

# UNHCR WFP Joint Assessment Mission Algeria

2016





### **Joint Needs Assessment, Algeria, April 2016**

2016 World Food Programme (WFP)  
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### **UNHCR WFP Joint Assessment Mission Algeria, April 2016**

Data collected in March 2016

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## Abbreviations and acronyms

|       |  |
|-------|--|
| ACM   | anaemia and chronic malnutrition   |
| AECID | Agencia Española de Cooperación Internacional al Desarrollo  |
| AGDM  | age, gender and diversity mainstreaming assessment   |
| ANC   | Antenatal Care   |
| ARC   | Algerian Red Crescent Society  |
| ASR   | Anaemia and Stunting Reduction   |
| BCC   | behavioural change communication   |
| BCM   | beneficiary contact monitoring   |
| CdC   | Cellule de coordination de la sécurité alimentaire et la nutrition - Food Security and Nutrition Coordination Cell |
| CISP  | Comitato Internazionale per lo Sviluppo dei Popoli (Italy)   |
| CMAM  | community-based management of acute malnutrition   |
| CSB   | corn soya blend  |
| EIC   | Education, Information and communication   |
| DDS   | dietary diversity score  |
| DSM   | dried skimmed milk   |
| DZA   | Algerian dinar   |
| ECHO  | European Commission Humanitarian Aid   |
| EDP   | extended delivery point  |
| FCS   | food consumption score   |
| FDP   | final delivery point   |
| FSM   | food sector meeting  |
| GAM   | global acute malnutrition  |
| GFD   | general food distribution  |
| EPI   | Expanded Program on Immunization   |

|        |  |
|--------|--|
| HEB    | high-energy biscuits   |
| HIS    | Health information system  |
| IAWG   | Inter-Agency Working Group   |
| IMCI   | Integrated Management of Childhood Illness   |
| ISWG   | Inter-Sector Working Group   |
| IYCF   | Infant and Young Child Feeding   |
| JAM    | UNHCR/WFP joint assessment mission   |
| MAM    | moderate acute malnutrition  |
| MCHN   | mother and child health and nutrition  |
| MNP    | micronutrient powder   |
| MDM    | Médicos del Mundo (Spain)  |
| MoU    | Memorandum of Understanding  |
| NCD    | Non Communicable Diseases  |
| NFI    | Non Food Items   |
| PDM    | post distribution monitoring   |
| PISIS  | Programa Integral de Salud Infantil Saharawi – Integrated programme for Sahrawi Child Health |
| PLW    | pregnant and lactating women   |
| PRRO   | protracted relief and recovery operation   |
| PTA    | parent teacher association   |
| rCSI   | reduced coping strategy index  |
| RFSA   | Rapid food security assessment   |
| SAM    | severe acute malnutrition  |
| SENS   | standardized expanded nutrition survey   |
| SPR    | standard project report  |
| SRC    | Spanish Red Cross Society  |
| TGH    | Triangle Génération Humanitaire  |
| UNHCR  | United Nations High Commission for Refugees  |
| UNICEF | United Nations Children’s Emergency Fund   |
| WASH   | water, sanitation and hygiene  |
| WFP    | World Food Programme   |

## Executive Summary

For over 40 years, refugees from Western Sahara have been hosted in Algeria near Tindouf approximately 2,000 km southwest of Algiers in the camps of Layoune (10 km from Tindouf), Boujdour (25 km), Awserd (35 km), Smara (53 km) and Dakhla (180 km). The camps are located in a remote and harsh agro-ecological environment and refugees have relied essentially on humanitarian assistance since then.

According to the Memorandum of Understanding (MoU) of January 2011, UNHCR and WFP are committed to carry out periodic joint assessment missions to review the on-going interventions. The JAM is mainly based on the triangulation of collected and compiled primary and secondary data, using essentially qualitative methods. The assessment team visited the five camps and carried out key informants interviews, focus group discussions, individual household visits as well as visits to health facilities and the local markets. 75 purposively selected households were interviewed to determine their food consumption, expenditures patterns and access to livelihoods.

In the absence of formal registration, UNHCR and WFP humanitarian assistance is based on a planning figure of 90,000 most vulnerable refugees and an additional 35,000 food rations to address the poor nutritional status in the camps. UNHCR and WFP are collaborating on nutritional activities addressing acute malnutrition, prevention of anaemia and stunting. School feeding is also provided to 32,500 children attending primary school.

The assessment confirms that the households remain largely dependent on humanitarian assistance, including food assistance to cover their basic needs as it represents approximately 52 % of their food consumption. Their food consumption is overall acceptable with only 9 % having borderline food consumption. But the analysis of specific food security indicators indicates that there are noteworthy differences between households with regard to their access to food, assets and livelihoods.

Poorer households spend over 60% on food whereas others allocate less than 30 % of their budget to food. Better-off households have sufficient economic means to purchase meat and dairy products regularly. It is estimated that at least a quarter of the assisted households are food secure.

Food assistance has to address actual needs and vulnerabilities and sustain household capacities. Social and economic profiling of households will allow through a community based approach to determine wealth groups with the aim of adapting the rations to the actual needs of households' food security and vulnerabilities. This approach will ensure that the social cohesion of the refugees community will not be jeopardized and ascertain common sharing of approaches and implementation oversight. Some persons or families 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.

A variety of food items are found on the market. The demand is high on tea, sugar, pasta and milk and relatively low on the fruits and vegetables that are expensive considering the purchasing power of refugees. Limited availability of cash seems to restrict the demand. Indebtedness can be high and over long periods, thus putting in particular small shops at risk as they have little capital and a reduced turnover. In order to diversify the food ration and to contribute to fostering the market activities, it is recommended that the general food distribution be supplied through a hybrid transfer modality including a commodity voucher supplementing staple foods with food items providing protein. An assessment confirmed the feasibility as regard to the market structure.

As the school feeding programme contributes to attendance, retention and learning capacities, 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.

The stability of food distribution and improvement in the malnutrition program has stabilized the food security and nutrition situation. However, the level of acute malnutrition (7%) and stunting rate (25%) are above low or acceptable WHO thresholds.<sup>1</sup>

The refugees are well covered with primary and secondary health care services throughout the camps. Refugees have also free of charge access to the Algerian national health services including tertiary care. The morbidity indicators are stable with some seasonal increases in chest infections and diarrhoea.

Refugees have limited access to livelihoods. The main employment opportunities with the community services and local refugee organization are voluntary or incentive based. Some refugees are employed by national or international NGOs or established their own private businesses. Private initiatives are key sources of income for these households. Besides, family gardens (300-500 per camp) and livestock activities are complementing humanitarian aid but face many difficulties.

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<sup>1</sup> WFP/UNHCR Nutrition Survey, Novembre 2012.

Between 2012 and 2015, 680 students have graduated from youth and 330 from women vocational skills training centres. However, vocational training has limited leverage on employment opportunities. There is a lack of investment capital, of skills in business start-up and management as well as limited market outlets. Furthermore, there are no regulations to support private business initiatives, or career/small enterprise advice and technical support. Further studies will determine how to address these challenges and contribute to implementing a livelihood and resilience strategy.

Inter-sectorial and inter-agency level coordination at field and national levels is established and will be refined. The coordination mechanism should facilitate producing operational guidance, information sharing and strengthen the link between coordination outcomes and decision-making. Food assistance coordination mechanisms are well established and operate smoothly.

Monitoring systems, in particular on food distributions, will have to give special attention on the regular analysis of the monitoring results and dissemination of findings. Beyond facilitating evidence based decision-making on the implementation, regularly produced reports will also allow to reinforce the visibility of UNHCR and WFP actions and contribute to promoting funds mobilization.

## Part 1 – Introduction

### a) Background

In 1975, thousands of people fled the disputed territory of Western Sahara and settled in Algeria in the area of the town of Tindouf approximately 2,000 km southwest of Algiers. They were recognized as *prima facie* refugees by the Government. For over 40 years, Sahrawi refugees have been living in the camps of Layoune, Boujdour, Awserd, Smara and Dakhla located between 10 and 180 km from Tindouf.

The camps are located in an arid region with periods of extreme heat and very low rainfall. The agro-ecological environment is harsh and the living conditions of the refugees are very difficult with a limited access to livelihood opportunities.

At the request of the Government of Algeria, UNHCR and WFP provided support to cover the basic food needs of the refugee population since 1986. In the absence of formal registration, WFP and UNHCR have agreed to use the planning figure of 90,000 vulnerable refugees targeted through GFD and 35,000 supplementary rations for the most vulnerable. UNHCR and WFP collaboration on nutrition programming and the integration of all nutritional activities addressing acute malnutrition, prevention of anaemia and stunting was reinforced. School feeding is also provided to 32,500 children attending primary school.

The floods of October 2015 severely affected approximately 11 500 families (approximately 35 000 people). Houses were destroyed or damaged, in particular in the camp of Dakhla, which was badly hit by the torrential rains. Approximately 85,000 daily food rations distributed a few days before were lost. Social and productive infrastructures such as health centres, hospitals, schools, warehouses, businesses, workshops and assets were also destroyed.<sup>2</sup>

The situation prompted the implementation of a Rapid Food Security Assessment (RFSA) in November and a quantitative survey in December 2015. They acknowledge the high reliance of households on food assistance for their food consumption and that many lost their domestic and

<sup>2</sup> Humanitarian SITREP, 17 December 2015, UNICEF.

productive assets. However households' sources of income and availability of assets, and level and structure of expenditures indicate that their economic means and access to food vary amongst them.

Though initially planned to take place in October 2015, the nutrition survey was postponed to October 2016 due to emergency situation triggered by the floods. The 2012 nutrition survey reported that, while some nutrition indicators improved since the 2010 survey, the nutrition situation remains as a concern. The Global acute malnutrition (GAM) amongst children 6-59 months remained stable at less than 8 %.

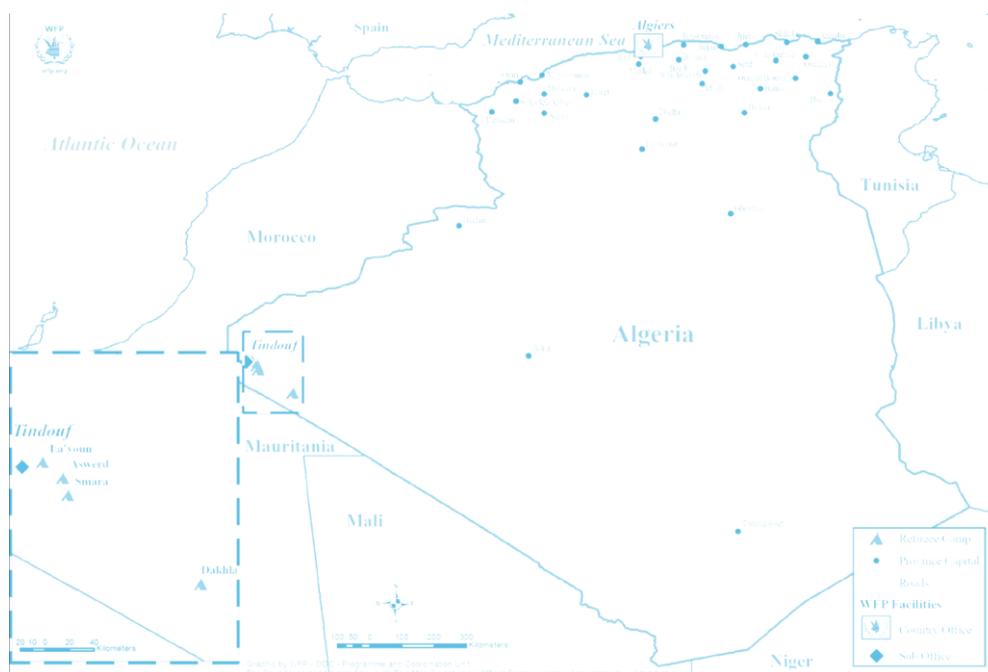
The prevalence of chronic malnutrition of 25 % improved as compared to the prevalence of almost 30 % in 2010. The most encouraging results are the levels of anaemia, which dropped from over 52 % to less than 29 % between 2010 and 2012 in children aged 6-59 months and from almost 50 % to less than 38 % in women of child-bearing age. However, indicators vary amongst camps and age-groups and their levels remain of concern. Another worrying issue are the high levels of overweight and obesity amongst women in childbearing age which are the main risk factors for metabolic diseases such as diabetes, hypertension, cardiovascular diseases and cancer. Together with celiac disorder also prevalent in the camps, chronic diseases represent a major public health concern.

The 2013 JAM had indicated that refugees were still dependent on humanitarian assistance, but did not share homogenous socio-economic conditions. It noted that some groups remained extremely vulnerable to food insecurity, as they were totally dependent on assistance and support from the community. Therefore the mission recommended that the assistance be adjusted to households' real needs and targeted accordingly. Major recommendations focused on the development of a livelihood strategy, the need to address more specifically the needs of women and young people, the piloting of a voucher system, the enhancement of the health assistance, the expansion of the school feeding to pre-primary children and ensuring more strategic planning through the coordination mechanisms. Progress was made mainly on the health and nutrition assistance, the design of a livelihoods strategy and an assessment determining the feasibility of a voucher transfer modality system.

According to article 3.9 of the Memorandum of Understanding signed in January 2011, UNHCR and WFP are committed to carry out periodic joint assessment missions in line with JAM standard guidelines in order to review the on-going interventions and the changes and trends in the food security and nutrition situation of the refugees, examine operational issues and provide orientations on the way forward. The assessment will provide an evidence base for the formulation of WFP new protracted relief and recovery operation (PRRO) starting in January 2017.

Particular attention was paid to complementary activities meant to strengthen livelihoods and resilience in order to alleviate the cycle of dependency on assistance of the refugees, acknowledging the impact of a protracted situation lasting for over 40 years. Within this context, special consideration was given to the youth that has limited opportunities to access higher education, adapted skills training, formal employment and means to create business.

Figure 1: Location of the 5 camps hosting refugees from Western Sahara



## b) Current humanitarian assistance

### Food

WFP provides 90,000 monthly rations and additional 35,000 rations for the most vulnerable. The level of funding, pipeline management and possibility to resort to the security stock managed by the Spanish Red Cross (SRC) allowed for regular supply of monthly rations. Their energy value varied between 1950 and 2200 (ration/day/person) with additional fresh food supplied by OXFAM under EU finding provided to 125,000 people to diversify their diet and improve micronutrient intake. Funding for fresh food is expected to decrease to 90,000 monthly rations. Around 3,200 very vulnerable persons (elderlies and disabled) are also entitled to receive 1 egg/day and 2 kilos of gluten free flour are distributed to 800 persons with celiac disease.

### School feeding

Under the school feeding programme, WFP provides a mid-morning snack to 32,500 children attending primary school aiming at addressing short-term hunger. It contributes to improving attendance, retention and concentration in school. Though the initial programme included only fortified date bars (80 gr/day/child), in-kind contributions by Switzerland and improved sanitary conditions in schools allowed providing prepared dried-skimmed milk (80gr/day/child). Due to financial constraints, WFP could not supply the biscuits over the last 12 months.

### Health

UNHCR ensures the support to the health services in the camps. The health infrastructure is established in the five camps and includes 27 primary health care clinics and five hospitals as well as one central hospital in Rabouni. There is a medical referral system established for secondary and tertiary health services. UNHCR provides the health sector with medical consumables/reagents for x-rays, labs and dental care services. Incentives are provided to staff working in health. A nursing and midwifery school is established in Smara camp.

### Nutrition

UNHCR and WFP support the community-based management of acute malnutrition by ensuring technical assistance and supplying nutrition products. PlumpyNut® is given by UNHCR to severely malnourished children while WFP provides PlumpySup® to moderately malnourished children and a premix of superceralPlus®, oil and sugar to malnourished pregnant and lactating women (PLW). The prevention of stunting and anaemia program includes the blanket distribution of Nutributter to 13,300 children between 6-59 months, and MNP to 6,360 PLW. In addition to EIC sessions, the IYCF support program for each health centre includes a one-day per week for awareness sessions on breastfeeding technics (kind of baby tents), and food diversification practices (cooking, food items to be introduced according the age, hygienic measures).

### **Water, sanitation and hygiene**

UNHCR provides potable water to all refugees (17 – 20 L/person/day) in the camps, ensures the maintenance of the existing water network, provides family water storage to refugee households and supports the management of the water quality and supply. UNHCR also distributes hygienic kits to all women and girls of reproductive age and supports a soap-making workshop supplying soap to all households. Likewise, UNHCR supports waste management initiatives in the camps.

### **Non-food items**

UNHCR provides one gas cylinder per family/month (over 8 months), regardless of the size of the family and 1060 new gas cylinders every year to the newlyweds and most vulnerable households. UNHCR also distributed 1834 kitchen utensils kits and 2000 jerry cans for the most vulnerable families, especially in Dakhla, after the October 2015 floods.

### **c) The JAM Objectives**

The overall objective of the JAM is to assess the food security and nutrition condition of refugees and indicate the way forward regarding the assistance.

More specifically, it aims at:

1. Documenting the food security and nutritional situation of refugees and changes and progress made since last JAM;
2. Reviewing the quality and appropriateness of on-going food security and nutrition-related interventions with regard to products, approaches, associated factors, livelihoods and complementary activities. Envisage different food transfer modalities, as appropriate;
3. Examining the status of people with specific needs (schoolchildren, elderlies, pregnant women, celiac cases) and possible adjustments of the interventions;
4. Reviewing the inter-sectorial coordination mechanisms to ensure the involvement of the humanitarian actors in the process.

### **d) Methodology**

The JAM is mainly based on the triangulation of collected and compiled primary and secondary data, essentially using qualitative methods.

The secondary data made available was WFP and UNHCR monthly monitoring data and reports, the 2012 nutrition survey, the PISIS (Programa Integral de Salud Infantil Sahrawi) protocol, the

2013 JAM, the Rapid Emergency Assessment of November 2015, the quantitative survey of December 2015, the reports of the *Mesa de Seguridad Alimentaria*, the 2015 AGDM and the WFP 2014 standard project report (SPR).

For the field visits, qualitative participatory tools were used essentially, based on checklists prepared and shared beforehand. These were used for key informant's interviews, focus group discussions and individual household visits. A questionnaire was also adapted and 75 purposively selected households were interviewed in the 5 camps to determine their food consumption, expenditures patterns and access to livelihoods. One third of poorer, one third of middle level and one third of better-off households were selected on the basis of a set of criteria: housing conditions, domestic assets and relative distance from the centre of the camp. Though not statistically representative, these findings were crosschecked with results of available assessments and monitoring data, and permitted refining the understanding of the determining factors of the refugees' food security and nutrition situation.

The mission took place from 12 to 24 March 2016 with the participation of UNHCR and WFP staff. Following activities were carried-out, organized in 3 sector groups, namely food security and food assistance (including school feeding) and non-food items (NFI), health, nutrition and water, sanitation and hygiene (WASH), and livelihoods and resilience:

- Visits to 14 households, 3 schools, 2 kindergarten, 2 food distributions points and gas distribution, 5 hospitals and 5 primary health care clinics and WASH facilities, 4 family and 1 community gardens, 1 public and 5 private bakeries and 4 private shops in the 5 camps;
- Interviews with camp representatives and refugee leaders;
- Four focus group discussions with current or former vocational training students and 2 with women on food security;
- Sectorial interviews with teachers, heads of health, education and agriculture representatives, health practitioners and water sector heads;
- 75 questionnaires for household interviews.

## Limitations

As focus groups discussions on food security were not informative enough as they focused only on the provision of increased food rations, the team shifted to individual household's visits that allowed better exchanges of information. Data collection tends to be more difficult in protracted situations. Some refugees also expressed a feeling of assessment fatigue with regard to the recurrence of assessment of income generating activities and training with no tangible outcomes.

The data on malnutrition and anaemia are mainly from the 2012 nutrition survey. The planned 2015 nutrition survey was cancelled as a result of the floods in October and will be implemented in October 2016.

## Part 2 – Findings

### a) Food security

#### i. Food availability

The joint assessment mission of 2013 already aimed at a better understanding of the market systems in the camps and to verify whether alternative transfer modalities for food assistance could be considered. The recommendation to pilot a food voucher system in order to stimulating the local market, enhancing dietary diversity and empowering refugees in their food choice

prompted the assessment of its feasibility through a tiered approach. An intersectorial assessment undertaken by WFP in October 2015 proposed an hybrid transfer modality including the continuation of the distribution of the staple commodities complemented by a transfer modality still to be defined (cash or voucher) upon consultations with refugees and partners.

The intersectorial assessment clustered shops into three categories: i) large shops with mixed goods (mainly grocery), electric storage capacities, separate store and cold rooms; ii) smaller shops with limited storing space, more primitive construction and less diversity of goods; iii) shops that are rather kiosks with no storage area and limited availability of food products. There are an estimated number of 16 to 20 shops in each camp (except Boujdour with only 10 shops).

The JAM assessment team visited a few small grocery shops in order to verify the availability of food products, including fresh products and to better understand the demand of various food items, seasonal availability and fluctuation of prices. As underlined by the intersectorial assessment, it observed that the following food items were available: rice, wheat flour, pasta, bread, different types of biscuits, cereals, baby food, sugar, vegetable oil, butter, juices, soda, tea, milk, different types of dairy products of different brands, water, juice, egg, big variety of canned food (tuna/vegetables, beef), beans, pulses and candies. Smaller shops have less of a variety. In the butcheries, locally produced camel meat and chicken purchased in Tindouf are being sold. The demand for chicken is relatively recent. Though less preferred than camel meat, it is a cheaper animal protein which consumption is increasing in the camps. Fruits and vegetables are not available in all shops as storage capacities are inadequate and demand low. When available, tomatoes, bananas, apples, potatoes, carrots, and green peppers are prevailing.

Shopkeepers confirmed that demand is high on tea, sugar, pasta and milk and relatively low on the fruits and vegetables that are expensive with regard to the purchasing power of the refugees. Some retail shops adapt their offer such as during food distributions when the demand of vegetables, fruits, rice and wheat flour is low. Limited availability of cash seems to restrict the demand. Indebtedness can be high and over long periods, thus putting in particular small shops at risk as they have little capital, and their turnover and subsequently offer are decreasing.

According to the intersectorial assessment, the existing network of groceries is rather convenience shops enabling better-off households to complement the basic food ration. Shops are owned and run by refugees who have no bank account and do not pay taxes. Local supplies are mainly brought from Tindouf and restock weekly due to small storage capacity, small turnover/sales and restriction to operate vehicles with over 1.5 MT capacities. Medium and large shops confirmed the capacity to increase the supplies if demand is secured through the increase of the purchasing power of the population.

## ii. Food access

### Sources of income

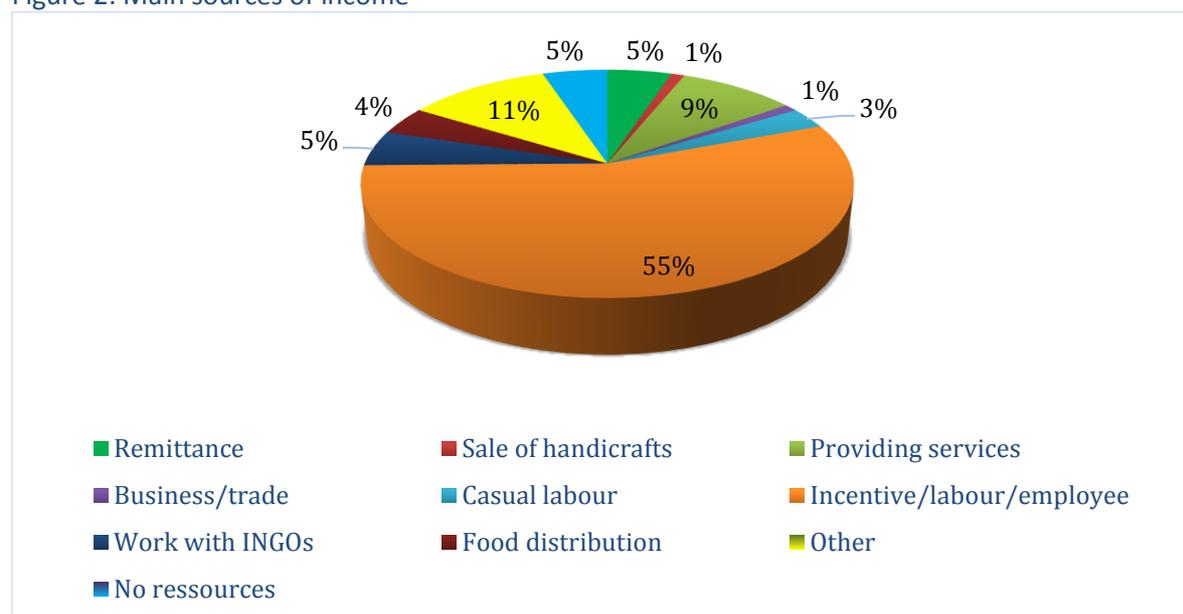
The agro-ecological context and economic environment are not enabling and still result in a high dependency of the refugees on humanitarian assistance even after 40 years of displacement. However, most of the households have developed means or are involved in activities that allow them to complement in a way or another their food and other needs beyond what they receive.

The graph below shows the results of the household survey undertaken during the JAM, which gives an overview of the main sources of income of interviewed households in the camps. There are 41 out of 75 households who reported that their main source of income was coming from some form of employment, which in principle is more reliable. Though, during the interviews and discussions, the reference to some regular work with the refugee organizations or for the

community came out frequently. The income from such activities is low and range from DZD 3500 to 12000per month.<sup>3</sup>

Providing services refers to small private businesses such as hairdresser, cleaning, laundry, tailoring, etc. It shows the development of private initiatives. However, the capital available and management skills are often limited. These small businesses are very dependent on the purchasing power of refugees and therefore their economic viability is fragile. After the floods, the demand for brickwork was higher and better paid than usual, in particular in the camp of Dakhla. It provided opportunities for additional income. This activity, as other casual labour, is a complementary source of income that remains precarious with a fluctuating demand over time. A few households also reported that they were receiving remittances provided by family members working abroad.

Figure 2: Main sources of income



### Sources of food

The distributed food basket includes dry food and fresh products. The general food ration is diversified as it includes, in principle, 3 types of cereals (usually wheat flour, barley and rice) and 2 to 3 types of pulses such as beans, lentils or split peas. UNHCR is also providing yeast for backing bread. Oxfam and the Spanish Red Cross distribute fresh products including two to three types of vegetables (usually carrots, potatoes and onions) monthly and one type of fruit (orange, apple or bananas) supplied on a bi-monthly basis during Ramadan period. Though the contribution to the energy value of the ration is not significant (between 33 and 63 Kcal), these products increase the diversity of the diet and improve the intake of micronutrients.

Table 1: Planned dry food basket (as per PRRO)

| Planned      | g/per/day  | Kcal        |
|--------------|------------|-------------|
| Cereals      | 400        | 1440        |
| Pulses       | 67         | 228         |
| Veg.oil      | 31         | 274         |
| Sugar        | 33         | 128         |
| Supercereal  | 33         | 124         |
| <b>Total</b> | <b>564</b> | <b>2194</b> |

<sup>3</sup> The exchange rate to the US\$ was 109,556 DZD on 13 March 2016.

Table 2: Example of ration provided in December 2015 including fresh products and yeast

| Dec 2015     | g/per/day | Kcal        |
|--------------|-----------|-------------|
| Wheat flour  | 258       | 939         |
| Barley       | 65        | 228         |
| Rice         | 65        | 232         |
| Lentils      | 65        | 221         |
| Veg oil      | 32        | 125         |
| Sugar        | 30        | 262         |
| Supercereal  | 32        | 121         |
| Potatoes     | 65        | 50          |
| Onions       | 32        | 12          |
| Yeast        | 1         | 6           |
| <b>Total</b> |           | <b>2197</b> |

Table 3: Nutritional value of rations distributed in 2015

| Nut.val | GFD  | Fresh products | others | Total       |
|---------|------|----------------|--------|-------------|
| Month   |      |                |        |             |
| Jan     | 2093 | 33             | 1      | 2127        |
| Feb     | 2317 | 46             | 6      | 2369        |
| Mar     | 1964 | 29             | 6      | 1999        |
| Apr     | 1952 | 35             | 6      | 1993        |
| May     | 2148 | 45             | 6      | 2199        |
| Jun     | 2244 | 199            | 6      | <b>2449</b> |
| Jul     | 2154 | 63             | 6      | 2223        |
| Aug     | 1954 | 40             | 6      | 2000        |
| Sep     | 1938 | 62             | 0      | 2000        |
| Oct     | 1972 | 50             | 0      | 2022        |
| Nov     | 1908 | 62             | 6      | <b>1976</b> |
| Dec     | 2130 | 62             | 6      | 2198        |

The ration supplied in June includes an additional distribution of dates for Ramadan. The ration of November does not include an emergency distribution of rations to 85,000 people who had lost their food stocks in the floods in October.

The food rations provided by WFP in 2015 were overall regular and stable. They fluctuated within a range of around 15 % of its energy value. The possibility to borrow food staples from the food security stock managed by the Spanish Red Cross was instrumental to the stability. The rations were complemented by the distribution of fresh vegetables and fruits. However, forthcoming funding shortfalls may negatively affect the supply of a full ration in the coming months. And the provision of fresh products will be targeted to 90,000 refugees.

The results of the food basket monitoring<sup>4</sup> show the level of satisfaction of the 737 interviewed households. Households expressed their dissatisfaction on some food items that cover only very partially the needs of the families as reported in table 4. This refer to pulses, sugar and vegetable oil, essentially. The consumption of sugar and vegetable oil is high when considering the eating habits and the consumption of tea.

Figure 3: Rating of commodities

<sup>4</sup> Joint UNHCR /WFP monitoring database 2015.

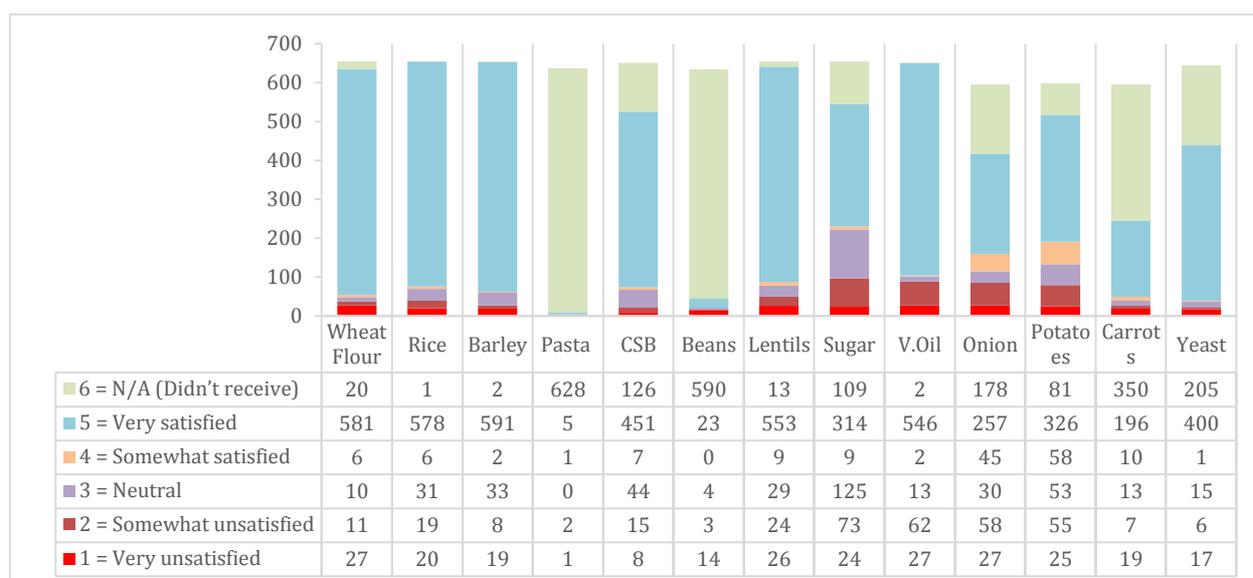


Table 4: Average duration of commodities by month

|      | Wheat flour | Rice | Barley | Pasta | CSB | Beans | Lentils | Sugar | Veg. oil | Onions | Potatoes | Carrots | Yeast |
|------|-------------|------|--------|-------|-----|-------|---------|-------|----------|--------|----------|---------|-------|
| Days | 23          | 16   | 17     | 0     | 14  | 1     | 18      | 8     | 15       | 9      | 9        | 4       | 15    |

Food distributions take place at district level and are ensured by Sahrawi volunteers on behalf of the Algerian Red Crescent (ARC) who has signed a tripartite agreement with UNHCR and WFP. Rations are provided at 116 extended distribution points by grouping 50 monthly rations that are then shared between households. Mainly women receiving an incentive for their support are involved in the distribution process. Transport is ensured for vulnerable people.

According to the results of the JAM survey, the food assistance is the main source of food for cereals, pulses, vegetable oil, sugar, canned fish and vegetables. It contributes to approximately 78 % of the food items included in the food basket and 52 % of the food consumed overall. The households who consumed dairy products, meat, fruits, bread and pasta and dates over the last 7 days (approximately two thirds of them) mainly purchased them on the market.

The food ration is being consumed while a small part is being shared with other family members or neighbours. A higher share of CSB (up to 20 %) is being shared. The only commodity that households have sold is wheat flour, though the share is not significant. The visited households confirmed this. In particular larger families can sell part of the wheat flour as they receive a significant amount. The money is usually used to purchase other food items not included in the food basket. Sometimes, pulses that are not appreciated are sold or given away to other needy families.

## Food consumption

Table 5: Average household food consumption score and scores of the three wealth groups

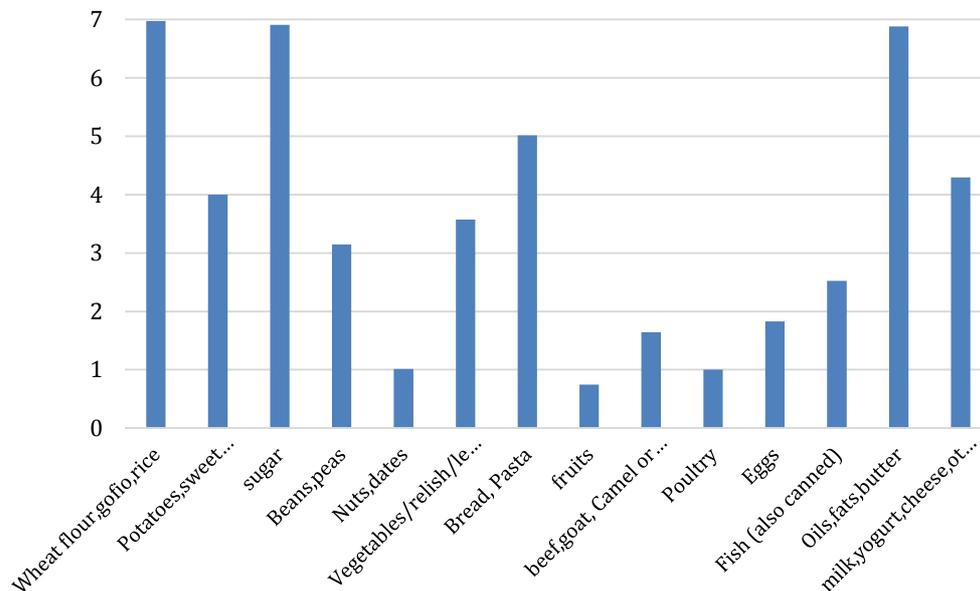
| FSC (in %)   | Acceptable | Borderline | Poor |
|--------------|------------|------------|------|
| Average      | 91         | 9          | 0    |
| Better-off   | 96         | 4          | 0    |
| Middle level | 88         | 12         | 0    |
| Poor         | 84         | 16         | 0    |

**Definition:** the Food Consumption Score (FCS) is a proxy indicator of household food security based on the weighted frequency (number of days in a week) of intake of 8 different food groups before the survey. The FCS captures both quality (different food groups/dietary diversity) and quantity (food frequency) elements of food security. Cut-off points are used to categorize households into acceptable levels of consumption, borderline levels and poor levels.

Households have overall acceptable food consumption while it is borderline for some of them. There are more households with borderline food consumption amongst the middle level and poorer households. However, none has a poor food consumption score. This reflects a situation where almost full rations were provided and is in line with the PDM results of 2015 with the exception of October when the floods occurred and caused extensive damage and the loss of food rations. Still, there are differences with regard to the access to animal protein in the form of camel meat, poultry or canned fish, which can be afforded by some households who have the economic means and purchasing power to buy these food items regularly.

The diet is relatively diversified with a daily intake of cereals, vegetable oil and sugar. Vegetables are consumed 5 times a week. Though dairy products are consumed almost 4 times a week, households' intake of sources of animal protein such as meat, eggs and fish is relatively low. The consumption of vegetables is stimulated by the distribution of fresh products. Fruits and vegetables are sometimes not seen as affordable for many households as market prices are high. These findings are coherent with the results of the PDM undertaken on a monthly basis within two weeks after the food distribution.

Figure 4: Average weekly consumption of food groups by number of days



### Level of household expenditures and spending patterns

The level of expenditure is commonly used as a measure of household wealth as it is more reliable and stable than the reported level of income. The share of expenditures on food indicates the household's level of economic vulnerability. The assumption is that the greater the share of food within the household overall budget, as it is relative to other consumed items and services, the more economically vulnerable the household.

The analysis of monthly expenditures as per JAM survey indicates the following:

| Expenditures in DZA | Average | Median value* | Average Better-off HH | Average Middle level HH | Average Poor HH |
|---------------------|---------|---------------|-----------------------|-------------------------|-----------------|
| Total               | 27,580  | 20,550        | 48,286                | 27,578                  | 7,375           |
| Food                | 9,043   | 7,100         | 14,442                | 9,043                   | 4,224           |

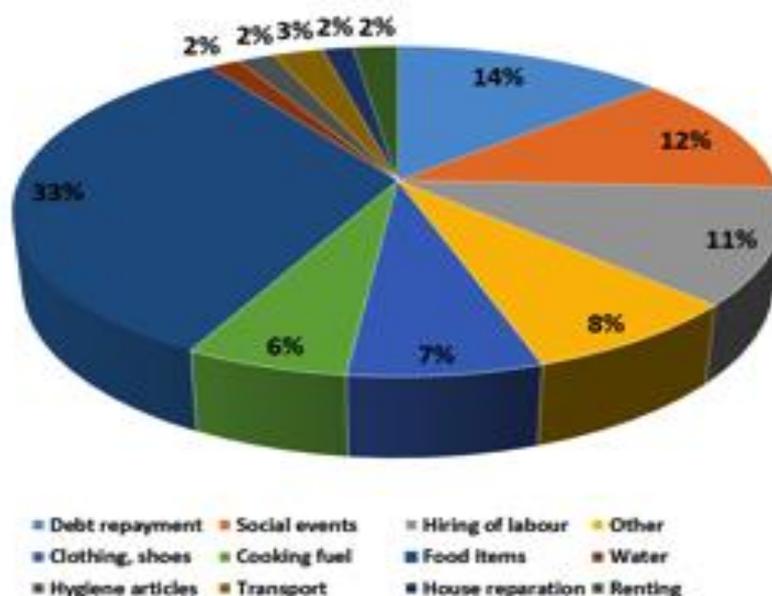
\* The median value indicates that half of the interviewed households spend less than the given value while half of them spend more than the given value.

Average monthly expenditures show a value of 27,580 DZA while it is almost twice the level for the better-off families. Average food expenditures are two thirds of the spending on food of better-off families. Likewise, the median value shows that half of the households spend less than 7,100 DZA monthly on food while it is twice the level for the better-off families. The food expenses are adding to the dry food ration provided valued at 11.11 US\$ per month/person (average of 5 members per household) and the distribution of fresh products.

As indicated consistently by former joint assessments, the share of expenditures on food represents on average a third of total expenses. However, some households spend around 60 % of their already low budget on food, thus indicating their economic vulnerability. They have very little left to cover other expenses. On the other hand, there are households that spend less than 30 % on food and have the means to ensure the purchase of other goods and services. And the higher level of expenditures on food allows these households to have a more diversified diet and consume more frequently meat and dairy products. The analysis shows that households purchasing power varies to a notable extend.

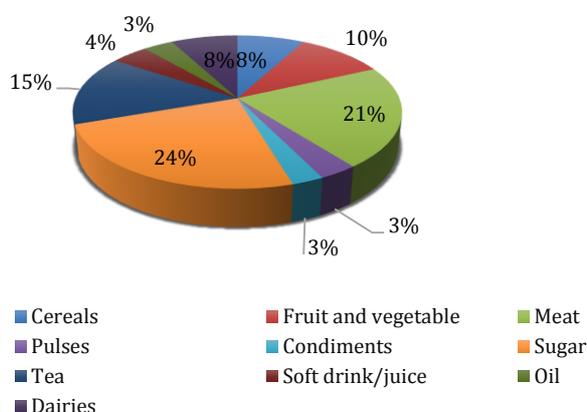
The relatively high level of debt repayment and hiring of labour can be linked to reconstruction works after the October floods. Social events and clothing are usually important expenses items.

Figure 5: Monthly expenditure patterns



When considering the structure of food expenses, the purchase of sugar and meat, mainly camel and chicken constitute the highest shares followed by tea and fruits and vegetables. Having sweet tea is part of Western Sahara tradition and households consume significant quantities of sugar.

Figure 6: Share of food expenditures by food items



### iii. School feeding

#### Assessment focus

The assessment team focused specifically on the school feeding intervention, as one of the activities of food assistance. It reviewed secondary information made available by WFP and UNHCR and the partners and visited 4 primary schools, 2 kindergartens and one centre for disabled children and youth. The team examined succinctly the school infrastructure, which in some instances was partially damaged by the floods, and paid particular attention to the kitchen, storage and WASH facilities, and sanitary conditions.

It also observed the preparation of the snack (hot milk prepared with dried skimmed milk (DSM)) in some schools and exchanged with schoolchildren on the intake of breakfast and the role, importance and acceptability of the school snack. More in-depth interviews took place with teachers, heads of schools and education representatives. They focused mainly on the management of the programme, the composition of the snack and its impact on attendance, retention and learning capacities. Some discussions took also place on the importance for children to attend kindergarten in order to foster their early-learning capacities and integration into the primary school cycle.

The JAM of 2013 had reiterated the recommendations of the 2011 report on the “Revision of the School Feeding Programme” and more specifically the introduction of hot meals as a light lunch and to consider giving the intervention a nutritional objective in line with the revised WFP policy on school feeding of November 2013. It recommended also to use locally produced commodities such as bakery products and fresh foods, and to include kindergartens. The assessment team examined the feasibility of these recommendations in the current context.

#### Access to education

Access to education by all is given particular importance by the refugee representatives that are emphasizing the need for social integration in a society giving a prime importance to solidarity. It is mandatory and free until the age of 16, and education facilities up to intermediary schools are available in all camps. However, there are no secondary schools in the camps and the kindergartens are too few to ensuring access to all children of pre-primary school-age. UNICEF,

UNHCR, WFP and partners are supporting the sector. Currently, classes are given in tents provided by UNICEF in some schools as floods damaged the classrooms.

#### Implementation of school feeding

WFP is partnering in this sector with CISP (Comitato Italiano per lo Sviluppo dei popoli). Snacks are provided to 32,500 schoolchildren in primary schools, in centres for children with special needs and dedicated training centres for youth. In 2015, WFP could not ensure the supply of fortified date bars as planned in the operation due to financial constraints. They were initially to be produced locally in Algeria but this did not materialize. For the time being, the snack comprises 80 gr of DSM donated as in-kind contribution by Switzerland. Hot milk is prepared and given to children twice a morning and afternoon for those schools operating in two shifts or one snack in the morning and in the afternoon for children attending whole day school.

Interviewed education staff confirmed the importance of the mid-morning snack in addressing short-term hunger, although being only hot milk for the time being. Indeed, breakfast is not considered as being important by parents for cultural reasons (an issue that requires the sensitization of parents) and a significant number of children are coming to school without having eaten anything in the morning. It contributes to improving attendance, retention, learning capacities and concentration. Some discussions took place over the preferences of fortified date bars and the HEB, which were distributed until June 2011. The latest were too dry without the provision of a drink but they seem to be preferred when milk is available. Education staff also highlighted the need to diversify the snack in order to break the routine and further motivate the children, and thus ensuring the continued positive effect of the school feeding.

Significant progress was noted with regard to the hygiene conditions of the kitchen, storage and WASH facilities. Since 2013, WFP had provided consistent support in partnership with CISP to achieve these improvements. Some adjustments are required in a few schools and repairs are to be done in those that were affected by the floods. Deworming is also ensured once a year in kindergarten, primary and intermediary schools.

#### Support to kindergarten

Children in kindergartens are not benefiting from WFP school feeding programme but receive support from NGO partners, though only for a short period from January to June 2016. The food assistance includes a number of food items, which allow preparing a snack with an energy value of approximately 300 Kcal. The assessment team could observe that it is very appreciated by the children. Kindergarten staff confirmed that it is contributing to enhancing attendance, retention, concentration, early-learning and energy. When the snack is provided, children are coming earlier in the morning and tend to remain until noon.

Education staff also indicated that when children are attending kindergarten, they perform better at primary school as they organize themselves better, are socially more integrated and used to the presence of teachers and to learning. They communicate more easily, and have a more mature behaviour and a better hygiene.

To enhance the access to kindergarten, specific efforts are to be made on the availability of infrastructure and staff. Long distances are hindering children from enrolling and attending kindergarten. An increased education offer will also allow mothers to engage in training and income generating activities.

The study on the nutritional status of children in kindergarten of the camps of Layoune, Smara, Boujdour and Anwserd undertaken by the health refugee representatives in January 2016

indicated that global anaemia affected 61 % of the surveyed children, of which 54 % suffered from light anaemia.<sup>5</sup>

#### Assessment outcome

The assessment team recommends increasing the nutritional value of the snack by providing for the school year 2016-2017, 50 gr HEB in addition to the milk, thus ensuring a ration representing 25 % of the recommended daily energy intake and a significant proportion of essential micronutrients. In the meantime, opportunities for purchasing locally produced high energy or fortified biscuits will be further investigated. Technical support will be required to ensure fortification according to international standards. The snack is to be given as early as possible in the morning as breakfast is often skipped by children.

The programme should also include kindergarten in order to ensure a continuum in the nutrition support beyond the nutrition activities for children up to 59 months. And thus, it will also contribute to tackling the high levels of anaemia amongst children, and in particular in pre-primary school age.

The diversification of the food basket and the procurement of local products (such as bread, biscuits, or vegetables and eggs), possibly through a CBT modality such as vouchers managed by the school refugee representatives together with parent teacher associations, were examined by the assessment team. It acknowledges that this approach could contribute to enhancing the local economy in general, and more specifically the overall efforts to support households' income through livelihoods. But changes in transfer modalities will have to consider acceptability and feasibility, and be introduced progressively bearing in mind implementation capacities and the complexity of such newly initiated approaches.

### b) Nutrition, public health and WASH

#### Nutrition programs

CMAM programs are implemented by the refugee community responsible for health with the technical support of UNHCR, WFP, Médicos del mundo (MDM) Spain and the Algerian Red Crescent (ARC). UNHCR partner ARC manages the incentives for the staff working in the nutrition centres, and also supports the health centres with the necessary equipment.

The detection of malnutrition cases is ensured through regular screening at two levels: a) community health workers identify malnutrition cases through monthly screening program at the community level; and b) screening is also performed by skilled health workers during the regular PISIS health visits to the dispensaries. UNHCR provides PlumpyNut for the treatment of severe acute malnutrition (SAM), and WFP provides Plumpy'Sup for the moderate acute malnutrition (MAM) program. The *supplementary feeding programme* ration includes 92g of Plumpy'Sup per day, which provides a total of 500 Kcal.

In 2014, a new protocol for the prevention and treatment of malnutrition for PLW was developed with the support of WFP and UNHCR. According to the new protocol, only PLW with malnutrition will receive a monthly treatment ration of CSB+, sugar and oil (200mg, 15mg, and 20 mg respectively), while the non-malnourished PLW would receive additional food commodities, subject to the availability of resources. The ration will cover the increased energy requirements (500 Kcal/day) during the second trimester of pregnancy up to 6 months after the delivery.

<sup>5</sup> Encuesta nutricional de los niños de las guarderías en las wilayas Aaiún, Smara, Bujador y Auserd, los días 10-13/01/2016, Health representatives.

EPI is implemented by health staff at the dispensary level. UNICEF provides support for the procurement of vaccines and to logistics including the cold chain. There are two vaccination programs, a regular one implemented at the dispensary level in the 18<sup>th</sup> and 19<sup>th</sup> of each month and an outreach program at the community level in order to catch-up defaulters. In each dispensary there is a register of vaccination with the exhaustive list of children in each neighbourhood (each dispensary covers 4 neighbourhoods) with the records/follow up of every child up to the age of 18 months. Refugees in the camps are covered by the host country mass vaccination campaigns. Coverage in terms of BCG is around 99% and measles is around 90%.

### Nutrition situation

Despite encouraging signs of reduction in the overall acute malnutrition rates, the 2012 nutrition survey and the PISIS/HIS data of 2014-2015 indicate that chronic malnutrition (stunting) and anaemia remain above WHO standards (20%). According to MDM monitoring data (biannual data analysis at dispensary level), the rate of stunting is likely to be around 40%. Furthermore, according to a study implemented by the refugee representatives in charge of health in kindergartens (targeting children aged between 3 and 5 years), it was reported that around 61% of children were anaemic.

The high prevalence of anaemia can be attributed to the inadequate consumption of food items rich in iron and vitamin B9/B12, limited access to iron rich food commodities such as meat and fresh food as well as the high consumption of tea with sugar. In addition, deworming is not included in PISIS. Therefore, worm infection can be one of the primary causes for micronutrient deficiencies amongst children in the camps.

According to the Health Information System (HIS) and screening data from 2014-2015, the number of under 5 children who are enrolled in CMAM program is more or less stable since 2012<sup>6</sup> (a monthly average of 35 children under SAM and 500 children under MAM programs). This stability in GAM rates can be attributed to the activities put in place by the refugee representatives responsible for health and partners (sensitization campaigns, introduction of the IMCI approach in all health centres, training of health staff on the IMCI approach, improvement of working conditions in the nutrition/health centres, availability of therapeutic products, etc.). But the stability and regularity of the general and fresh food distributions over the past 2 years, as well as the positive impact of the hygiene promotion and behavioural change messages and awareness raising activities in the camps can also be contributing factors.

The PISIS program (locally IMCI) focus on the following: vaccination, regular anthropometric measurements, IYCF and nutrition activities (CMAM), BCC, health education and sensitization activities as well as curative services

The nutrition program has improved, especially in terms of detection and follow-up of children on malnutrition (the regularity of screening at the community level), the implementation of MAM and SAM protocols as well as the enhanced documentation and reporting system. Nutrition monitoring activities include nutritional screening, post-discharge follow-up and regular anthropometric measurements. Prevention activities support regular sensitization programs for promoting good feeding practices, hygiene and food preparation as well as good IYCF practices.

In the PISIS program, deworming is not systematically implemented for all children under five year of age. "Albendazol" is only provided to children enrolled under MAM or SAM. Therefore the risk of developing intestinal parasitic infections is high in light of the poor WASH conditions and practices in some camps.

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<sup>6</sup> The 2015 nutrition survey was postponed because of the floods.

The CMAM approach is adopted in all the 27 dispensaries using a standardized protocols and tools. Occasional stock shortages in some nutrition products for the treatment of MAM and SAM (Plumpy'Sup and Plumpy'Nut respectively) as a result of budget constraints that WFP has faced since 2015, which has affected the CMAM programme.

With regard to preventive interventions, the anaemia and stunting reduction program (ASR) continues the blanket distribution of Nutributter for all children between 6 and 59 months, and MNP for PLW. However, while the nutrition survey of 2012 highlighted the positive impact of the MNP, reports of PDM, regular household visits as well as discussions with refugee representatives show that the acceptability of MNP remains low among refugees. There are more than 22,000 beneficiaries receiving complementary nutrition products and regular follow-up is done by the ASR program. Instability in the supply of Nutributter and MNP over the past 3 months was reported.

According to the 2012 nutrition survey, the rate of exclusive breastfeeding was very low in all the camps (less than 20%). Continuation of breastfeeding at 12 and 24 months was 79% and 29%, respectively indicating that at least 21% of lactating women stopped breastfeeding before the WHO recommended period of two years minimum.

The survey also showed that only 7% of children under 36 months received a minimum acceptable diet according to their age. It was also reported that the introduction of semi-solid and solid food items starts in a very early age (during the first 6 months). In order to address these issues, health centres at the community level (dispensaries) organize EIC sessions on IYCF related issues in a fortnightly basis.

Furthermore, In January 2016 the refugee representatives in charge of health implemented a nutrition survey in kindergarten of the camps of Layoune, Smara, Boujdour and Anwserd to assess the rates of GAM, stunting and anaemia among children enrolled in this kindergarten, who are aged between 3 and 5 years. The methodology followed random sampling of children inside the classrooms. One child in three was randomly selected for the anthropometric measurements (weight, height and MUAC) and HB measurement using hemmocue. The overall rate of GAM was 10%, stunting 15% and the global anaemia affected 61 % of the surveyed children, of which 54 % suffered from moderate anaemia.<sup>7</sup>

## Health services

The refugee community manages the health system in the camps. The health system infrastructure is established in all camp and includes 27 primary health care clinics and five hospitals as well as one central hospital in Rabouni. There is a medical referral system established for secondary and tertiary health services. Accordance to health protocols, patients are referred to hospitals in the camps and then to the central hospital of Rabouni if necessary. Critical cases are referred from Rabouni to Tindouf town public hospital.

The health centres provide basic curative and preventative health care, health promotion, non-communicable disease (NCD), nutrition and hygiene promotion, antenatal care (ANC), vaccination campaigns, and screening of malnutrition and anaemia among children under 5 years of age and PLW. The primary health care services include emergency obstetric care at the hospital level, while the comprehensive obstetric care is provided at the central hospital of Rabouni (including caesarean).

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<sup>7</sup> Encuesta nutricional de los niños de las guarderías en las wilayas Aaiun, Smara, Bujador y Auserd, los dias 10-13/01/2016, Health representatives.

All 27 health centres/dispensaries are staffed with qualified personnel including nurses, midwives, and community outreach workers, locally called “head of neighbourhood”. At the regional hospitals level, there are between 3 and 6 medical doctors ensuring regular medical consultations and 24/7 emergency services in each camp. The medical doctors providing health care in the camps are from the refugee community. However, they receive very low wage/incentives, which mean that retaining health staff in the camps particularly doctors is a challenge.

Reproductive health services are provided at dispensary and hospital levels (there are 27 delivery rooms in the camps, 1 per dispensary). Trained midwives attend deliveries at the health facilities. More than 30% of the deliveries take place at home, 88% of them being assisted by skilled midwives. Antenatal and postnatal care services are available in all health centres in the five camps. There are clinical protocols implemented in the health centres. The protocols aim at unifying/standardizing the therapeutic practices, as well as rationalizing drug prescriptions and diagnostic tests in all camps. Other protocols related to laboratory tests and X-ray practices are in place as well.

The most frequent illnesses reported amongst children are severe respiratory infections during the winter season and diarrhoea, dermatological infections and conjunctivitis during the summer. NCD is one of the major public health issues. In Layoune camp, the head of health indicated that the number of chronically ill patients attended regularly by the health centres is around 1,600. According to the HIS, there are more than 3,000 patients who are regularly followed-up for treatment of chronic diseases in the five camps. The most prevalent chronic diseases are hypertension, diabetes and celiac diseases.

Focus group discussions with patients stated that the quality of health services provided in the different health structures is fairly good and they are easily accessible. They suggested providing equipped ambulance to ease their access to the central hospital of Rabouni and the Tindouf hospital.

### **Water, sanitation and hygiene**

The underground water in the region of Tindouf is characterized by its high concentration of salt. Until 2003, water distribution was relying mainly on a fleet of trucks to all camps. The 2012-2016 UNHCR WASH strategy focused on increasing the sustainability of the water systems in the camps, including production, treatment, storage, distribution, and maintenance. Efforts have been made to ensure compliance with water quality standards through reverse Osmosis treatment plants and the water testing by the water laboratory in Smara camp. Seventeen trucks out of 18 were replaced between 2011 and 2015.

The quantity of water distributed to the planning figures of 90.000 refugees supported by UNHCR has increased from 15 litres per person per day in 2012 to 18 litres in 2015. Yet the water distribution is still below UNHCR Standards (20 l/p/day). The water distribution also covers other needs in the camps such as schools, health centres, hospitals, administrative offices, livestock needs, etc.).

In 2012, two new boreholes were drilled and the 7 existing ones were rehabilitated. The osmosis stations in Layoune and Smara camps treat water for regular distribution to 4 camps out of 5, while the quality of water in Dakhla camp is acceptable with no need for treatment (apart from chlorination). In parallel, the water distribution network was expanded thus improving refugees' access to potable water. In 2012, around 50% of refugees were living within 150 m from water points. In 2015, around 90% have access to water within 150 m from water points. Furthermore, currently, water is supplied by networks for 40% and by trucks for 60% of the refugees.

In order to improve the hygiene condition for refugees, a soap workshop was established in 2013 to cover the need of public institutions (schools, health centres, hospitals and kindergartens). The capacity of the soap workshop has improved and blanket distribution of soap to all refugees (250 mg/p/month) started in December 2015. Refugees reported that the quality of the distributed soap is acceptable.

The health facilities staff as well as refugees highlighted that the water distribution calendar is irregular especially during summer. The household water storage tanks are in poor conditions, which affect the quality of water. UNHCR has started the production of household water storage tanks with most durable material (Ferro-cement) for the most vulnerable households in order to gradually replace all damaged tanks. The health hazards associated with inadequate sanitary and environmental hygiene conditions reduced through enhanced and strengthened waste management systems. Hygiene supplies and equipment are provided by UNHCR through Triangle Generation Humanitaire (TGH). There are 14 garbage trucks in service to ensure the collection and disposal of household solid waste. Seventy-eight staff, who are receiving incentives, are working in the garbage collection, the collection and maintenance of landfills as well as the incineration of garbage.

### **c) Livelihoods and resilience activities**

#### **Vocational /technical skills training activities**

Complementary humanitarian aid has started since 2009 with a focus on basic livelihoods projects to strengthen the capacity of refugees, especially the youth, to adapt and generate income to improve their living conditions. Vocational training centres for women are supported by UNHCR in Layoune, Dakhla, and Awserd. Three camp level vocational training centres, specifically for young women, were also established. The male youth requested that vocational training centres addressing specifically their training requirements and skills needs be set up at camp level. The current and graduated vocational training students reported that the lack of business skills training is one of the reasons why some business initiatives were not successful. The long distance to the training centres, family migration to distant places, lack of training in foreign languages and computer skills reported to be among the reasons for drop-outs.

#### **Private business and job opportunities**

Some refugees are currently involved in private business and services locally. According to 52 out of 75 households interviewed, the main three sources of income are incentive payment and/or employment in the community services or with the camp representatives, provision of services such as hair-dressing, cleaning, laundry, tailoring etc. or working for international NGOs. These findings are in line with the JAM 2013, which indicated a similar trend in sources of income. The level of education is important to access formal employment: according to the findings of the survey of 75 households, 82 employed individuals completed secondary education (grade 11-13) and/or university or college education level. The main source of income for 62 of them is the incentive paid for a variety of work in the camps.

The refugees have access to Tindouf market, 10 km from the closest camp of Layoune, for three consecutive days a week. There are markets in the five camps and shops are available with varying sizes. Eleven out of the 75 interviewed households are involved in some form of trade and services as their main source of income.

Business with investment capital of 50 000 - 100 000 DZD are the most successful initiatives. Informal/family lending is practiced as a traditional social system. However, it is unacceptable to make profit or pay interest on credits according to religious beliefs. Banks are not available in the

camps, but refugees can access banks and post office services in Tindouf. UNHCR successfully, in collaboration with UNMS and MSAWP<sup>8</sup> implemented some micro-credit activities with some 100 households in 2014-15. According to this assessment, 51 out of 75 households received some kind of credit or borrowed from kin and /or local moneylenders such as traders or unions.

### Public and private bakery supplies

There are 5 public bakeries run by the local refugee representatives. There are 3 of them located in Layoune, Dakhla, Boujdour, 2 in Aswerd. There are 4 out of the 5 bakeries produce bread for free distributions, while one of the bakeries in Aswerd is not operational. As these bakeries depend on donor support, they are financially not sustainable and some had to close down. In Smara camp, three private bakeries are not operational due to technical breakdowns and limited capital to operate. In December 2015, UNHCR rehabilitated and fully equipped 2 public bakeries, and also provided raw material for 3 months. The bakeries have limited employment capacity, each bakery employing up to 4-5 workers. In Dakhla camp, 180 km from Tindouf, there are a number of small-scale private bakeries. Families have the choice to provide flour to the bakery to make bread for a service charge of 10DZD per bread, while they can buy it for 20 DZD when the baker supplies the flour.

All bakeries face the challenge of sustaining bread production and demand, as families tend to bake their bread at home, of reducing their donor dependency, of accessing spare-parts and technical maintenance, as technicians are only available in Tindouf and of limited power supply. All public bakeries depend on camp power supply that is intermittent.

### Family garden activities

There are about 300-500 family gardens per camp and they are normally growing different types of vegetables. They are an important source of supplementary food and contribute to diversifying families' food intake. The production is for household use and sharing with neighbours. But only less than a third of the households interviewed during the assessment reported that they have access to a family garden. And all of them said that they do not produce enough for their household subsistence. They indicated that water limited availability prevent any expansion.

Some families have also developed some coping means such as recycling certain types of seed, using animal manure to improve soil and to save water, and pest control methods as well as the use of green-houses. The training school (agricultural farm), which was providing services for gardeners closed down. The families face further challenges such as lack of water in case of pump breakdowns, and lack of spare parts and technical support for repair.

### Camp agricultural farms

There is a farm in each camp to produce vegetables for free distributions and supplement families food needs. The farms focus on both livestock and vegetables production. The gardens are dependent on donors support and managed by the refugee representatives in charge of agriculture. The farms, whenever operational, produce an average of 20 tons of vegetable per hectare during winter-according to the camp head for agriculture. It also employs three to four workers per hectare. UNHCR had developed a borehole some time back in Dakhla camp, but because of the water salinity it was unfit for domestic use, and was left for vegetable irrigation purposes. UNHCR has also started digging another borehole in Layoune camp. The cost of inputs for cultivating a farm such as labour, material, equipment, and water are very expensive.

<sup>8</sup> UNMS – National Saharawi Women Union; MSAWP – Sahrawi representatives for Social affairs and Women Promotion.

## Livestock activities

Livestock is a traditional activity, the most commonly bred animals being sheep, goat and camel. Nomad herders are keeping livestock owned by the community outside the camps. When owned by families, camels graze in separate herds and are marked. To a lesser extent livestock is also reared in the camps, mainly goats and sheep. Around 15 % of the camel herds can also be found in the camps. It is the preferred meat. Goat and sheep produce on average 250 ml/day of milk.<sup>9</sup>

Estimated figures of private and public livestock<sup>10</sup>

| Livestock Figures                      | Sheep   | Goat   | Camel  | Sub-total |
|--|---------|--------|--------|-----------|
| Livestock (refugee camps near Tindouf) | 57,000  | 32,000 | 7,000  | 96,000    |
| Livestock (outside the camps)          | 137,000 | 44,000 | 42,000 | 159,000   |
|  |         |        | Total  | 255,000   |

Half of the households said that they have livestock. Overall, the average number of owned animals in the camps is 3 to 4, with better-off families owning often 15 or more animals. Poorer families have sometimes just one animal that is being sold for emergency needs.

Camel waste such as bones and skin is available locally. A study undertaken in 2014 by Movement for Peace, Disarmament and Liberty (MPDL) on camel skin waste management indicated its potential for transformation. But the project did not find funding yet. The camel market in Tindouf takes place one-day a week.

Limitations in livestock production include the lack of skilled workers, inadequate grazing, high prices of fodder, few available veterinary staff, limited access to water, and lack of training services due to closure of the agricultural /veterinary school.

## d) Coordination and monitoring

### Partnership

The main implementing partner of WFP and UNHCR is the Algerian Red Crescent. Roles and responsibilities are formalized in the tripartite letter of understanding specifying the modalities for food aid distribution. Operational aspects are specified in an agreement ARC signed with their Sahrawi partner in the refugee camps. It specifies their respective roles and responsibilities in the receipt, stock management at EDP level, transport to FPD and the distribution modalities. The main donors on the ground are Agencia Española de Cooperación Internacional al Desarrollo (AECID) and European Commission Humanitarian Aid (ECHO).

AECID is funding a food security stock managed by the Spanish Red Cross that facilitates the management of distributions as WFP relies on it to complement the rations when deliveries are delayed. WFP borrows food items only when contributions are confirmed in order to secure reimbursements. WFP returns food items of the same group (such as cereals) as per quantities borrowed without considering their value. Therefore the swaps involve additional cost at times.

### Coordination mechanisms

<sup>9</sup> Draft General overview and strategic paper - WFP's complementary activities, WFP, March 2016

<sup>10</sup> As per estimates of the refugee representatives, extracted from Draft General overview and strategic paper - WFP's complementary activities, WFP, March 2016

Until early 2015, the coordination was occurring between agencies, partners and the refugee representatives at camp and sector level. Inter-sector and inter-agency coordination was mainly occurring on ad-hoc basis. Therefore, to strengthen the coordination mechanism, UNHCR reviewed the coordination strategy in consultation with all partners in 2014. Early 2015, UNHCR established a comprehensive coordination matrix. The new coordination matrix includes the inter-agency, inter-sector as well as camp and sector level coordination. An Inter-Agency Working Group (IAWG) for strategic planning and decision-making for all phases of the refugee response was formally established in 2015. In addition, The Inter-Sector Working Group (ISWG) connect Tindouf-level response with sector leads. An Information Management Working Group is meant to support the coordination efforts. A comprehensive coordination mechanism is now in place, and it will continue to be strengthened and improved during 2016.

At the sectorial level, the following sectors working groups have been established by UNHCR: public health, WASH, shelter. The livelihood working group will convene mid May 2016 and it is crucial that it meets regularly and lead on coordinating this important component. The food sector coordination mechanisms are established and operate smoothly. The Food Sector Meeting takes place every month in Tindouf. It is jointly chaired by WFP and Sahrawi refugee community representatives and reviews the pipeline, resources and major operational issues. The Cellule de Coordination de la Sécurité Alimentaire et Nutrition (CdC – Food Security and Nutrition Coordination Cell) chaired by WFP meets also on a monthly basis in Algiers and is attended by UNHCR, representatives of the Algerian Ministry of Foreign Affairs, the ARC, Sahrawi refugee leadership, donors and major operational partners.

Sector level coordination mechanisms operate with varying regularity. The coordination roundtables (mesas de concertación) on health and food assistance, funded by AECID, take place every year. They were initially meant to reviewing operational issues and provide a forum for more strategic and longer term planning. Participation and interest seem to diminish as already noted by the JAM in 2013. Therefore, there is a need to continue the process of strengthening coordination, operational guidance, information sharing and decisions taking on topics of common interest

### Monitoring systems

The food distribution and post-distribution monitoring systems are jointly managed by WFP and UNHCR since 2011. Dispatch of products and on-site food basket monitoring of 25 % of the distributed food is systematically undertaken monthly and follow-up is undertaken on the composition, quality and appreciation of the rations.

A beneficiary contact monitoring (BCM) system at household level was established based on clearly defined sampling requirements and questionnaires. Data is currently collected from 100 BCM questionnaires submitted at household level every month. In this long-standing operation, it becomes sometimes difficult to collect data that is not influenced by standard replies and the expected continuation of the food assistance. Some shortcomings occurred regarding the quality of the data collected with the BCM questionnaire undertaken jointly by WFP, UNHCR and CISP., which require special attention. The joint database was further refined late 2013 by including food security indicators collected through the BCM.

Monitoring reports were to present an analysis of the qualitative and quantitative information on food deliveries, dispatch, distributions, post-distribution and BCM on a monthly basis. And they were as well to include a summary of the various interventions, an analysis of food security trends and recommendations for improvements of the food distribution mechanisms.

These reports were moreover meant to inform the CdC meetings and decisions. But their compilation was delayed for many months in 2015. This requires special attention, as it is an

important tool for decision-making regarding the implementation of the operation. It is also essential to inform donors and reinforce the visibility of WFP and UNHCR actions within overall efforts to enhance funds mobilization. Considering needs and capacity constraints, preparing a quarterly report would be acceptable while compiled data would continue being shared with the CdC on a monthly basis.

A monitoring plan for the PRRO was also developed for the period 2014 to 2017 covering the WFP strategic plan period. Tools and methodologies were refined in 2013 and further enhanced in 2014 with the support of the Regional Bureau by providing a monitoring tool kit and questionnaires integrating the indicators of the strategic results framework. Data collection processes and analysis are to feed into timely and quality reporting to strengthen the knowledge base and support evidence based decision-making.

In this regard, standard food security indicators, in addition to FCS, DDS and CSI already compiled regularly, would need to be included (household expenditures and coping strategies) so that food security indexes can be determined and trends analysed. As recommended by the JAM 2013, prices monitoring, including at camp level, is already done on a monthly basis.

## Part 2 – Conclusions and recommendations

### a) Conclusions

#### Food security

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 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.

#### School feeding

In view of the evidence that school feeding contributes to improving attendance, retention and learning capacities, 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.

#### Non-food items

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. Sensitisation campaign on cooking gas utilisation 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.

#### Health, nutrition and WASH

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 affect 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.

The access to good quality water is improving. In 2012, 50% of refugees were living within 150 m from water points, while in 2015, around 90% have access to water within 150 m. However, the efforts to replace and improve the quality of households' storage facilities need to be pursued. The water distribution mechanism has to be improved, and staff management improved.

#### Livelihoods and resilience activities

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 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.

### **b) Recommendations**

Detailed technical recommendations are presented in the table annexed to the report. The key actions to be taken are as follows:

- ⇒ 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;
- ⇒ 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;
- ⇒ 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;
- ⇒ 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.
- ⇒ 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 were necessary;
- ⇒ Continue to ensure access to water and improve the sustainability of the water systems in the camps, including production, treatment, storage, distribution, and maintenance and improve the quality of households tanking facilities;
- ⇒ Provide support to camp refugee representatives to develop business investment models aiming at investment sustainability. Develop a policy for entrepreneurship to guide effective and efficient programming through quality services;
- ⇒ 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;
- ⇒ 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;
- ⇒ Reinforce agriculture practices in family gardens and livestock rearing to improve productivity through technical assistance, credits and services. Conduct feasibility studies to inform decisions regarding use of natural resources, equipment and sustainability;
- ⇒ 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;
- ⇒ Continue to improve intersectoral coordination through the IAWG and 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;

## Annexes

### Annex 1: Technical recommendations

The table presents the recommendations of the JAM 2016 and progress made on the JAM 2013 recommendations

| 2016 Recommendations   | 2013 Recommendations   | Current status   | Responsible      | Remarks  |
|--|--|--|------------------|--|
| <b>Food security</b>   |  |  |                  |  |
| Continue general food distributions to all households and ensure complete rations are provided to households with insufficient means | <i>1.1. Continue general food distributions in the camps</i>   | <i>Achieved</i>  | <i>WFP</i>       | <i>Acceptable food consumption</i>   |
| Ensure that food assistance address households' needs through a community based approach   |  |  | <i>UNHCR/WFP</i> | <i>Facilitate the process of strengthening the community based mechanism with all stakeholders</i> |
| Implement a hybrid transfer modality, such as commodity vouchers of the general food distribution                                    | <i>1.2 Implement a pilot voucher system to replace the GFD by enriching the basket and stimulating the local market.</i> | <i>Partially achieved;</i><br><br><i>Intersectorial assessment done to introduce a hybrid transfer modality including the distribution of staple commodities supplemented by a voucher to access a wider range of food items</i> | <i>WFP</i>       |  |
|  | <i>1.3. Design a strategy to progressively modify the distribution modality for food aid in order to introduce</i>       |  | <i>WFP/UNHCR</i> | <i>Strategy may be reconsidered upon successful implementation of</i>                              |

|  | <p><i>different types of assistance in the long term. Thus strategy could be implemented by:</i></p> <p><i>a) Target unconditional food assistance only to the most vulnerable/special needs households;</i></p> <p><i>b) Introduce conditionality in food transfers (food/work for training) for all the other refugees, both as a self-targeting procedure and also to involve them in activities that are beneficial for the community/strengthen incentives (start at a small scale and then expand)</i></p> |   |                             | <p><i>community based targeting and gradual phasing down of general food distribution</i></p> |
|--|--|---|-----------------------------|---|
|  | <p><i>1.4 Introduce a bakery support project (with wheat flour) to create livelihood opportunities and stimulate the market</i></p>  | <p><i>To be part of livelihoods and complementary activities strategy</i></p> | <p><i>WFP and UNHCR</i></p> |   |
| 2016 Recommendations   | 2013 Recommendations   | Current status  | Responsible                 | Remarks   |
| <b>School feeding</b>  |  |   |                             |   |
| <p>Complete the snack provided at primary school with HEB for the next school year</p> | <p><i>3.1 Introduce hot meals and maintain snacks</i></p>  | <p><i>Partially achieved</i></p>  | <p><i>WFP</i></p>           | <p><i>Replace imported fortified date bars with HEB</i></p>                                   |
| <p>Consider purchasing locally produced fortified biscuits as of 2017/2018</p>         |  |   | <p><i>WFP</i></p>           |   |
| <p>Expand the school feeding activity to the kindergarten</p>                          | <p><i>3.2 Support kindergartens with a snack project</i></p>   |   | <p><i>WFP</i></p>           | <p><i>To be implemented as of September 2016</i></p>  |
|  | <p><i>3.3 Pilot garden projects for the provision of fresh vegetables</i></p>  |   |                             | <p><i>May be reconsidered in the livelihoods/resilience strategy</i></p>                      |

|   |  |  |                              |  |
|---|--|--|------------------------------|--|
|   | <i>3.4 Pilot provision of bakery products from local production (in partnership with NGOs)</i>   | <i>Partially achieved when break in pipeline</i> | <i>WFP</i>                   |  |
|   | <i>3.5 Continue the improvement of water and sanitation facilities at the education infrastructures level, specially potable water and hand washing facilities</i> | <i>Partially achieved</i>                        | <i>WFP and CISP</i>          | <i>Facilities greatly improved. Adjustments required in some schools and repairs in schools damaged by floods</i>  |
|   | <i>3.6 Advocate for the provision of equipment (electricity supply at first)</i>   | <i>On-going</i>                                  | <i>WFP and UNHCR</i>         | <i>All camps will be connected to electricity in the near future</i>   |
| <b>2016 Recommendations</b>                         | <b>2013 Recommendations</b>  | <b>Current status</b>                            | <b>Responsible</b>           | <b>Remarks</b>   |
| <b>Health</b>                                       |  |  |                              |  |
|   | <i>4.1 Need to provide adequate incentives for skilled medical staff especially medical doctors to increase retention</i>  | <i>Started in 2014</i>                           | <i>UNHCR</i>                 | <i>20 Saharawi medical doctors have been engaged and paid by UNHCR</i>   |
|   | <i>4.2 Advocate for increased variety and availability of adapted drugs</i>  | <i>On-going</i>                                  | <i>UNHCR</i>                 | <i>The list of essential drugs has been revised in end 2013 using WHO and UNHCR drug lists. The new list of 2014 is much varied.</i>                     |
|   | <i>4.3 Improve health infrastructure especially WASH and electricity. Support renewal of equipment (i.e. bedding)</i>  | <i>On-going</i>                                  | <i>UNHCR</i>                 | <i>UNHCR contributed to the rehabilitation of 05 health centres and equipping all hospitals with needed equipment and supplies (beds, blankets. ...)</i> |
| Continue to Improve the capacity of health workers; | <i>4.4 Improve capacities of health workers on protocols and the performance of health information systems and utilization of data</i>                             | <i>On-going</i>                                  | <i>UNHCR, WHO, MDM, CISP</i> | <i>The new HIS was initiated in 2015. Personnel were trained. The system is functional since August 2015.</i>  |

|  |  |                 |                              |         |
|--|--|-----------------|------------------------------|---------|
| 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)   | <i>4.5 Increase awareness raising programmes on chronic diseases</i>   | <i>On-going</i> | <i>UNHCR, MDM, ARC, CISP</i> |         |
| 2016 Recommendations   | 2013 Recommendations   | Current status  |                              | Remarks |
| <b>Nutrition</b>   |  |                 |                              |         |
| <p><i>Continue implementation and improvement of the nutrition programmes</i></p> <p><i>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.</i></p> | <i>2.1. Continue implementation of the nutrition programmes</i>  | <i>On-going</i> | <i>UNHCR, WFP</i>            |         |
| <p>Renew PISIS/nutrition equipment on a regular basis (such as weight and height scales, MUAC tapes, mixing tools and utensils) ;</p> <p>Continue providing support to the staff working under PISIS and nutrition programs</p>  | <i>2.2. Continued support to PISIS programme with special attention to IYCF component, anaemia/stunting and celiac disease</i> | <i>On-going</i> | <i>UNHCR, WFP</i>            |         |

|   |  |                       |                    |  |
|---|--|-----------------------|--------------------|--|
| through regular capacity building sessions and providing incentives.  |  |                       |                    |  |
|   | <i>2.3. Provide support for nutrition partners to establish the ITFC (intensive therapeutic feeding centre) at the national hospital level</i> | <i>Done</i>           | <i>UNHCR, NCA</i>  | <i>Small quantities of F75 and F100 to be procured</i>   |
| Ensure regular procurement of sufficient quantities of nutrition products destined for the prevention and treatment of malnutrition (Nutributter, MNP, Plumpy'Sup and Plumpy'Nut) | <i>2.4 Insure stable procurement/supply of sufficient quantities of LNS and M</i>  | <i>On-going</i>       | <i>WFP</i>         | <i>The procurement of LNS and MNP was impeded because of budget constraints.</i>                                       |
| Continue providing technical support to refugee representatives and partners on the management of CMAM and anaemia programs (monitoring, data collection and analysis, HIS)       | <i>2.5 Continue monitoring the nutritional status in the camps by implementing a SENS nutrition survey at least every 2 years</i>              | <i>On-going</i>       | <i>UNHCR, WFP</i>  | <i>The nutrition survey was not carried out in 2015 because of the floods. The survey is planned for Oct/Nov 2016.</i> |
| <b>2016 Recommendations</b>   | <b>2013 Recommendations</b>  | <b>Current status</b> | <b>Responsible</b> | <b>Remarks</b>   |
| <b>WASH</b>   |  |                       |                    |  |
| Continue improving the quality of households tanking facilities;  | <i>5.1 Water storage at both HH and institution levels should be enhanced/replaced</i>   | <i>On-going</i>       | <i>UNHCR</i>       |  |

|   |   |  |   |   |
|---|---|--|---|---|
| Ensure the availability of resources to continue improving the water production and distributes system  | <i>5.2 Where the pipeline system is present, should be enhanced/improved</i>  | <i>On-going</i>  | <i>UNHCR</i>  |   |
| <i>Develop the maintenance system</i>   | <i>5.3 Create improved maintenance system, especially in areas invaded by sand</i>  |  |   |   |
| 2016 Recommendations  | 2013 Recommendations  | Current status   | Responsible   | Remarks   |
| <b>Livelihoods and resilience</b>   |   |  |   |   |
| Develop business investment models aiming at sustainability;<br><br>Encourage developing a policy for entrepreneurship to guide effective and efficient programming through quality services provided by camp representatives |   |  | <i>UNHCR, WFP and partners</i>                                      |   |
| Develop a full cycle capacity development in vocational/ technical skills, business management skills, and provide initial grants for investment;   | <i>6.1 Increase self-reliance activities, micro credit or microfinance projects</i><br><i>6.3 Increase resources devoted to livelihoods activities, micro credit or microfinance projects</i> | <i>6.1. Ongoing in form of cash grants and materials;</i><br><br><i>6.3. Appeal for more funding on going.</i> | <i>UNHCR, WFP and concerned partners, Department of cooperation</i> | <i>6.1 Micro-finance, micro-credit need more specialized capacity to establish.</i> |
| Ensure skills development to produce quality products according to market opportunities in priority sectors and activities with high potential.   | <i>6.2 Support marketing of products produced in the camps to make the self-reliance activities more profitable. Explore marketing opportunities with a feasibility study</i>                 | <i>6.2. Strategy being developed to improve quality and marketing</i>  | <i>Partners supporting income generating activities</i>             |   |

|   |   |                 |                         |   |
|---|---|-----------------|-------------------------|---|
| Reinforce agriculture practices in family gardens and livestock rearing to improve productivity through technical assistance, credits and services. |   |                 | UNHCR and WFP           |   |
| 2016 Recommendations  | 2013 Recommendations  | Current status  | Responsible             | Remarks   |
| <b>Coordination mechanisms</b>  |   |                 |                         |   |
| Strengthened the Inter-Agency Working Group (IAWG), and Sector Working Group coordination mechanism.  | <i>7.1 Strengthen the existing coordination mechanism to include more strategic discussions and planning with periodical follow-up</i>  | <i>On-going</i> | UNHCR                   | <i>A clear TOR in place</i>   |
| Sector working groups on shelter and livelihoods were established.  | <i>7.2 Initiate inter-sectorial coordination mechanism especially for health, nutrition, WASH, food and education</i>   | <i>On-going</i> | UNHCR and WFP           | <i>A clear TOR in place</i>   |
| 2016 Recommendations  | 2013 Recommendations  | Current status  | Responsible             | Remarks   |
| <b>Monitoring systems</b>   |   |                 |                         |   |
| Ensure regular analysis (quarterly report) of monitoring results.   | <i>8.1 Harmonize monitoring systems in place and introduce standardized indicators to optimize resources</i>  | <i>On-going</i> | WFP and UNHCR           | <i>Reports to be issued regularly</i>   |
| Introduce regular collection and analysis of food security data to determine food security groups and profiles.                                     | <i>8.2 Establish a comprehensive inter-sectorial system of data analysis and data triangulation (linking health, nutrition, WASH and food monitoring data)</i>                |                 | WFP and UNHCR           | <i>Reinforce causal analysis according to food security and nutrition analysis framework</i>        |
| Food security and nutrition monitoring results will be used to support decision-making at Tindouf and Algiers level                                 | <i>Encourage the decision-making based on the outcome of monitoring reports and evaluations (establishment of an analysis forum to discuss the outcomes of monitoring and</i> |                 | WFP, UNHCR and partners | <i>Reinforce strategic advice and orientation at central level to support operations in Tindouf</i> |

|   |   |  |                      |  |
|---|---|--|----------------------|--|
|   | <i>evaluation reports, and plan the response accordingly)</i> |  |                      |  |
| Food security and nutrition reports to be widely disseminated also to the donor community, including non-traditional donors, to create new funding opportunities. |   |  | <i>WFP and UNHCR</i> |  |

## Annex 2 – Terms of reference

### Joint UNHCR / WFP Assessment Mission 2016

#### Evaluation of Protracted Relief and Recovery Operation (PRRO) 200301 and Needs Assessment for future programming

##### Background

The refugees from Western Sahara have been living in camps close to the city of Tindouf, some 2,000 km southwest of Algiers since 1975. UNHCR and WFP have been working since decades with the hosting Algerian Government in support of the refugee population, providing care and maintenance programmes and ensuring the basic food and nutritional needs are met. Nowadays the Western Sahara refugees live in 5 camps (Layoune, Anwserd, Boujdour, Dakhla and Smara) located between 25 and 180 km far from Tindouf.

In the absence of a durable solution, which would enable refugees to return home, and given the very limited opportunities for self-reliance in the harsh desert environment, these refugees remain dependent on international humanitarian assistance for their survival.

The number of beneficiaries has been subject to much debate given the political stall and sensitivity of the situation. UNHCR is providing basic maintenance and care assistance to 90,000 most vulnerable refugees, while WFP is distributing a total of 125,000 general food rations (90,000 food rations plus 35,000 supplementary food rations) to the most vulnerable refugees in the camps to meet their basic food needs.

In addition, school feeding for around 32,500 primary school students is being implemented with the aims of enhancing attendance and enrolment rates while reducing short-term hunger and micronutrient deficiencies.

Under the general MoU, UNHCR and WFP are providing nutrition products and technical support for the management of acute malnutrition in the camps (Community-based Management of Acute Malnutrition-CMAM), as well as the prevention of anaemia and stunting among children under 5 years. Under the SAM programme (severe acute malnutrition), UNHCR provides Plumpy'Nut® for an average of 20 children/month, as for MAM (moderate acute malnutrition). WFP targets around 1,800 children and 1,000 pregnant and lactating women. PlumpySup® is provided to children while pregnant and lactating women receive a premix of Soya-sugar-Oil every month. Concerning the anaemia program, WFP is targeting 19,660 children under 05 years and PLW. All distributions are channelled through health clinics as part of the comprehensive inter-agency strategy to address and reduce the high levels of malnutrition.

The whole nutrition activity is implemented under the PISIS framework (Integrated Management of Childhood Illnesses) recently revised in 2015 to include the protocol on the management of malnutrition and anaemia of pregnant and lactating women further to the recommendations of the Nutrition Survey carried out in November 2012.

The final results of the said survey indicate a slight improvement in the overall nutrition situation in the camps, especially for anaemia in children 6-59 months that dropped from 52.8 % in 2010 to 28.4 % (2012) and from 48.9 % (2010) to 36.4 % (2012) among women in the age of procreation. GAM rate still stable at around 7.5% and stunting was slightly decreased from 30 % to 25.2 %. A nutritional survey is planned to take place in October/November 2016.

UNHCR and other partners ensure support to basic services (health, WASH, education, NFIs, logistics, etc.). In order to avoid that major pipeline breaks impact the capacity of food assistance and therefore the food security situation, a buffer stock has been established in 2012 and stored in the Rabouni central warehouse and is currently managed by the Spanish Red Cross (SRC). A consolidated reporting system between WFP and the SRC facilitates the exchange of information on the total stocks present in country and consequently take any required logistic and programme actions.

WFP and UNHCR monitor jointly the implementation of the PRRO, by visiting regularly warehouses during dispatch, distribution points and through beneficiary direct interviews. Post distribution monitoring is ensured by collecting and analysing data from 100 questionnaires submitted at household level every month throughout the different camps. On-site food basket monitoring of 25 % of the distributed food is also undertaken monthly. Regular coordination with partners and the outcome of monitoring provide useful information for the improvement of each programme component.

WFP chairs the Food Security and Nutrition Coordination Cell (CdC, for its French acronym) in Algiers and the Sahrawi refugee representatives/WFP jointly chairs the Food Sector Meeting (FSM) in Tindouf, both held on a monthly basis. The CdC brings together UN agencies, Algerian authorities, implementing partners and donors to provide strategic guidance to humanitarian efforts regarding food security and nutrition.

Issues related to common projects, funding perspectives, implementation, availability of commodities, pipeline and planned versus actual distribution are discussed, while the following month's food distribution plan is approved. The FSM addresses operational issues with implementing partners at the Tindouf level and feeds its findings into the CdC. Other sectorial coordination meetings on WASH, health, education and shelter are held regularly on a monthly basis. The inter-sector coordination meeting headed by UNHCR is operational since early 2016.

The 2013 JAM indicated that refugees were still dependant on humanitarian assistance, but they don't share homogenous socio-economic conditions.

### **Objectives of the mission**

#### **1. Document the food security and nutritional situation of refugees:**

- Review and evaluate the on-going monitoring and reporting mechanisms including data collection, data analysis, reporting and follow up;
- Assess other factors affecting food security (food habits, hygiene, storage and preparation of food, food basket stability, and any factors inhibiting optimal food access and utilization, wash, public health, etc.);
- Analyse on-going nutrition programmes (severe acute malnutrition (SAM), moderate acute malnutrition (MAM), anaemia, etc.): distribution cycle and monitoring mechanisms.

#### **2. Review the quality and appropriateness of the on-going food security and nutrition-related interventions;**

- Determine the most appropriate approaches related to food security, nutrition and other correlated factors in order to respond to the specific context (protracted situation);
- Assess the existing livelihoods and complementary activities and explore possibilities of other livelihood-focused and resilience interventions;
- Review and provide recommendations on different types of food transfer modalities such as cash based transfers and voucher systems, supporting local markets and the trading system;

3. Examine the status of people with specific needs and possible adjustments of the interventions:

- Review the school feeding intervention and implementation of the recommendations of the technical review, and hand-over of the programme implementation to refugee representatives;
- Identify gaps in the food and nutritional assistance to specific groups (i.e. elderly, pregnant women, refugees with chronic diseases, etc.) and explore possibilities for adjusting the interventions;
- Look into the possibility of diversifying the current food basket in order to prevent emerging metabolic disorders.

4. Identify mechanisms to strengthen the inter-sectorial coordination:

- Review the performance of the actual coordination mechanism related to food and nutrition sectors (TORs, reporting structure, evaluation);
- Improve the information sharing with the relevant sectors and partners, including with refugee representatives.

## Methodology

The assessment mission will take place from 12<sup>th</sup> to 24<sup>th</sup> March 2016 and will be led by two senior staff or consultant designated by WFP and UNHCR. The mission will be expected to present the preliminary findings of this mission to the local refugee representatives and country offices of both WFP and UNHCR.

Information will be collected, compiled and triangulated using the following combination of mainly qualitative methods:

- Review of the available secondary data
  - ✓ WFP. Standard project report 2014;
  - ✓ UNHCR AGDM Report 2014 and 2015;
  - ✓ UNHCR. 2014. Global strategy for livelihoods, a UNHCR Strategy 2014-2018, Geneva;
  - ✓ WFP/UNHCR. Joint Food Distribution Monitoring (monthly report);
  - ✓ WFP Monitoring Matrix (2014-2017);
  - ✓ UNHCR Livelihood field report, 2015;
  - ✓ WFP. Livelihoods in the Saharawi refugee camps: A snapshot, June 2015;
  - ✓ WFP. Intersectorial Assessment Tindouf Algeria (draft), October 2015;
  - ✓ UNHCR. Inter-Agency Participatory Assessment, Tindouf, Algeria, March 2015;
  - ✓ UNHCR, WFP, UNICEF. Tindouf Operation Information Note, 2015;
  - ✓ WFP. Rapid Food Security Assessment, Sahrawi refugee camps, South-Western Algeria, November 2015;
  - ✓ WFP. School feeding review, September 2011;
  - ✓ WFP/UNHCR Joint assessment report 2013;
  - ✓ WFP and UNHCR Memorandum of Understanding, January 2011;
  - ✓ WFP/UNHCR. Database on general food distributions 2015;
  - ✓ CISP. Post-distribution monitoring final report, 2015;
  - ✓ Health representatives. Nutrition survey of children in kindergartens in Layoune, Smara and Boujdour camps, 10-13 January 2016;
  - ✓ MDM. Assistance to refugees from Western Sahara, final report, January 2016;
  - ✓ WFP/UNHCR Post Distribution Monitoring database 2015;
  - ✓ ARC Nutrition monthly reports;
  - ✓ WFP/UNHCR Nutrition survey, 2012;
  - ✓ Preliminary findings of quantitative survey of December 2015;

- ✓ UNHCR/WFP Joint Plan of Action 2015-2016;
  - ✓ WFP PRRO, Assistance to refugees from Western Sahara (1 January 2013-31 December 2016).
  - ✓ UNHCR/WFP Joint Strategy – Enhancing Self-reliance in Protracted Refugee Situations (draft), December 2015.
  - ✓ WFP General Overview and Strategic Paper – WFP’s Complementary Activities (draft), March 2016.
  - ✓ Health representatives. Management of Malnutrition and Anaemia in Sahrawi’s Pregnant and Lactating Women Protocol, December 2014.
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- Semi-structured interviews with key informants and specialized groups (e.g. health representatives and key staff, WASH department, Education, etc.);
  - Focus group discussion with refugees;
  - Interviews at the household level;
  - Depending of the available secondary data and the additional data to be collected in the field, the number of HHs to be visited (sample size) as well as the number of GFD to be held will be decided by the JAM coordinators;
  - Meetings with implementing partners and operational partners, donor agencies, field staff, local representatives, civil society organizations (women, disabled persons, youth, etc.);
  - Direct observations through field visits: food distribution points, health facilities, schools, WASH facilities, markets, family and community gardens, income generating activities;
  - Daily debriefing meetings among interviewers, facilitators and supervisors to cross-check and share results, discuss issues and ensure activities are on track.