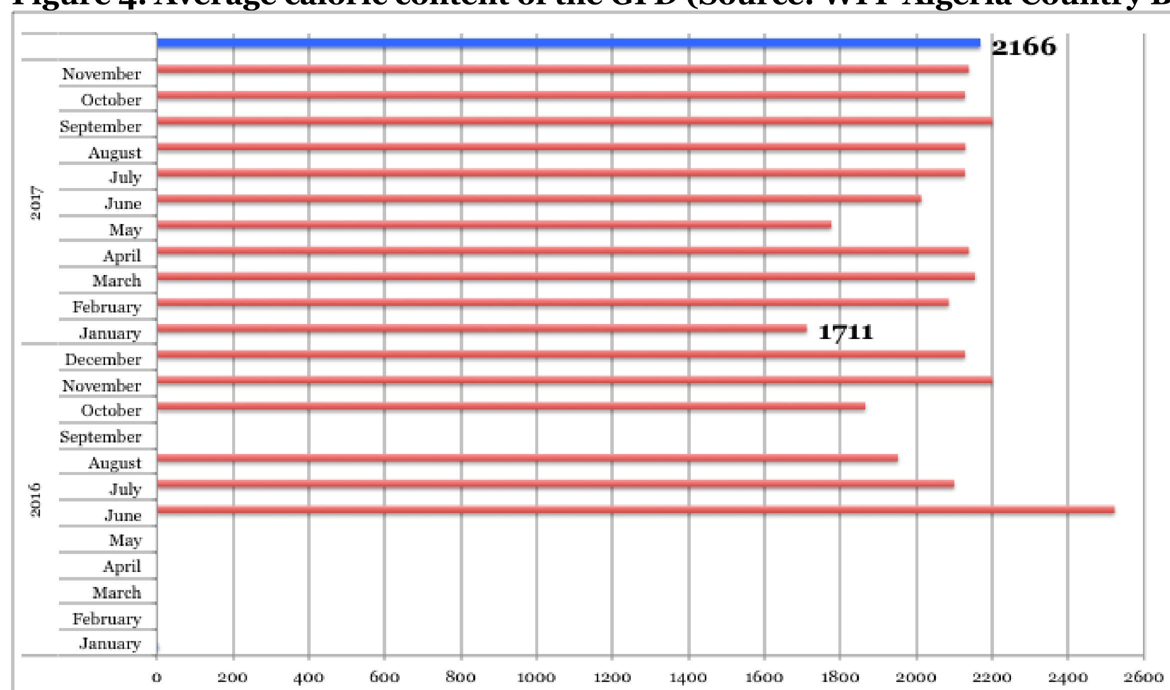
Caloric content of the GFD

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 don't 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[12] 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 incessantly, achieving its lowest value in January 2017 (1,711 kcals/person/day).

Table 2. Average daily caloric content of GFD rations (Source: SPRs)

Year	Average energy content	Percentage over planned energy content (2166 kcals/person/day)
2013	2,164 kcals/person/day	98.1%
2014	2,097 kcals/person/day	93.4%
2015	2,103 kcals/person/day	96.8%
2016	2,124 kcals/person/day	99.9%

Figure 4. Average caloric content of the GFD (Source: WFP Algeria Country Briefs)



12 Six in 2015 and two in 2016

Annex 17. Outcomes of the Nutrition Components

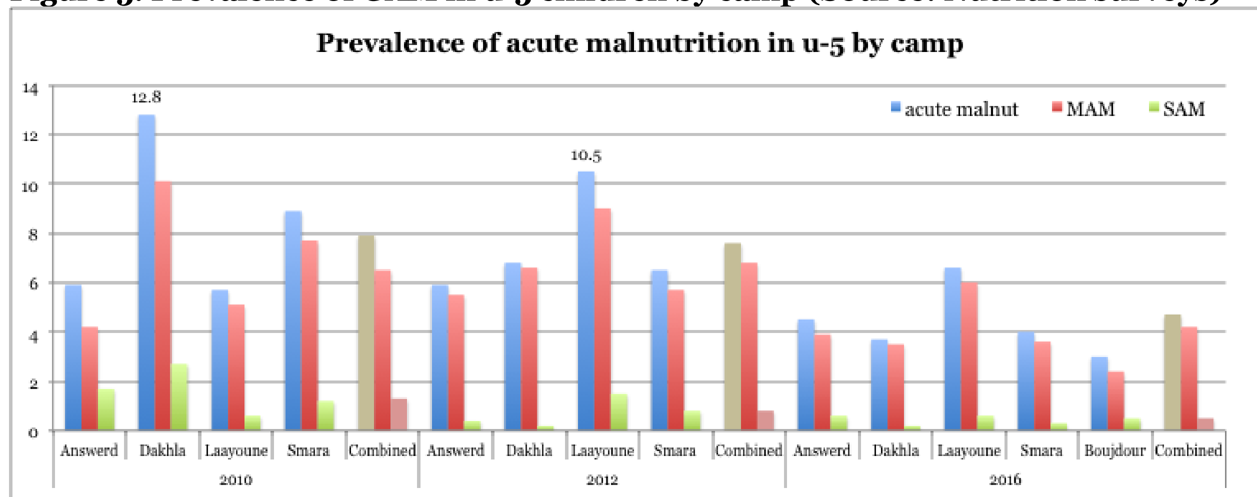
Nutrition indicators for children under-5 (Source: Nutrition surveys)

	2010					2012					2016					
	Awserd	Dakhla	Laayoune	Smara	**Combined**	Awserd	Dakhla	Laayoune	Smara	**Combined**	Awserd	Dakhla	Laayoune	Smara	Boujdour	**Combined**
Prevalence of GAM	5,9	12,8	5,7	8,9	**7,9**	5,9	6,8	10,5	6,5	**7,6**	4,5	3,7	6,6	4,0	3,0	**4,7**
Prevalence of MAM	4,2	10,1	5,1	7,7	**6,5**	5,5	6,6	9	5,7	**6,8**	3,9	3,5	6,0	3,6	2,4	**4,2**
Prevalence of SAM	1,7	2,7	0,6	1,2	**1,3**	0,4	0,2	1,5	0,8	**0,8**	0,6	0,2	0,6	0,3	0,5	**0,5**
Prevalence of stunting	25,5	31,7	34,2	27,8	**29,2**	24,4	22,5	23,8	28,3	**25,2**	19,2	20,0	21,0	17,1	13,6	**18,6**
Prevalence of moderate stunting	18,1	23,9	23,0	21,1	**21,3**	19,4	15,9	17,1	20,9	**18,7**	14,5	13,8	16,0	12,7	10,6	**13,9**
Prevalence of severe stunting	7,4	7,8	11,2	6,7	**8,3**	4,9	6,6	6,7	7,3	**6,5**	4,8	6,2	5,0	4,3	3,0	**4,7**
Prevalence of underweight	16,9	17,3	20,3	16,8	**17,9**	14,1	16,4	17,3	18	**16,7**	8,7	11,1	12,2	10,6	6,2	**10,3**
Prevalence of GAM by gender																
Prevalence of GAM in boys	5,1	13,8	6,3	10,6	**8,6**	7.7	6.3	13.3	7.7	**9.2**	5,8	1,7	7,9	4,6	3,0	**5,3**
Prevalence of GAM in girls	6,6	11,7	5,0	7,1	**7,0**	4.3	7.4	7.4	5.3	**6.0**	3,1	5,9	5,3	3,3	3,0	**4,0**
Prevalence of GAM by age-group																
Prevalence of GAM 6-17m	-	-	-	-	-	-	-	-	-	**12,0**	-	-	-	-	-	**5,6**
Prevalence of GAM 18-29m	-	-	-	-	-	-	-	-	-	**6,2**	-	-	-	-	-	**2,7**
Prevalence of GAM 30-41m	-	-	-	-	-	-	-	-	-	**6,6**	-	-	-	-	-	**2,9**
Prevalence of GAM 42-53m	-	-	-	-	-	-	-	-	-	**5,8**	-	-	-	-	-	**5,2**
Prevalence of GAM 54-59m	-	-	-	-	-	-	-	-	-	**5,5**	-	-	-	-	-	**7,3**
Prevalence of anaemia																
Prevalence of global anaemia	47,7	46,2	61,3	52,3	**52,8**	28,7	26,6	30,2	27,3	**28,4**	41,3	47,9	42,6	33,1	29,5	**38,7**
Prevalence of severe anaemia	1,9	3,0	2,4	2,4	**2,4**	0,2	0,2	0,8	0,4	**0,5**	1,4	1,7	1,7	0,2	0,8	**1,1**
Prevalence of global anaemia in boys	-	-	-	-	**54.0**	-	-	-	-	-	43.9	53.3	46.3	34.8	32.5	**41.7**
Prevalence of global anaemia in girls	-	-	-	-	**51.6**	-	-	-		-	38.3	42.1	38.8	31.3	26.9	**35.5**

Acute malnutrition

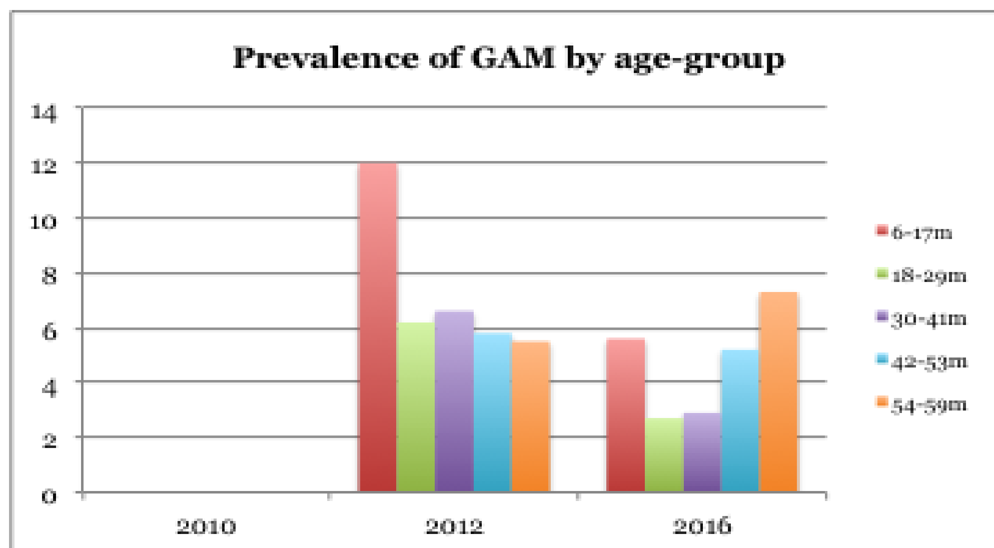
Prevalence of Global Acute Malnutrition (GAM) was 18.2% in the 2008 nutrition survey and was reduced to below 5% in 2016. Over the three surveys gathered here (2010 – 2012 – 2016), prevalence of GAM presents considerable positive trends, with clear reduction of the combined rates and results by camp. When comparing 2010 and 2016 results, only Laayoune presents in 2016 higher prevalence than in 2010. In 2016, prevalence for all camps is below the WHO's 10% emergency threshold. Actually, only Laayoune in 2012 and Dakhla in 2010 have overpassed this value, both camps being the ones presenting higher values during the studied period.

Figure 5. Prevalence of GAM in u-5 children by camp (Source: Nutrition surveys)



GAM affects slightly more boys than girls and, comparatively, those the oldest. By age-group, data available for 2012 and 2016, while in 2012 the most affected were the youngest, in 2016 the oldest group is the one presenting higher prevalence.

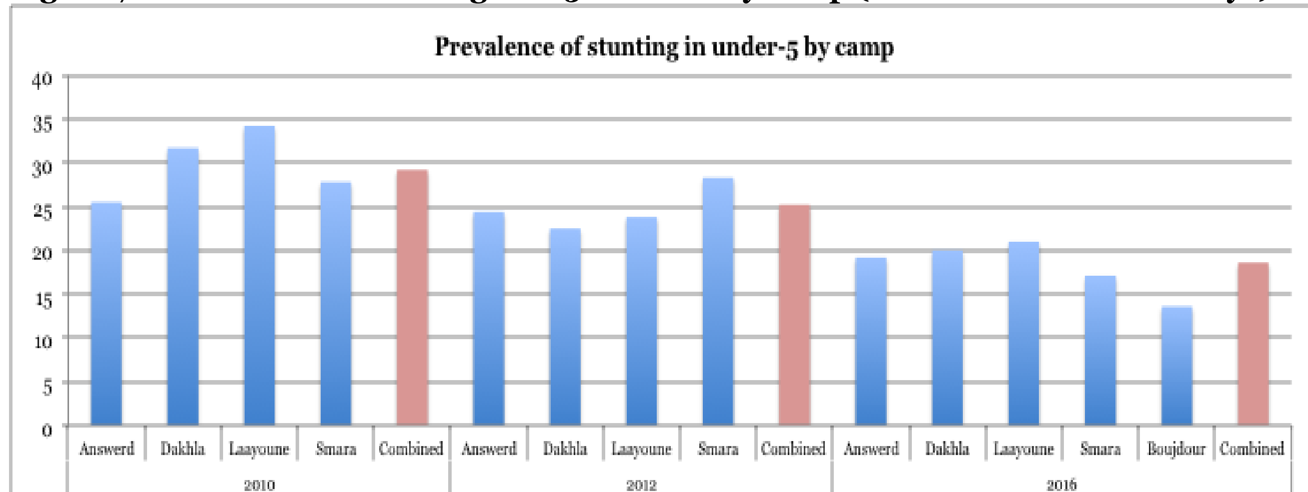
Figure 6. Prevalence of GAM by age-groups (Source: Nutrition surveys)



Stunting

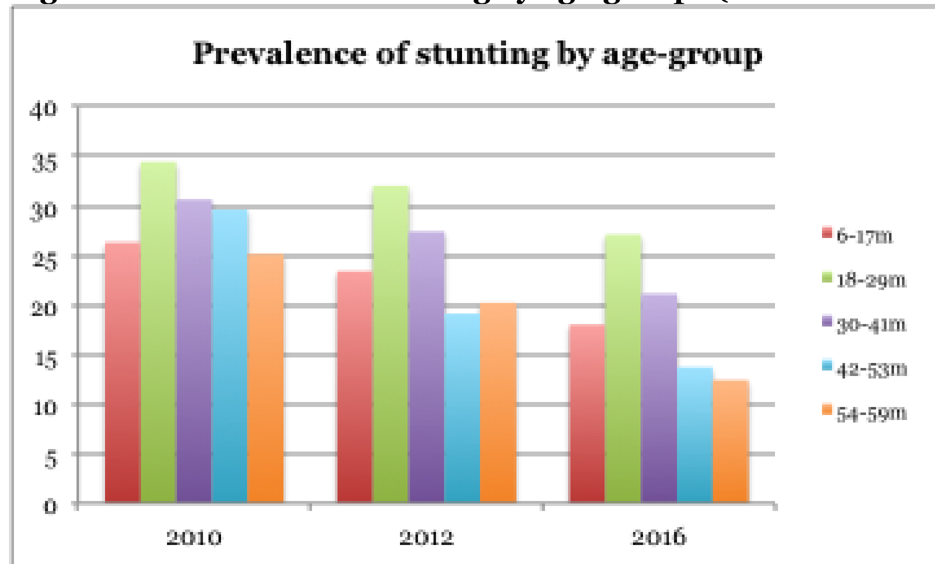
Prevalence of chronic malnutrition (stunting) decreases over the period, globally and in all camps. From almost 40% of under-5 children affected by stunting in 2005, the situation improved and results in 2016 are below 20% of children affected. However, it still remains close the public health emergency level (20%).

Figure 7. Prevalence of stunting in u-5 children by camp (Source: Nutrition surveys)



The decreasing development is similar for all age-groups and, in 2016 as in previous years, the most affected is the group 18-29 months-old.

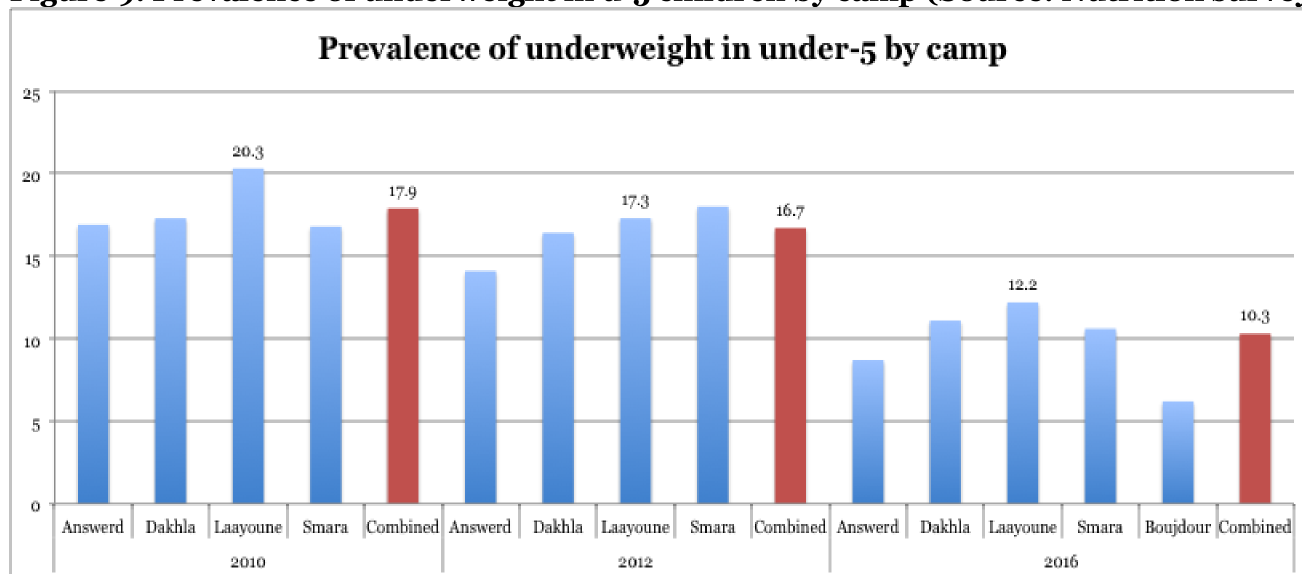
Figure 8. Prevalence of stunting by age-groups (Source: Nutrition surveys)



Underweight

- Prevalence of underweight has drastically reduced: from 28.8% in 2005 to 10.3% in 2016, matching with the positive trends have also observed for acute and chronic malnutrition. All camps show a similar evolution, with Laayoune presenting repeatedly the worse results.

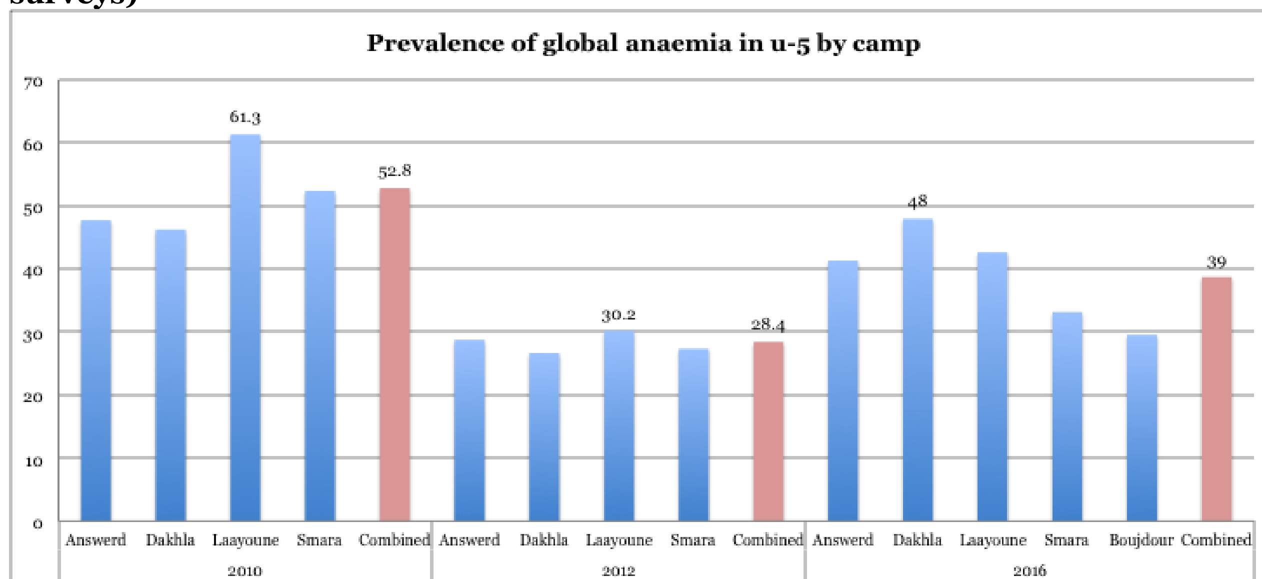
Figure 9. Prevalence of underweight in u-5 children by camp (Source: Nutrition surveys)



Anaemia

While in 2010, one out of two children presented anaemia, rates decreased more than 20 percentage-points in 2012 thanks, among other factors, to the at that time existing prevention programmes. However, prevalence of anaemia has visibly increased again, affecting more than one out of three children in 2016. These trends are similar for all forms of anaemia and for all camps, with Dakhla and Laayoune presenting the highest values. By sex, boys appear to be more exposed than girls.

Figure 10. Prevalence of global anaemia in u-5 children by camp (Source: Nutrition surveys)



Nutrition indicators for women (Source: Nutrition surveys)

	2010					2016					
	Answerd	Dakhla	Laayoune	Smara	**Combined**	Answerd	Dakhla	Laayoune	Smara	Boujdour	**Combined**
Non-pregnant women											
Prevalence of underweight	4,1	5,5	5,3	5,5	**5,1**	4,0	4,8	3,1	3,5	2,1	**3,6**
Prevalence of overweight	31,8	34,2	30,0	32,0	**31,8**	35,7	32,6	36,9	37,2	39,4	**36,4**
Prevalence of obesity	22,2	25,6	18,1	23,3	**21,9**	29,5	33	26,5	32	36,1	**30,7**
No metabolic risk rate	24,8	32,4	27	30,5	**28,6**	21,1	18,2	23	18,7	12,6	**19,6**
Increased metabolic risk rate	25,9	20,5	23,7	23,1	**23,5**	18	18,4	20,1	21,1	16,2	**19,3**
Very high metabolic risk rate	49,2	47,0	49,2	46,4	**47,9**	60,8	63.4	56,9	60,2	71,2	**61,1**
Prevalence of global anaemia	47,9	44,6	62,1	40,6	**48,9**	51,8	47,2	48,8	39,1	35,9	**45,2**
Prevalence of mild anaemia											
Prevalence of moderate anaemia	28,7	23,1	35,6	25,4	**28,6**	26	23,5	26,9	20,0	16,9	**23,2**
Prevalence of severe anaemia	7,2	8,9	6,9	5,2	**6,7**	6,2	3,8	6,9	4,0	3,7	**5,1**
Pregnant women											
Prevalence of global anaemia					**55,8**						**59,8**
Prevalence of mild anaemia					**18,2**						**19,9**
Prevalence of moderate anaemia					**31,8**						**34,1**
Prevalence of severe anaemia					**5,8**						**5,8**
Lactating women											
Prevalence of global anaemia					**67,1**						**72,0**
Prevalence of mild anaemia					**13,3**						**15,3**
Prevalence of moderate anaemia					**42,9**						**45,0**
Prevalence of severe anaemia					**10,9**						**11,7**

Only data for women in 2010 and 2016 are available.

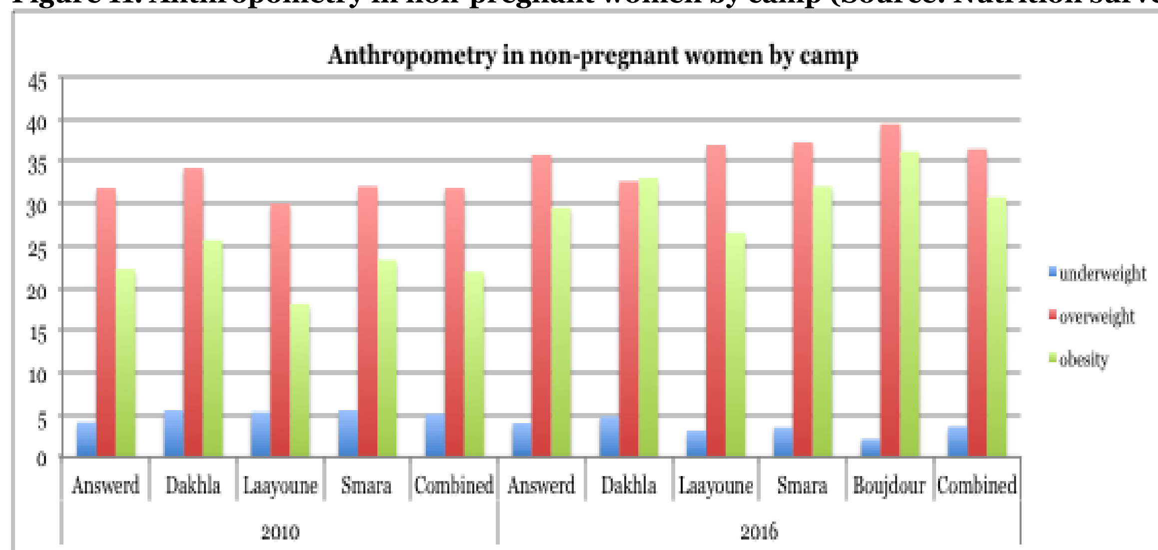
Anthropometry

For non-pregnant women, underweight (by BMI) remains residual in all camps, being less than 5% in 2016. For PLW, the most recent data (2016 survey) show a prevalence of 6.6% of low MUAC, being for pregnant double than for lactating (8.1% and 4.5% respectively).

However, the significant increase of overweight and obesity[13], and their associated metabolic risk[14], is of public health concern. The joint prevalence of overweight and obesity has doubled since 1997, from 33.6% to 67% in 2016. Women in Boujdour and Dakhla present, in 2016, the highest rates, with 70% at very high metabolic risk.

The double burden of malnutrition is present in a considerable proportion of refugee households[15] as shown in the analysis published in 2012[16] of data from the 2010 nutrition survey: about one out of four households of the sample.

Figure 11. Anthropometry in non-pregnant women by camp (Source: Nutrition surveys)



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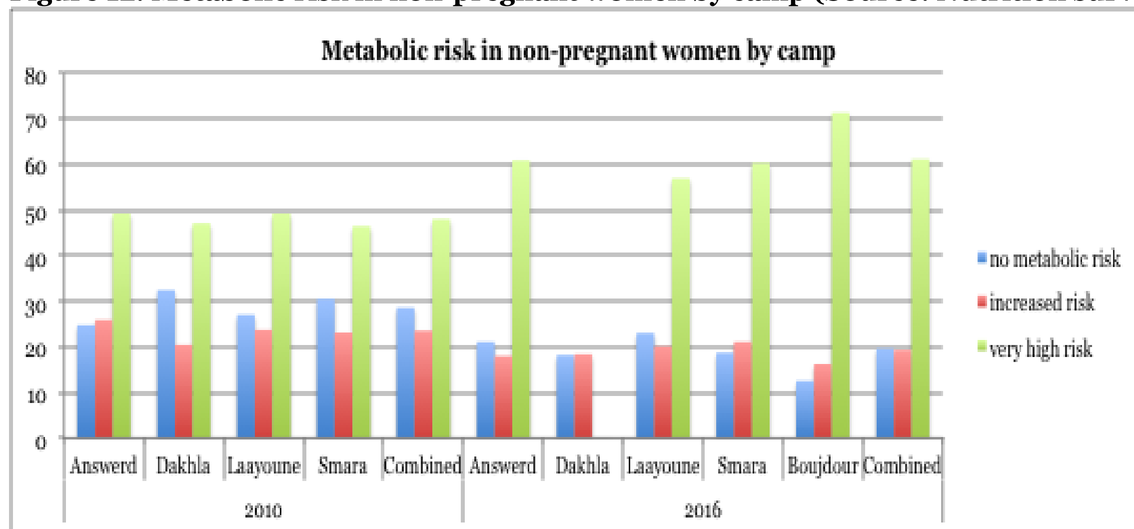
13 Overweight BMI ≥ 25 and < 30, and obesity BMI ≥ 30

14 Metabolic risk is measured by the central obesity index or Waist Circumference (WC): Increased metabolic risk WC ≥ 80 and < 88, and high metabolic risk WC ≥ 88

15 25% of households surveyed during the 2010 nutrition survey were classified as affected of by the double burden of obesity and undernutrition. 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

16 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

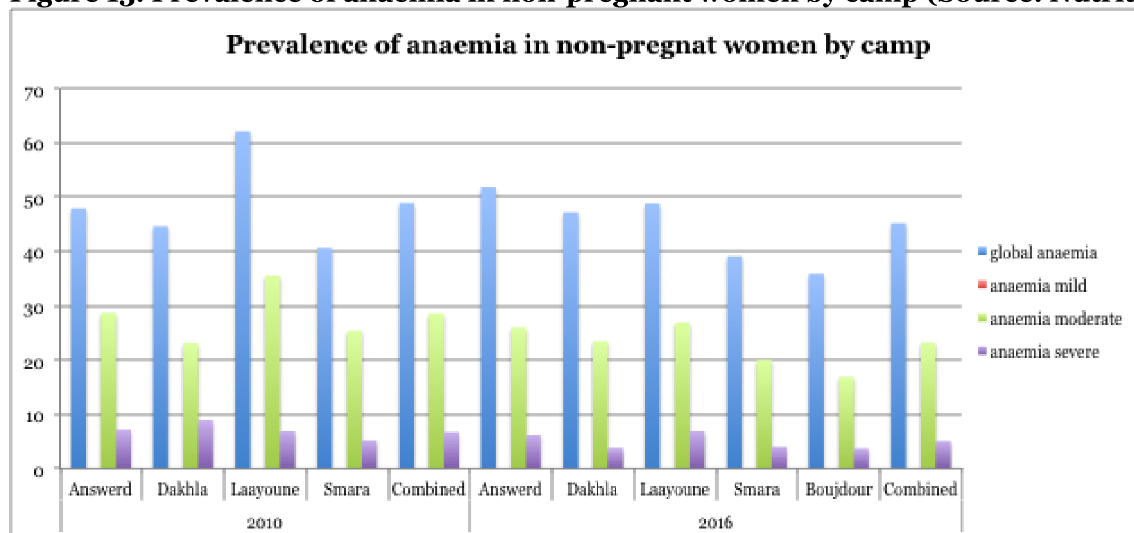
Figure 12. Metabolic risk in non-pregnant women by camp (Source: Nutrition surveys)



Anaemia

For many years, the prevalence of anaemia in PLW experienced a positive downward trend, with the exception in 2016 when numbers increased. But in pregnant women remains at levels of high public health significance (over 50%) despite existing preventive interventions. Data provided by UNHCR indicate rates of severe anaemia among pregnant women increasing: 11.3% for 2016 and 18% in 2017.

Figure 13. Prevalence of anaemia in non-pregnant women by camp (Source: Nutrition surveys)



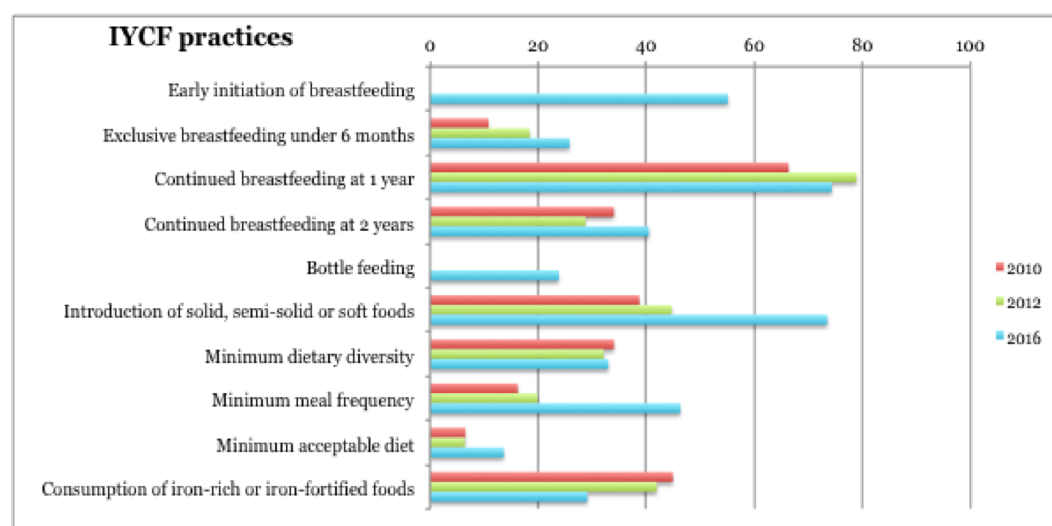
IYCF practices (Source: Nutrition surveys)

Prevalence of IYCF practices has been explored as a proxy indicator for the impact of IEC activities seeking the improvement of a child's care and feeding habits, comparing data from the 2010, 2012 and 2016 surveys.

Looking at the WHO's Core Indicators[17] it can be observed that, despite some improvement, most of the indicators show very unfavourable results.

Rates of exclusive breastfeeding show a favourable improvement and have been increasing since 2010 but only about a quarter of children aged <6 months are exclusively breastfed. Early initiation of breastfeeding, only measured in 2016, shows that for half of the children breastfeeding is initiated within the first hour. Continuation of breastfeeding at one year slightly decreased in 2016 (79% in 2012 and 75% in 2016), and less than half of the children continue to be breastfed up to two years. Bottle feeding, only reported in 2016, indicates that one in four children are bottle-fed.

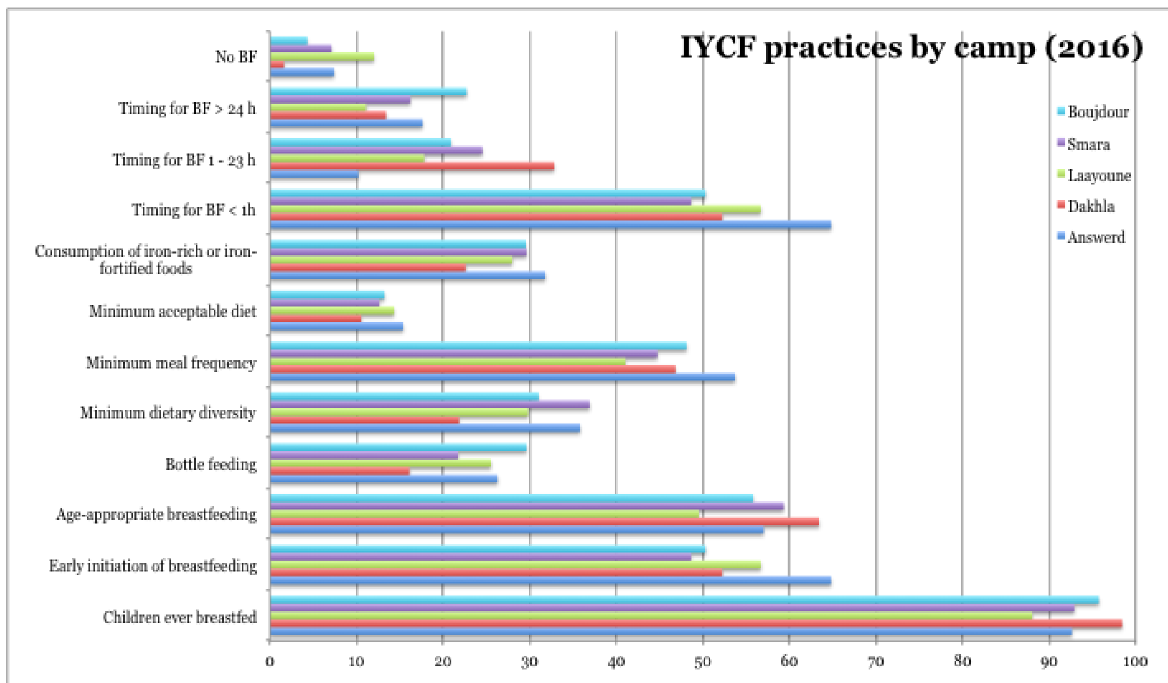
Figure 14. Prevalence of IYCF practices – WHO's Core Indicators (Source: Nutrition surveys)



The proportion of children assessed in 2016 that received timely introduction of solid, semi-solid or soft foods also presents an improvement. Complementary feeding starts timely for 75% of the children, significantly improving since 2010 when less than 40% of children received adequate feeding at the correct age. In 2016, less than half of the children received the minimum number of meals, and only one third reached the minimum dietary diversity. While this last indicator remains static since 2010 (at about 30-35%), feeding frequency has drastically improved (from about 16% in 2010 to 20% in 2012). The proportion of children receiving a minimum acceptable diet is very low, although doubled in 2016 (about 6% in 2010 and 2012, and 13,6% in 2016). Finally, and of most concern, is the considerable reduction in the consumption of iron-rich or iron-fortified foods since 2012. From almost half of children estimated in 2010, now only a third in 2016 receive an adequate intake of iron. Note that data collection for the 2016 survey took place during October – November 2016, when fortified staple foods had been removed from the GFD and Nutributter™ wasn't distributed. Most of the indicators detailed above can describe feeding behaviours, but they might have been strongly affected by food availability and access.

Figure 11. Prevalence of IYCF practices by camps (Source: Nutrition surveys)

[17] Core IYCF indicators: (i) Early initiation of breastfeeding; (ii) Exclusive breastfeeding under 6 months; (iii) Continued breastfeeding at 1 year; (iv) Introduction of solid, semi-solid or soft foods; (v) Min. dietary diversity; (vi) Min meal frequency; (vii) Min acceptable diet, and (viii) Consumption of iron-rich or iron-fortified foods. *Indicators for assessing infant and young child feeding practices. Part 1: Measurement* WHO (2008).



Food security indicators and PDM analysis

The analysis carried out by the ET of the joint (EFP-UNHCR) PDM databases (2013, 2014, 2015, 2016 and 2017 except for the latest three months) shows significant variations within the studied years for the reported indicators.

For instance, during the months (July – August 2014, October 2015 and October 2016) where critical incidents like heavy rains and floods occurred, 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 elements to explain other periods with higher percentage of households with low DDS (i.e. January 2016). The FCS remain more stable during the period, but a considerable increase of the medium FCS in October 2015.

Figure 15. Monthly evolution of the Food Consumption Score indicator (Source: PDM databases)

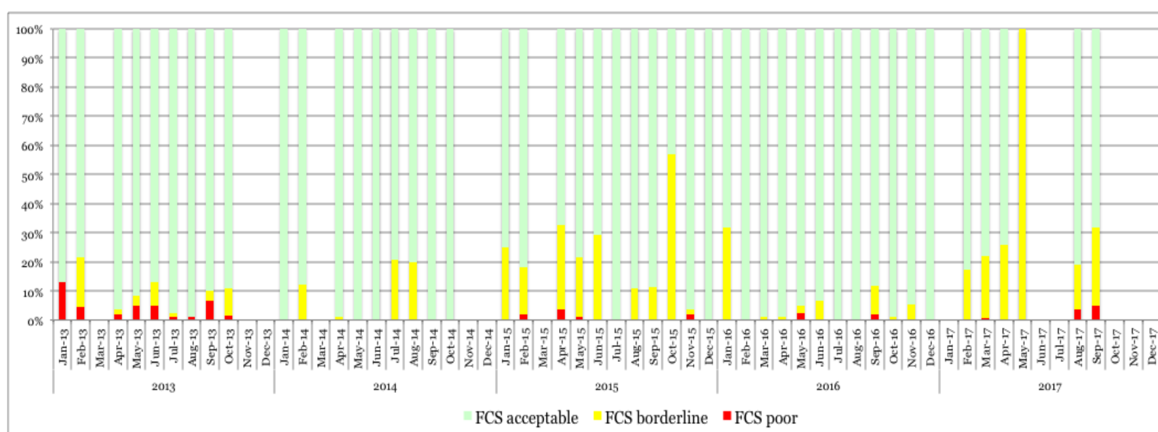
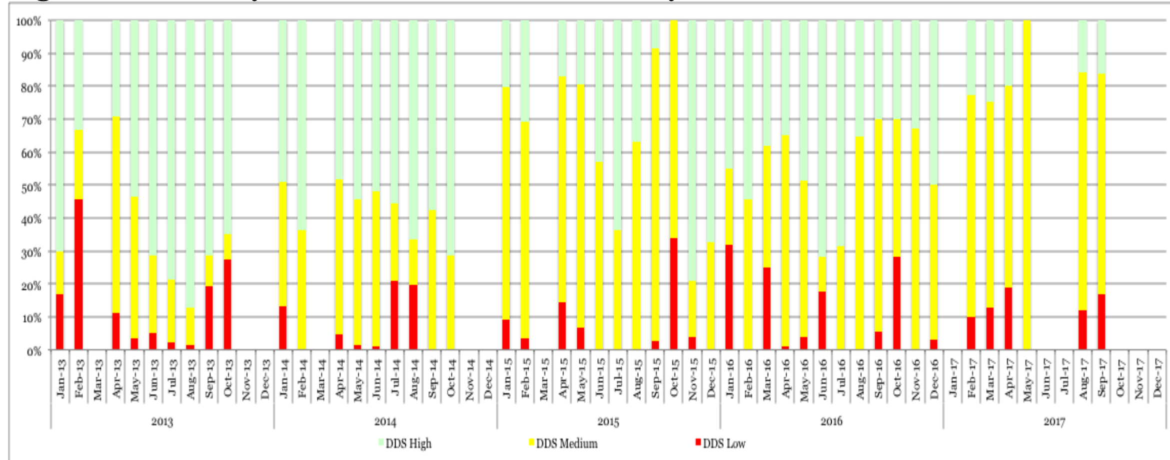


Figure 16. Monthly evolution of the Diet Diversity Score indicator (Source: PDM databases)



The number of months where 3% or more of households had **poor FCS** or more than 20% had **poor DDS**:

- Laayoun: only four months during the whole period and all of them during 2013.
- Awserd: low FCS during three months in 2013, and then one in 2014, one in 2015 and on in 2016, two months in 2017, one being September. Poor DDS during three months in 2013, then two in 2014, three in 2015 and five in 2016. In 2017 only two months and one being September.
- Smara: low FCS three months in 2013 and then one in 2015 and one in 2016, two months in 2017 but one being September. Poor DDS is more present: during 6 months in 2013, four in 2014, three in 2015, four in 2016 and 5 in 2017, one being September.
- Boujdour: low FCS three months during 2013, two in 2015, one in 2016 and only September in 2017. Low DDS during 4 months in 2013, one in 2014, three and five in 2015 and 2016 respectively, and two in 2017, one of them September.
- Dakhla: low FCS is occasional, four months in 2013 and the only in September 2017. Poor DDS is more frequent with 5 months in 2013, three in 2014, two in 2015 and then five in 2017 being one of them September.

Household visits for PDM are made monthly by mixed UNHCR-WFP teams and CISP. Teams are required to visit a number of households during the first and third week of the month, around 200 households per month. The sampling methodology applied prevents (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.

However, a brief analysis of the available data suggests that neither the proportion of households visited in each camp during the studied period corresponds to the estimated number of rations distributed by the camp, nor that the significant increase in the number of annual visits is equivalent to the size of the camps, as shown in Figure below.

Figure 17. Number of annual visits for PDM by camp compared with the absolute minimum recommended by the M&E 2014's mission

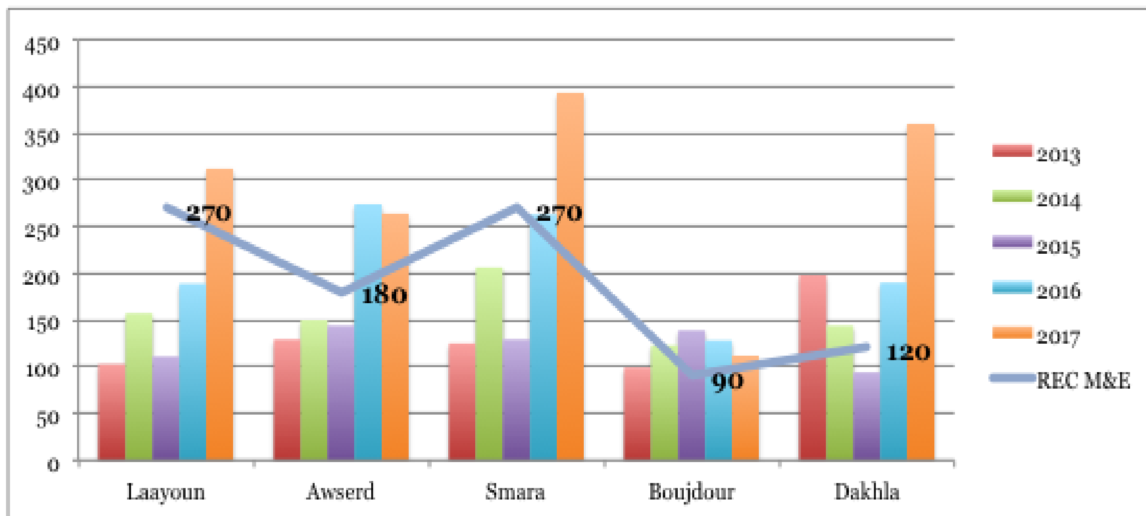
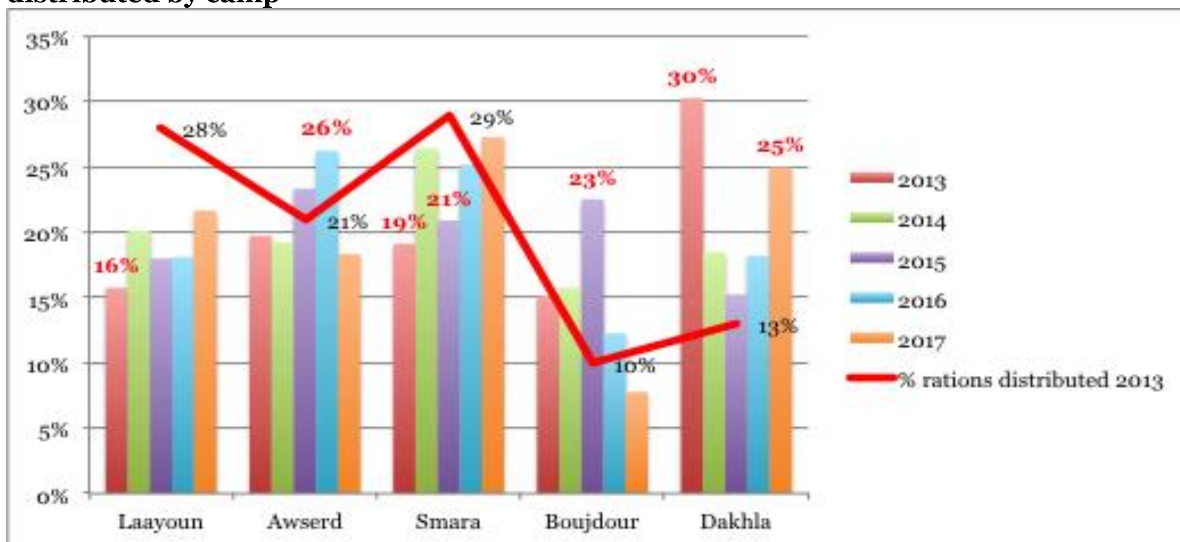


Figure 18. Proportion of annual visits for PDM compared with estimated number of rations distributed by camp



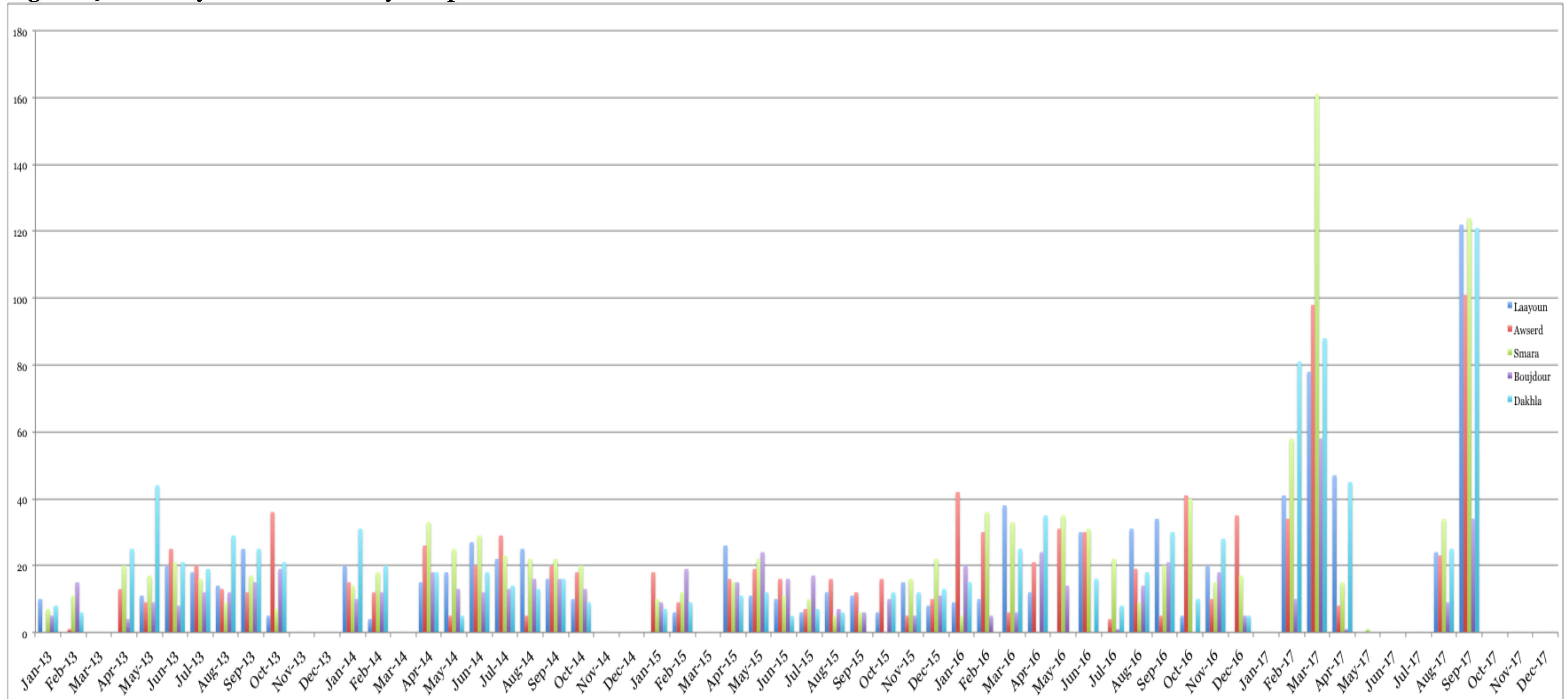
The following Figures present the number of monthly PDM visits by camp compiled and then results for FCS and HDDS individually by camp.

No explanation has been found for the periods in 2013, 2014 and 2015 with no results presented. In 2017, no PDM results during May, June and July. Although is been argued that PDM results are reported quarterly, the database is filled monthly, thus no explanation for these gaps.

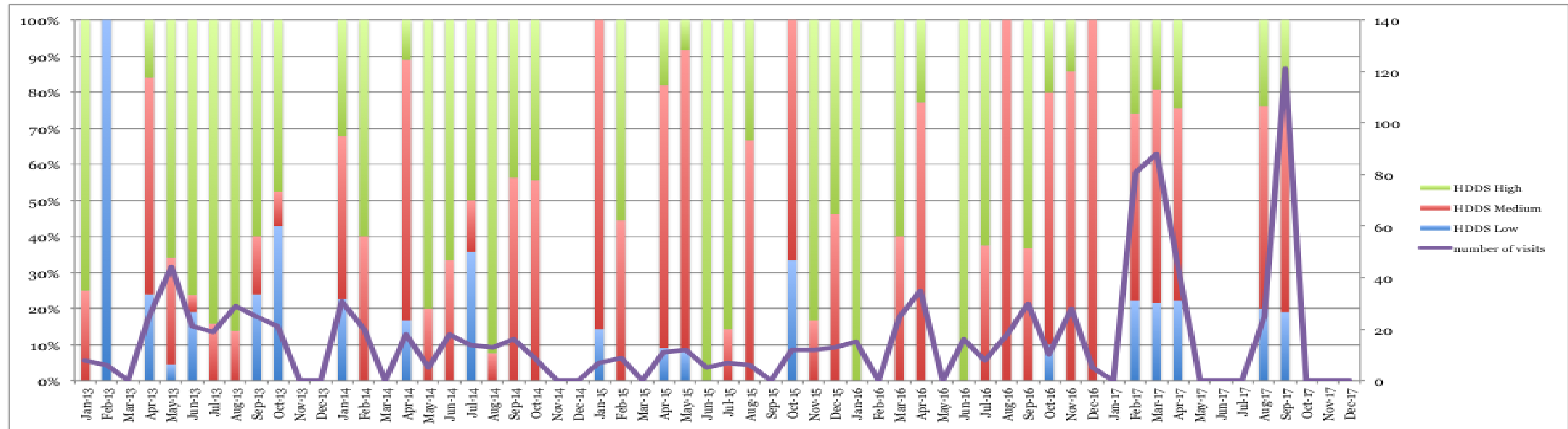
In 2017, the increase on the number of visits between February and April and then in August – September has neither found explanation. Although it has been argued that the contractual arrangements with CISP has allowed a better PDM's coverage.

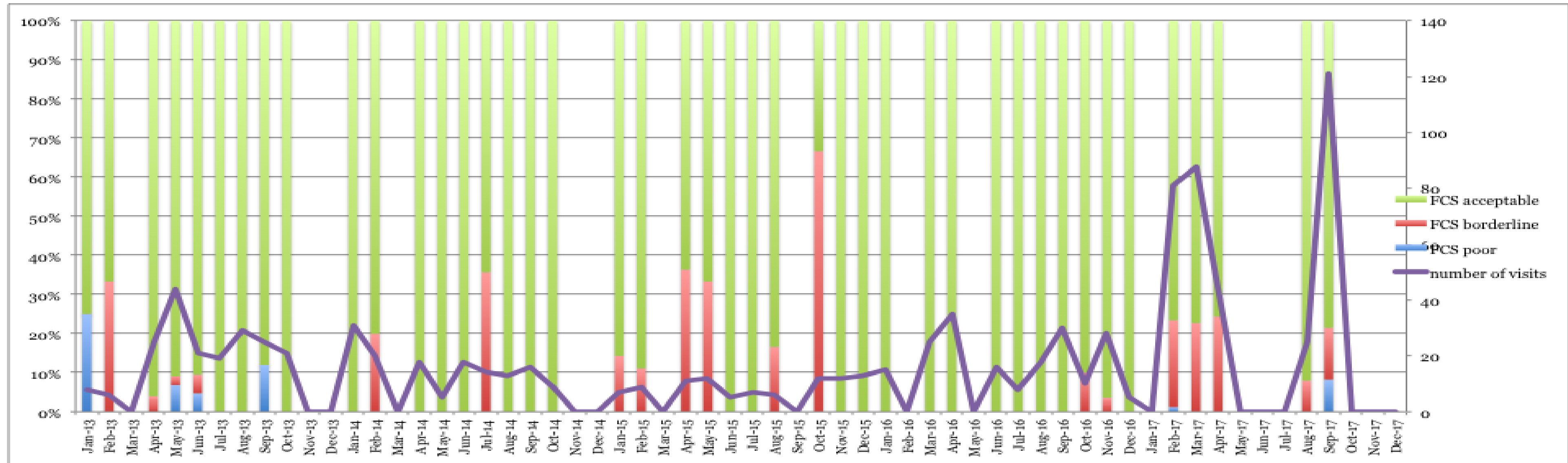
During the increase on the number of visits in September 2017 most of the indicators show a "worsening" of the food security situation in all camps, with the highest proportion of poor FCS and low-medium HDDS.

Figure 19. Monthly visits for PDM by camp

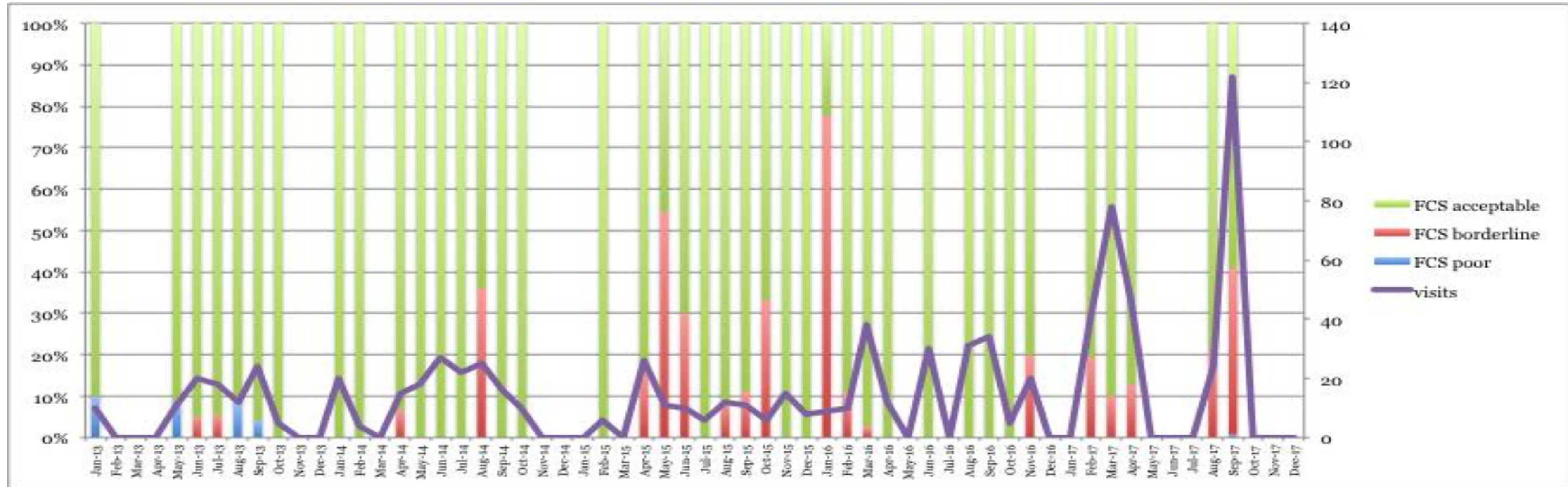


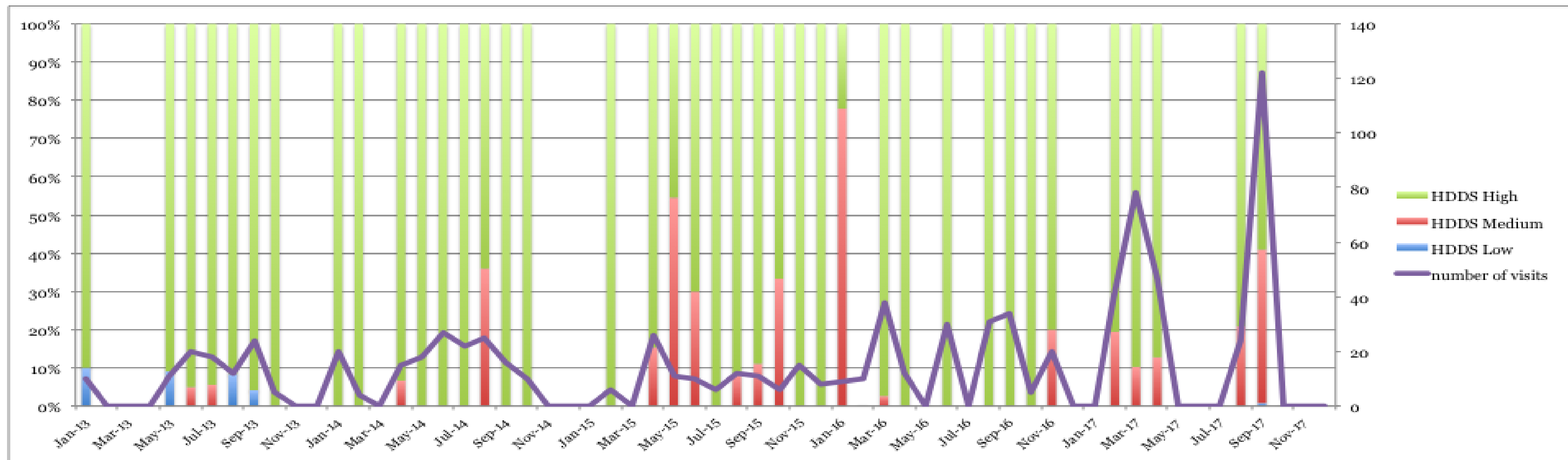
Dakhla



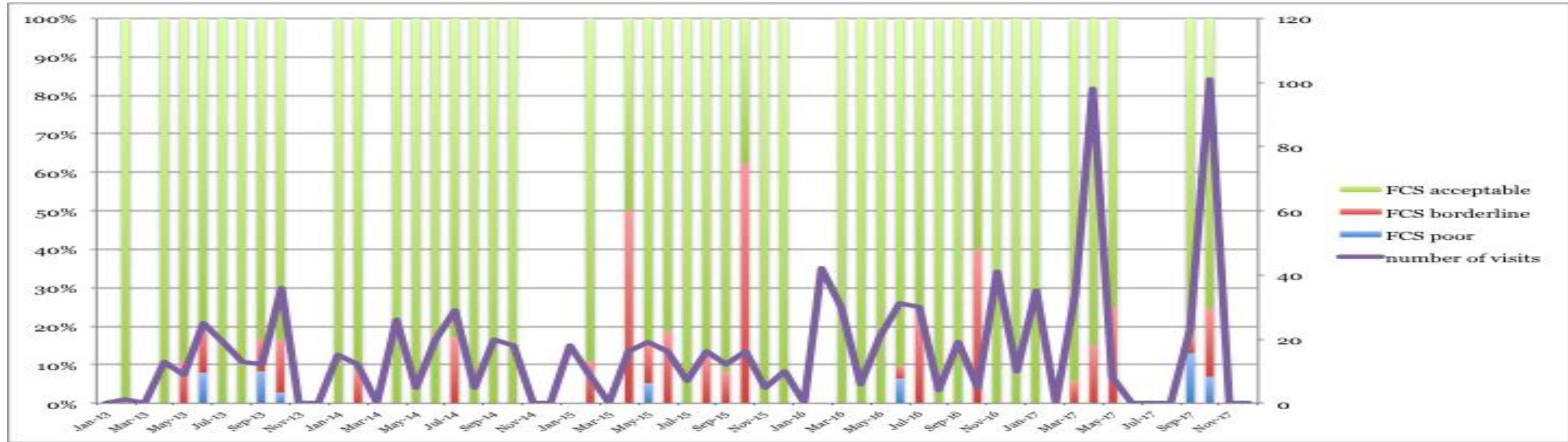


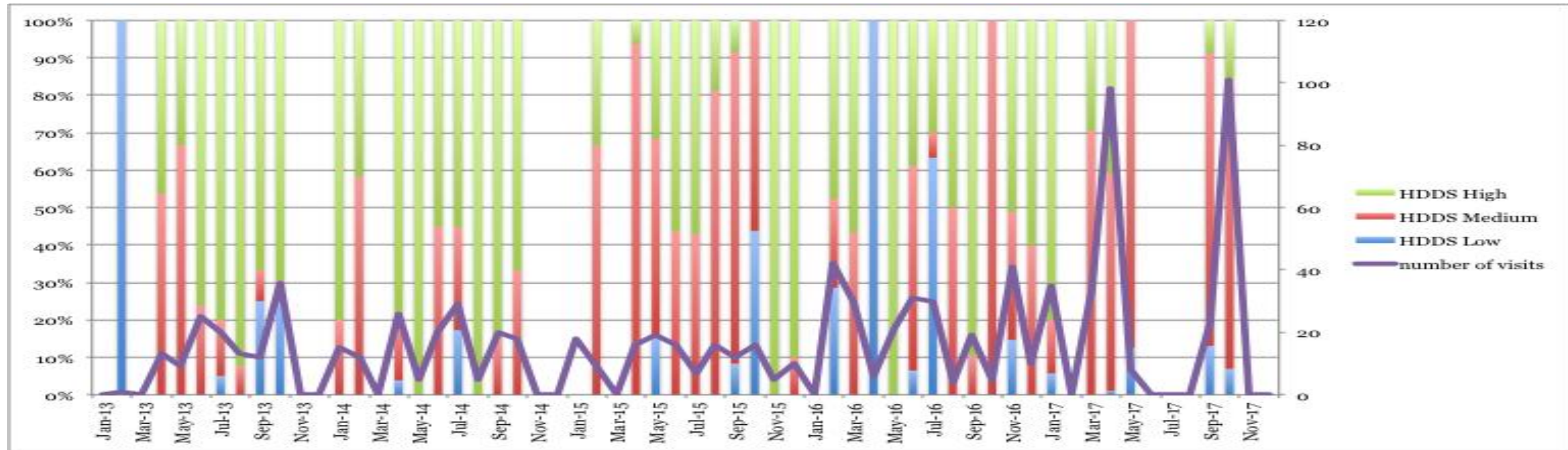
Laayoun



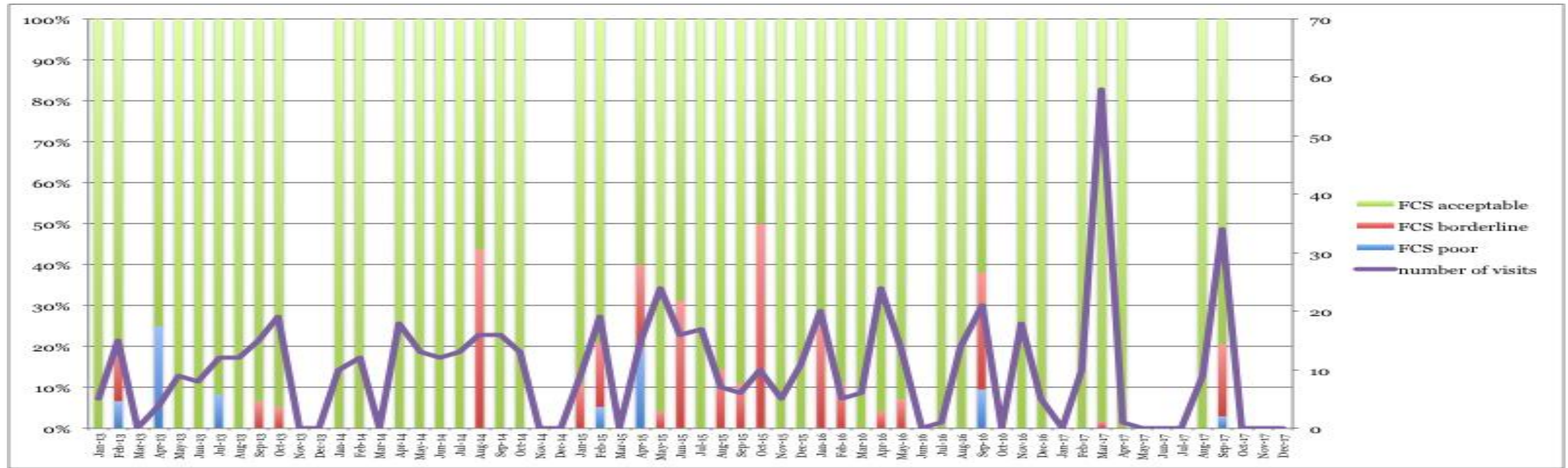


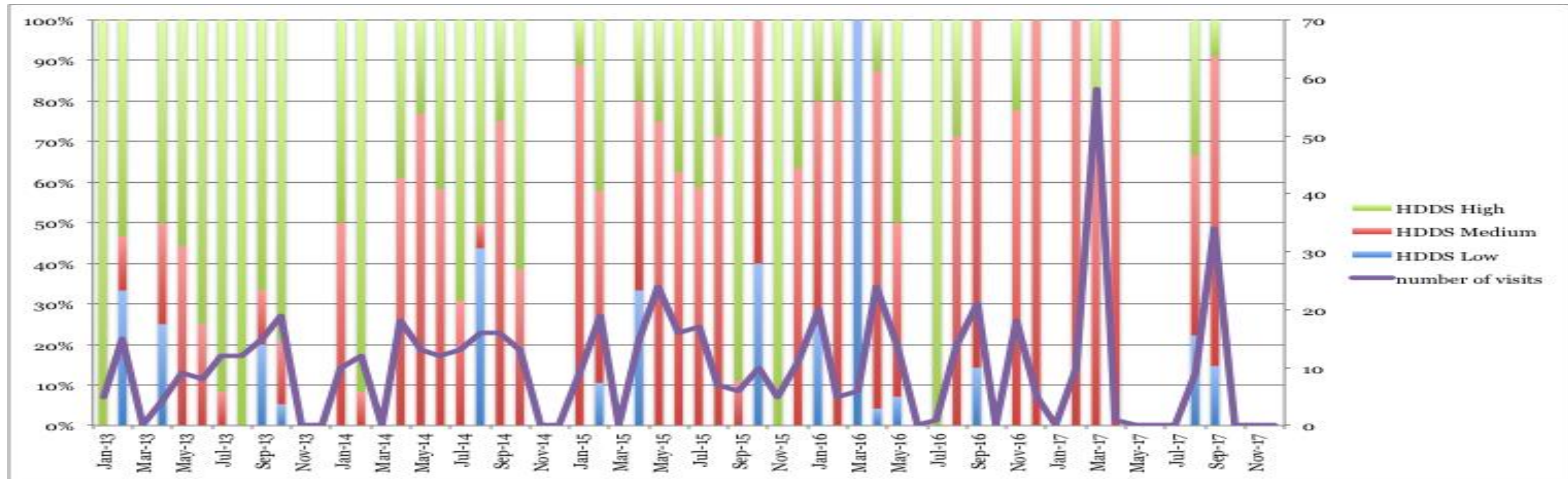
Awserd



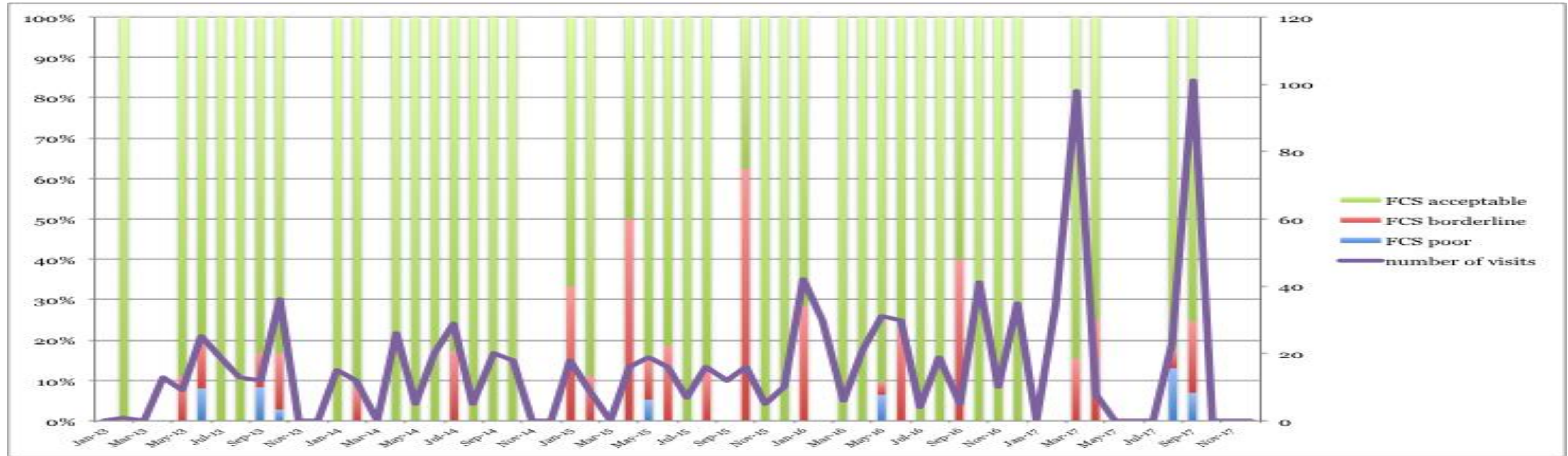


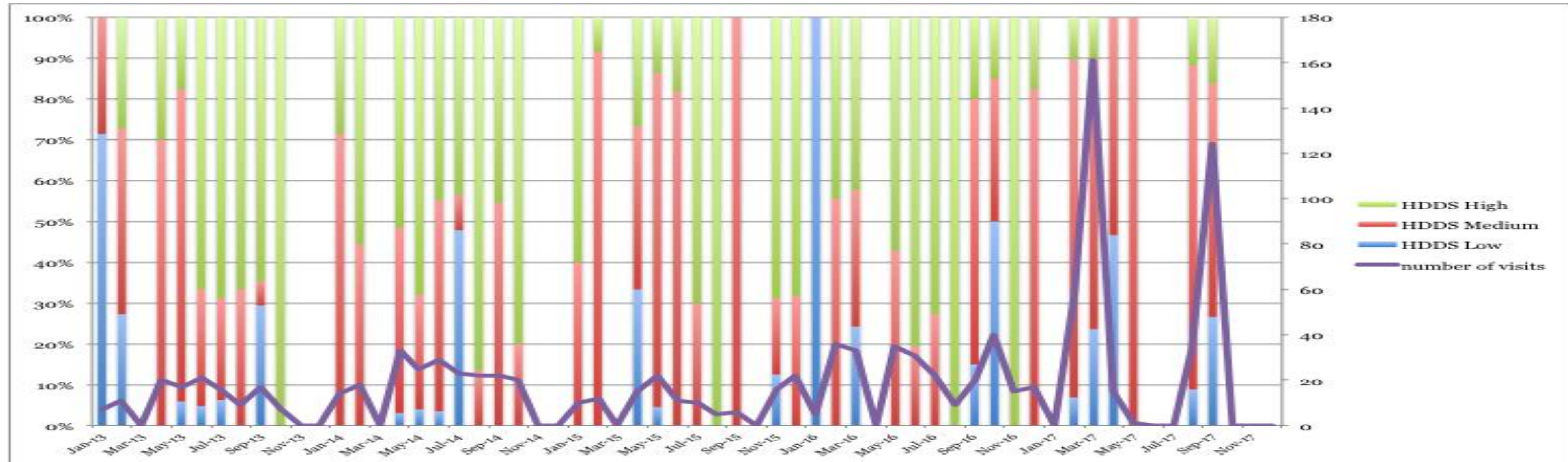
Boujdour





Smara





Annex 18. Contributions by Donor

Table 3. Distribution of yearly contributions of main donors

Year	Donor	Contribution	% of share
2013	CERF	2073336	16%
	ECHO	5108557	40%
	Italy	391134	3%
	Spain	2672751	21%
	Switzerland	2536980	20%
	2013 Total	**12782758**	
2014	ECHO	5471956	46%
	Italy	343879	3%
	Spain	2038043	17%
	Switzerland	3959019	34%
	2014 Total	**11812897**	
2015	CERF	3000000	20%
	ECHO	4634146	30%
	Italy	544662	4%
	Norway	583567	4%
	Spain	1825873	12%
	Switzerland	3119629	21%
	USA	1500000	10%
	2015 Total	**15207877**	
2016	ECHO	4473386	40%
	Germany	1133787	10%
	Italy	546448	5%
	Spain	2219756	20%
	Switzerland	2861273	25%
	2016 Total	**11234650**	

Annex 19. Assistance Provided as Response to Emergencies

The region where the refugee's camps are located is subject to adverse climatological phenomena. Heavy rains and storms and violent winds lash the area every year. Three episodes have been documented for the period covered by the DE and the ET has analysed available information on the response given by WFP and its partners.

In October 2014, WFP carried out an additional distribution of mixed commodities (wheat flour, barley, rice and Supercereal) to 615 affected households to replace their partly destroyed monthly ration under GFD to support those refugees who were affected by heavy rains and flooding.

The 2015 October's floods destroyed shelters and households' food stocks from the October distribution. Information gathered by the ET suggest that, globally, the response to this emergency was essentially led by the local authorities (represented by the MLRS and the CRA) which distributed more than 2,5 MT of food commodities, 344,444 litres of mineral water, fresh milk and dates. A special contribution from Mauritania complemented these emergency rations with peanuts, rice and vegetable oil. Oxfam contributed creating a Crisis Group to distribute products without an assessment and the CRE, through an emergency funds appeal managed to immediately distribute high protein value and ready-to-consume (no need of cooking) like canned fish or cheese. The CRE's food emergency items lasted until mid-2016, coordinated with Solidaridad that was distributing mackerel (Source: CdC meeting minutes, January 2016). A last single distribution was intended for PLW in June 2016 (Source: Coordination meeting minutes, July 2016).

In response to the emergency, WFP was able to bring forward the following monthly ration without capacity for replacing the devastated stocks (205 MT) to support the affected refugees for up to seven days, bridging the gap until the November GFD cycle). According to stakeholders interviewed UN agencies spent the first weeks organising meetings and very little immediate action was seen. As exceptional measure, dates that were close to the expiration date (after the recommendation made by the MLRS). Several documents consulted by the ET mention WFP carrying out a rapid food security assessment post 2015's October floods. However, no report has been made available to the ET and information gathered suggests that its results weren't validated as data collection took place while population had already benefited from several emergency distributions and they didn't reflect camps' reality.

In August 2016 storm and heavy rains affected Laayoun camp. A multi-sectorial inter-agency assessment took place within the next 48 hours. WFP participated, as lead for the food sector. Serious damages were identified in domestic food stocks and stocks in distribution points, and in some routes, complicating access for transport of goods and persons. The joint assessment report made available to the ET concludes with a consolidated budget proposal which doesn't gather WFP needs for covering the "*provision of food to the 849 households that lost their food rations*". Actually, WFP distributed 2,000 emergency rations to replace lost food stocks. The food basket distributed constituted of half a ration to 400 families to cover the rest of August.

In July 2017 heavy wind in Dakhla camp caused harm in 104 household's shelters. A joint rapid assessment took place, in support to the local authorities, but no information available on WFP's participation or in food stocks damages.

Annex 20. Evaluation Matrix Notation

Key Question 1: How appropriate is the intervention		
Nb.	Sub-questions	Notation *(A: Excellent to E: Very Weak)*
1.1	To what extent were the design and consequent adaptations of the nutrition components of the PRRO in line with the needs of the targeted groups: women, girls, boys, men, pregnant and nursing women?	C
1.2	To what extent the nutrition components of the PRRO were coherent to PRRO objectives?	B
1.3	To what extent was the nutrition component of the PRRO coherent with Sahrawi authorities' policies?	C
1.4	To what extent was the nutrition component of the PRRO coherent with WFP sector policies and WFP Strategic Plans and Frameworks?	B
1.5	To what extent was the nutrition components of the PRRO coherent with the nutrition interventions implemented by other stakeholders (UNHCR, UNICEF, I/NGOs...)?	C
1.6	To what extent are the nutrition components of the PRRO coherent with the approaches of sectorial partners?	C
1.7	To what extent is the nutrition component of the PRRO is satisfying population's perceived needs?	C

Key Question 2: What are the nutrition results of the operation		
Nb.	Sub-questions	Notation *(A: Excellent to E: Very Weak)*
What are the short and medium-term results in terms of (1) Reducing malnutrition and anaemia prevalence and (2) Increasing knowledge and/or changing behaviour of mothers and female adolescents regarding hygiene, sanitation, health and nutrition		
2.1.1	During the period, target groups (women, girls, boys, men, pregnant and nursing women) have effectively been reached (outputs)	D
2.1.2	Timeliness of the interventions	D
2.1.3	Achievement of expected nutrition outcomes	C
2.2	Unexpected effects of the intervention have been assessed / documented / taken into account	C
2.3	What were the gender-specific impacts, especially regarding women's empowerment?	D

Key Question 3: Why and how the intervention has produced the observed results?		
Nb.	Sub-questions	Notation *(1: Enhancing Factor to 5: Very Limiting)*
3.1	What are the key internal factors explaining the results obtained	
3.1.1	Logistics	2
3.1.2	Monitoring and evaluation	4
3.1.3	Organisational capacity of WFP – Algeria to deliver the programme	3
3.1.4	Partnerships	3
3.2	What are the key external factors explaining the results obtained	
3.2.1	Access and security	3
3.2.2	Availability of funds and sensitivity of financial partners to the issues around the intervention	5
3.2.3	Institutional environment	3
3.2.4	Geographical factors (distances, climate, infrastructures...)	3
3.2.5	Economic factors (markets, products...)	3
3.3	How much involved is WFP in the actual mechanisms for sectorial and inter-sectorial coordination?	
3.3.1	How well is WFP coordinating with partners in the food security and nutrition sectors?	C
3.3.2	How are the food security and nutrition sectors coordination mechanisms within the inter-sectorial coordination mechanisms?	D