

2013

WFP UNHCR Joint Assessment Mission  
Algeria



## **WFP UNHCR Joint Assessment Mission, Algeria, February 2014**

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For questions regarding the Joint Assessment Mission (JAM), please contact:

### **WFP Algeria**

Pedro Figueiredo, Country Representative, [pedro.figueiredo@wfp.org](mailto:pedro.figueiredo@wfp.org)

### **UNHCR Algeria**

Ralf H.W. Gruenert, Country Representative, [Gruenert@unhcr.org](mailto:Gruenert@unhcr.org)

### **WFP Headquarters**

Rossella Bottone, VAM officer, [rossella.bottone@wfp.org](mailto:rossella.bottone@wfp.org)

### **UNHCR Headquarters**

Jonathan Brass, Senior Liaison & Food Security officer, [brassj@unhcr.org](mailto:brassj@unhcr.org)

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## Team members and composition of thematic groups

Jonathan Brass (UNHCR coord) and Rossella Bottone (WFP coord) rotating

### GROUP 1 / Health

Mr Chafik Meziani (UNHCR)

Ms Kenza Yamouni (UNHCR)

### GROUP 2 / Education

Mr Saleh Soboh (UNHCR)

Ms Valentina Signori (WFP)

### GROUP 3 / WASH

Mr Madhjoub Boulanouar (UNHCR)

Ms Alicia Ortega (UNHCR)

### GROUP 4 / Markets

Ms Gehan al-Hossiny (WFP)

Mr Samir Zemouchi (CISP)

## Household data collection teams

**Team 1:** Gabanaha Noudjem (WFP) & Sabiha Zehraoui (UNHCR)

**Team 2:** Fares Zeghdane (WFP) & Najia Riche (UNHCR) **Team**

**3:** Karim Tarouadada (UNHCR) & Amel Derras (WFP)

**Team 4:** Hamida Daoudi (UNHCR) & Karima Djazairi (UNHCR)

## Contents

Acknowledgements.....	2
Executive summary.....	5
Introduction .....	6
Background .....	6
Current assistance.....	9
The joint assessment mission .....	11
Objectives .....	11
Methodology.....	11
Limitations .....	12
Findings .....	13
Markets and prices.....	13
Market structure.....	13
Food availability in the market .....	14
Food prices.....	17
Food access .....	19
Vegetable gardens and livestock ownership .....	19
Sources of income.....	20
Sources of food .....	23
DAILY RATION g/person/day.....	24
Food consumption .....	25
Expenditure patterns and purchasing power .....	26
Nutrition and health .....	28
Water, sanitation and hygiene.....	30
Education .....	33
Coordination and monitoring .....	36
Conclusion.....	39
Recommendations .....	41
Annexes.....	
Annex 1: Technical recommendations.....	43
Annex 2 : Food Prices.....	52
Annex 3 : JAM Terms of reference.....	53
Abbreviations and acronyms .....	57

## Executive summary

Refugees from Western Sahara have been hosted in Algeria since 1975, currently residing in five refugee camps located around Tindouf town, some 2,000 km southwest of Algiers.

For decades, the refugee population has relied mostly on humanitarian assistance. Due to the harsh environmental conditions and the remote location of the camps, few clear options exist for the development of income generating activities.

This Joint Assessment Mission (JAM) was conducted under the existing framework of UNHCR and WFP's Memorandum of Understanding which requires periodic review of all joint operations. The mission used a combination of primary and secondary data from different sources to establish as complete and balanced a picture as possible. The mission visited the five camps (Awserd, Boujdour, Dakhla, El Aaiun and Smara) where it conducted focus group discussions, interviews with key informants, household visits and visits to the settlements' infrastructures.

In the absence of a complete refugee register, WFP and UNHCR are currently using a planning figure of 90,000 rations and an additional 35,000 rations for the most vulnerable.

The mission found that, in general, refugees remain highly dependent on humanitarian assistance. However, it noted disparities in the sources of income and earnings within camps. The mission concluded that there is long term potential to increase initiatives for livelihood support and income generating activities that could improve the refugees' situation. The mission also noted the need for refugees to participate in the management of basic infrastructure (e.g. the water system).

Although the support provided to refugees by both UN agencies and NGOs has kept food security and nutrition conditions at relatively stable levels, these levels are far from satisfactory: the global acute malnutrition (GAM) rate stands at about 7% and the stunting rate at about 25%<sup>1</sup>—which represents the medium prevalence of public health concern according to WHO thresholds.

Regarding food consumption, the findings show that the majority of households have fairly good food consumption, with a diversified diet.

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<sup>1</sup> WFP-UNHCR Nutrition survey, November 2012

All visited camps have a system of on-site shops, including grocers, butchers, green grocers, bakeries and non-food shops. Most of the refugees interviewed purchase their complementary food from the camp shops.

The variety of the items available on the market as well as the market conditions, point to the possibility of exploring alternative ways of transferring resources to refugees in the future.

The potential success of vegetable gardens is limited due to poor water access. Similarly, traditional livestock breeding suffers from lack of resources to provide adequate fodder to the animals.

On average, the refugees spend about 33% of their already scarce resources on food; meat, sugar and tea are among the most requested commodities. Their second most common expenditure is on clothing.

Refugees with the most stable source of income are those employed by NGOs or working in community services (i.e. teachers, nurses), but the wage level for the latter group is extremely low - these workers receive an incentive of about 3000 DZA per month (38 USD) rather than a salary. The dependence on credit is extremely high in the camps.

Health indicators depict a stable situation. However, the mission noted several concerns related to access to water and chronic diseases.

The JAM team concluded that refugees from Western Sahara living in the camps around Tindouf continue to be dependent on humanitarian assistance. However, the team noted the need to develop a common **self-reliance strategy** to build on existing potential options and to continue focusing on the **most vulnerable** households in the longer term. Alternative transfer modalities should also be explored as a way of further supporting the local economy. UNHCR and WFP are fully aware that it is necessary to keep assisting the refugees, but both agencies aim to improve the level of assistance provided through more effective **targeting** and diversification of this assistance.

## Introduction

### Background

Refugees from Western Sahara have been recognized as prima facie refugees by the Algerian Government. Since 1975 they have been hosted in the five refugee camps located around Tindouf town, some 2,000 km southwest of Algiers: Awserd (35 km), Boujdour (25 km), Dakhla (180 km), El

Aaiun (10 km), and Smara (53 km). The population is reliant on humanitarian assistance, with limited options for income generating activities due to the harsh environmental conditions and the remote location of the camps.

The political solution to the conflict and subsequent repatriation of the refugees does not seem imminent, and given the current political stalemate among the parties, neither local integration nor resettlement seem to be feasible options.

UNHCR and WFP have been working for decades with the hosting Algerian Government in support of the refugee population. Indeed both agencies are engaged in providing care and maintenance programmes and ensuring that basic food and nutritional needs are met.

In the absence of formal registration, UNHCR and WFP humanitarian assistance is based on a planning ration figure of 90,000 for the most vulnerable refugees and an additional 35,000, to address the poor nutritional status in the camps.

UNHCR is providing basic care and maintenance assistance to the 90,000 most vulnerable refugees, while WFP is distributing 90,000 food rations and 35,000 supplementary food rations to the most vulnerable refugees in the camps to meet their basic food needs. UNICEF is also present in the camps and works in the health, education and youth sectors. The humanitarian response and operational capacity have increased throughout the years and coordination with the other UN entities and humanitarian actors is ensured in the various sectors.

The last Joint Assessment Mission (JAM) in the area was conducted in October 2011 and confirmed the need to keep supporting refugees from Western Sahara with both food and non-food assistance.

The 2012 nutrition survey reported that although it improved slightly in the last several years, the overall nutrition situation remains troubling. Global acute malnutrition (GAM) amongst children aged 6-59 months is stable at 7.6% while chronic malnutrition or stunting stands at 25.2%, which is a slight but not significant reduction from 29.7% in 2010. The survey also indicated that the levels of anaemia dropped from 52.8% to 28.4% in children aged 6-59 months and from 48.9% to 36.4% in women of child-bearing age; this is the most encouraging result, although anaemia levels are still concerning. Another nutrition related concern is the growing prevalence of overweight and obese (body mass index greater than 25 and 30, respectively – kg/m<sup>2</sup>) women of childbearing age (15-49

years). This trend represents one of the main risk factors for metabolic diseases in the population such as diabetes, hypertension, cardiovascular diseases and cancer<sup>2</sup>.

In addition to regular monitoring activities, WFP and UNHCR are committed to assessing the food security situation of refugees every two years. A JAM was launched in mid-November 2013 in order to present an update on the joint operation.

Of increasing concern for both agencies are the significant economic and livelihood pressures faced by the refugees, in particular the youth, locking them into a cycle of dependency on assistance, even after 38 years. The aspirations of the youth are clearly held back by limited opportunities for access to higher education/scholarships and employment once they have completed their education/specialization in the camps. The risk of them not fulfilling their human potential and becoming another 'lost' generation dependent on food assistance is very real.

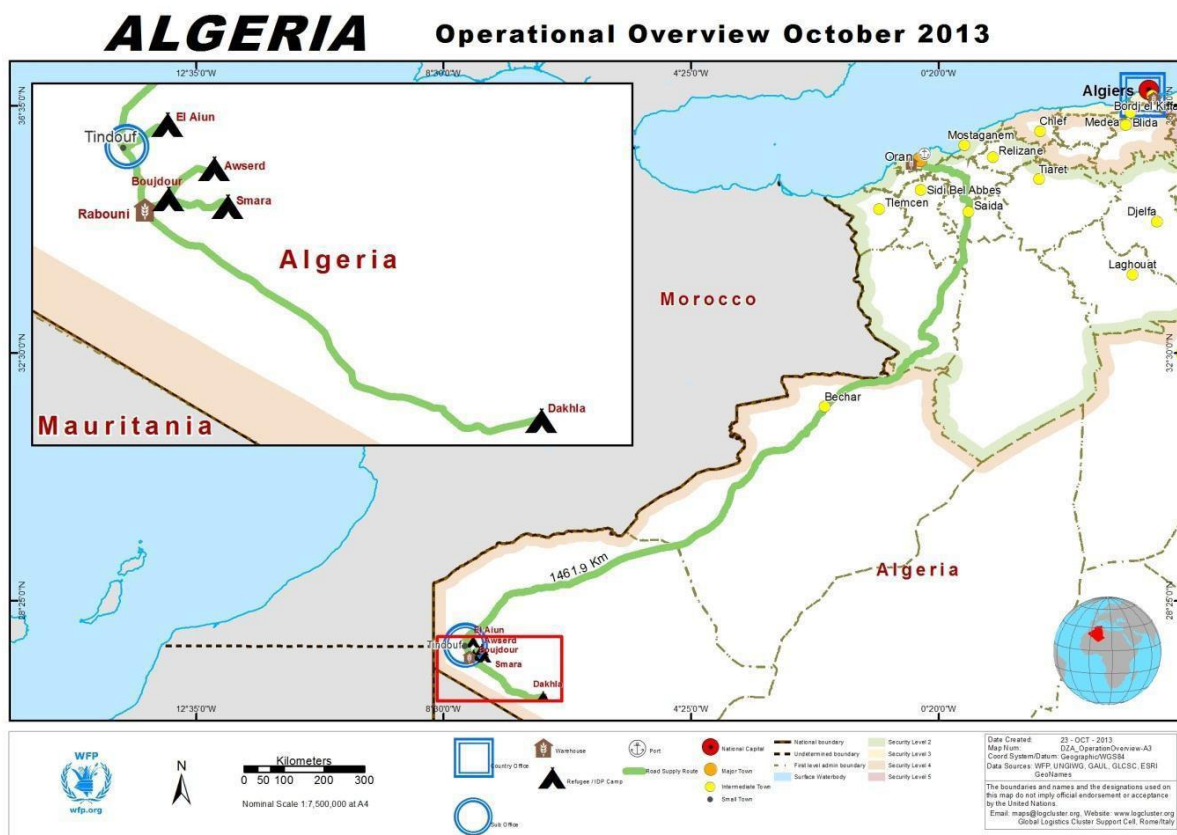


Figure 1. Location of the five settlements hosting refugees from Western Sahara.

<sup>2</sup> Nutrition survey 2012, page 59.

## Current assistance

An overview of the ongoing assistance provided in the camps should help clarify the situation.

### Food

WFP provides 90,000 monthly family rations plus an additional 35,000 rations for the most vulnerable. The rations include: cereals, pulses, vegetable oil, sugar and super-cereal. The Spanish Red Cross, partly funded by UNHCR and Oxfam, is providing a monthly family ration of fresh food (vegetables and fruits) for the same number of people (125,000) and Oxfam is providing 4,000 vouchers for extremely vulnerable households to buy eggs.

### Health

UNHCR provides support to enhance access to basic health care and covers up to 60% of the expressed needs in the health sector in terms of consumables/reagents for x-rays, labs and dental care services. Basic health care facilities have improved through the provision of furniture, bedding and washrooms, incentives to the medical staff working in the pharmacies and clinics, and support to medical doctors' commissions. UNHCR, through its partner Enfants Réfugiés du Monde (ERM), supports training at the nursing and midwifery school in Smara camp. UNICEF organises immunisation campaigns, reaching 75% of children, and provides trainings for midwives and traditional birth attendance workers in Algeria.

### Nutrition

UNHCR and WFP are providing nutrition products and technical support for the management of acute malnutrition in the camps (CMAM), as well as the prevention of anaemia and stunting among children under 5 years. Under the SAM programme (severe acute malnutrition), Plumpy-Nut s provided for an average of 38 children each month. In addition, the MAM programme (moderate acute malnutrition) provides around 10,000 children and pregnant and lactating women with a soya-sugar oil mix every month. More than 22,000 children and pregnant and lactating women are currently assisted through the anaemia programme. All distributions are channelled through health clinics as part of the comprehensive inter-agency strategy to address and reduce the high levels of malnutrition and micronutrient deficiencies. The whole nutrition activity is implemented under the PISIS framework (Integrated Management of Childhood Illnesses). Behavioural change communication activities and capacity building are focused on nutrition protocols, benefits/usage of nutrition products, Infant and Young Child Food (IYCF) practices and food habits.

### Education

UNHCR, through its partner Association des Femmes Algériennes pour le Développement (AFAD), provides incentives to some 1,765 primary and intermediate school refugee teachers in the five camps, trainings for teachers and school management staff, and essential school materials/books. WFP leads the school feeding programme, under which almost 32,000 children receive

daily snacks at school, with the aim of enhancing attendance and enrolment rates while reducing short-term hunger and ensuring better concentration/attention in class. UNHCR installed water tanks in 16 schools in 2013 and WFP rehabilitated and installed kitchen facilities in 40 schools, giving access to clean tap water. UNICEF provides the basic school materials and recreational kits for schools, and recently rehabilitated 65 classrooms and trained 600 youths on project and micro-credit management.

**Access to energy**

UNHCR distributes cooking gas, covering about 66% of the minimum monthly needs (one refilled gas cylinder/family/month) and 1,060 new gas cylinders yearly for those refugee families identified as most vulnerable.

**Shelter and infrastructure**

Some 3,720 tent materials procured in 2011 were received in 2012 through the Saharawi Ministry of Equipment thanks to contributions from Agencia Española de Cooperación Internacional al Desarrollo (AECID) (1,370), the European Commission, Humanitarian Aid (ECHO) (1400) and UNHCR (950). In 2013, UNHCR procured 2,000 tent materials and accessories for vulnerable refugee families.

**Supply of potable water**

UNHCR, together with its partner Solidaridad Internacional Andalucía (SI-A), provides adequate potable water to all refugees (17 – 20 cl/person/day) in the camps; ensures the maintenance of the existing water network; provides family water storage to some refugee households; supports water quality laboratories with reagents and supports the Saharawi Department of Water and Sanitation through incentives for staff and capacity building. Out of the 32 aging water trucks, 10 have been replaced through procurement in 2011, 2012 and 2013.

**Sanitation and hygiene**

UNHCR, through its partner Triangle Génération Humanitaire (TGH), distributes hygienic kits to all women and girls of reproductive age (totalling 38,450) and supports a soap making workshop and a bleach factory to produce products to be distributed to health and other public facilities (water, education). UNHCR supports its partner MPDL to implement waste management projects in the camps and in Rabouni.

**Logistics and supply**

Through its partner TGH, UNHCR funds a mechanical workshop and the procurement of spare parts to repair and maintain the fleet of 14 ambulances, 32 water tankers, six trucks of non-food items, 14 garbage trucks, 26 programme vehicles, one food truck and 24 generators. The workshop also maintains six trucks that transport food and non-food items (NFI) for distribution through the Algerian Red Crescent and its implementing partner, the Western Sahara Red Crescent Society (WSRC). Food commodities procured by WFP and transported in-country are managed and further dispatched to the camps by WFP/UNHCR implementing partner, the Algerian Red Crescent.

In 2012 and 2013, the effects of the global financial crisis in Europe further aggravated the challenges faced in the Saharawi operation as more bilateral donors pulled out or cut spending on education, health, water and sanitation as well as the distribution of non-food items. This trend is likely to continue in 2014 with some activities bearing the brunt of the reduction in aid assistance, putting UN assistance on a core level.

Furthermore, security issues resulting from the war in Northern Mali and the region's unstable dynamics have continued to hinder humanitarian operations. Security issues limit the movement of humanitarian actors and reduce their overall presence, severely impairing the development of certain activities within the operation.

## The joint assessment mission

### Objectives

The main objective of a JAM mission is to assess the food security and nutrition status of refugees.

The specific objectives of the JAM are:

- 1) To provide an updated report of the food security and nutrition status of refugees and provide recommendations for assistance
- 2) To review the quality and appropriateness of ongoing food security and nutrition-related interventions and explore the possibility of introducing new transfer modalities as well as gain a better understanding of the market system
- 3) To verify the existence of specific needs and provide suggestions for possible interventions
- 4) To review the performance of the actual coordination mechanism related to food and nutrition sectors.

### Methodology

The JAM is largely based on secondary data review complemented by a field visit. The JAM team reviewed in particular: UNHCR and WFP monthly monitoring reports, the 2012 nutrition survey report, the WFP ICT and Logistic capacity assessment, the reports produced by the *Mesa de Seguridad Alimentaria*<sup>3</sup>, UNHCR and WFP project documents and the outputs of the household (HH)

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<sup>3</sup> Food security coordination table.

interviews conducted between 2012 and 2013 (473 HHs interviewed in 2012 and 795 in 2013) as part of programme monitoring.

The field visit is based on qualitative participatory tools, including focus group discussions and key informants interviews. The team also interviewed eighty HHs randomly selected across the five camps about food consumption, expenditure patterns and coping strategies. Despite the sample not being statistically representative, the information collected was used to triangulate existing information and to provide additional indicative insights into the refugees' conditions.

The field visit took place between 17th and 28th November 2013 and included:

- Visits to the five camps (Awserd, Boujdour, Dakhla, El Aaiun and Smara), including visits to several households, schools, market areas, warehouses, food distribution points, health facilities, WASH facilities, family and community gardens and income generating projects
- Interviews with refugee authorities and camp leaders
- Focus group discussions with refugees on livelihood opportunities, food assistance and coping strategies
- Sectorial interviews with teachers, health practitioners, specialists from the water sector and traders
- Market visits and traders' interviews
- HH interviews
- Meetings with NGOs representatives and partners.

Staff from both UNHCR and WFP participated in the mission with support from implementing partners (CISP, ARC, WSRC, Medico del Mundo, Oxfam) and the main donors (AECID, ECHO).

## Limitations

The JAM is largely based on secondary data analysis and the field visits primarily collected qualitative data.

The provision of food assistance is a very sensitive topic. It was felt that during focus group discussions, the respondents often provided answers that were guarded, always reinforcing the need to increase aid, but not necessarily answering the questions directly.

This is a very common attitude in protracted crises, and one which makes the data collection process more difficult.

With the support of the implementing partners and field staff, it was possible to detect and better understand the situation on the ground and its peculiarity.

The other main limitation is linked to seasonality. The team visited the camps during winter because living and working conditions in the summer months can be much harder, which increases refugees' vulnerability.

## Findings

### Markets and prices

The mission aims to better understand the market systems in the camps and also to check whether alternative transfer modalities for food assistance can be considered.

The mission visited the market areas in all camps, except Boujdour, assessing several income generating activities (i.e. sewing and melfa<sup>4</sup> workshops). A number of shops are located in a designated market area of the camps, with between two and four market areas in each camp.

### Market structure

The team focused its attention on the food markets.

Food shops can be divided into two types:

- Large shops with access to electricity (either small solar panels or gas pump refrigerators), and
- Small grocery stores that have very basic products.

The market system in the camps is heavily dependent on Tindouf's market (where most products arrive from the north of Algeria). Food items are purchased from Tindouf wholesalers and only some non-food items, such as clothes or detergents, arrive from Mauritania or Spain. Retailers in the settlements are mostly Saharawi.

In general, retailers go to Tindouf several times a week to purchase the products they need, but there are also some distributors in El Aaiun Camp that sell commodities directly to the local shops.

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<sup>4</sup> Traditional female clothes

Stock runs depend on the kind of product being bought: for example meat, such as camel, is purchased twice a week while bread is purchased daily.

The road between the camps and Tindouf is in good condition but the traders claimed that transport cost is one of the main constraints they face: retailers have to rely on local taxis which are usually ancient and small or they rely on distributors.

Some retailers adapt their offerings according to the refugees' preferences and are willing to cater for evolving consumer demand. For instance, traders do not sell flour or rice around WFP food distribution time. This was observed across all camps. They report that consumer demand is highest for rice, sugar, milk and tea and generally low for fruits and vegetables (6% of most requested food items).

The main constraint for market development is the lack of cash circulation. The level of indebtedness of people is very high and traders, due to their cultural traditions and values, cannot give goods on credit. This creates a vicious spiral in which traders cannot expand their activities and then are forced to stop working when people do not repay them for long periods of time.

On the other hand, the interviews to the various traders confirm that demand is pretty stable and when people cannot find food items or even services in the camps they go to Tindouf. The introduction of a voucher system would bring stability of demand and strongly boost the local market, inject cash and positively affect life in the camps.

## **Food availability in the market**

Large shops have a wide variety of dry food items, including rice, pasta, sugar, oil, juice, tea, milk, water, juice, eggs, biscuits, canned food (fish/vegetables, etc), and non-food items such as charcoal, various kinds of soap and detergent. Bakery products are available in great variety, mostly coming from bakeries in Tindouf.

It was noted that in all camps bread production is well below demand and so, either people go to Tindouf or buy the locally produced bread at a slightly higher price.

*In Smara camp the community bakery run by the camp authorities is making 2000 loaves a day at 8.5 DZA (0.1 USD) per baguette while the demand is more than double that, so a few families are setting up home-based bakeries (see picture)*



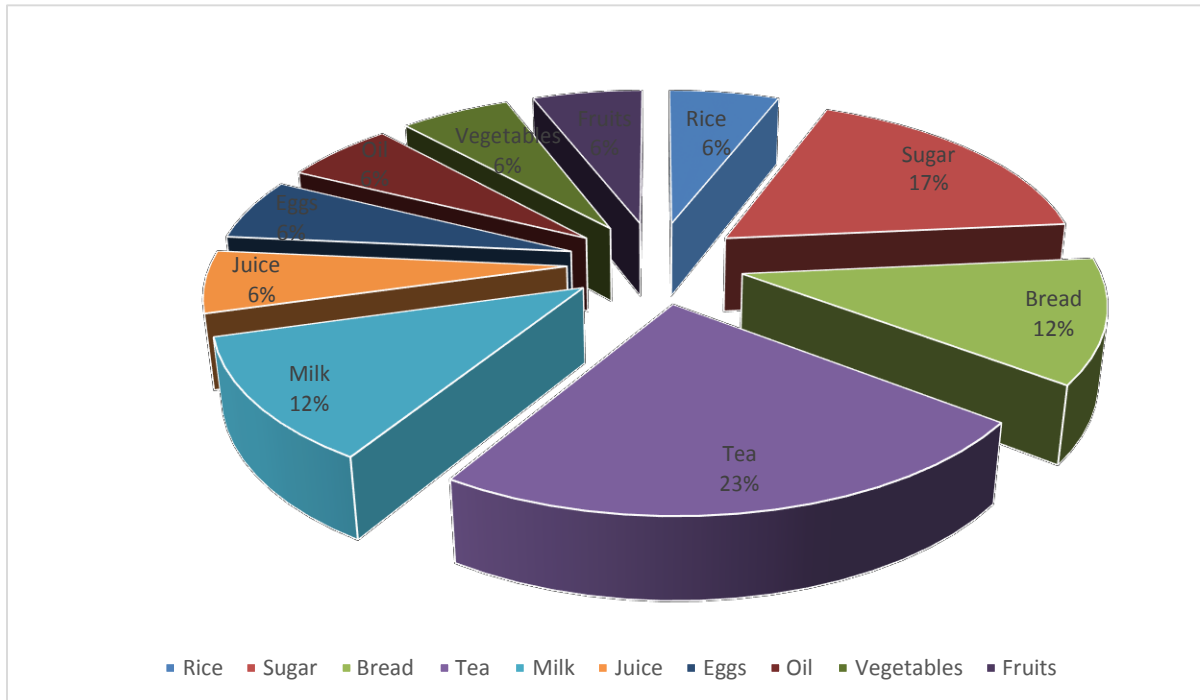
The wheat flour comes from both food aid (the ration that the family receives monthly) and purchase. The fact that fresh bread can easily be found in the camps and that several people are opening small private bakeries indicates that the bread demand is stable and that bread production is a potential area for livelihood support/income generating projects.

Seasonal fruits and vegetables are also widely available (tomatoes, bananas and apples, potatoes, onions, carrots, green peppers, etc.) in different varieties. The market that offers the least variety is the market of El Aaiun. The interviews with traders revealed that due to the proximity with Tindouf, many people prefer to buy there, lowering in-camp demand.

Fresh camel meat is sold at least twice a week. The particularity of this meat market is that it is the only purchase that cannot be done on credit, as the butchers need the cash to pay for the camel they bought. Some frozen chicken can be also found in the camps but apart from these options, meat consumed is from the livestock owned.

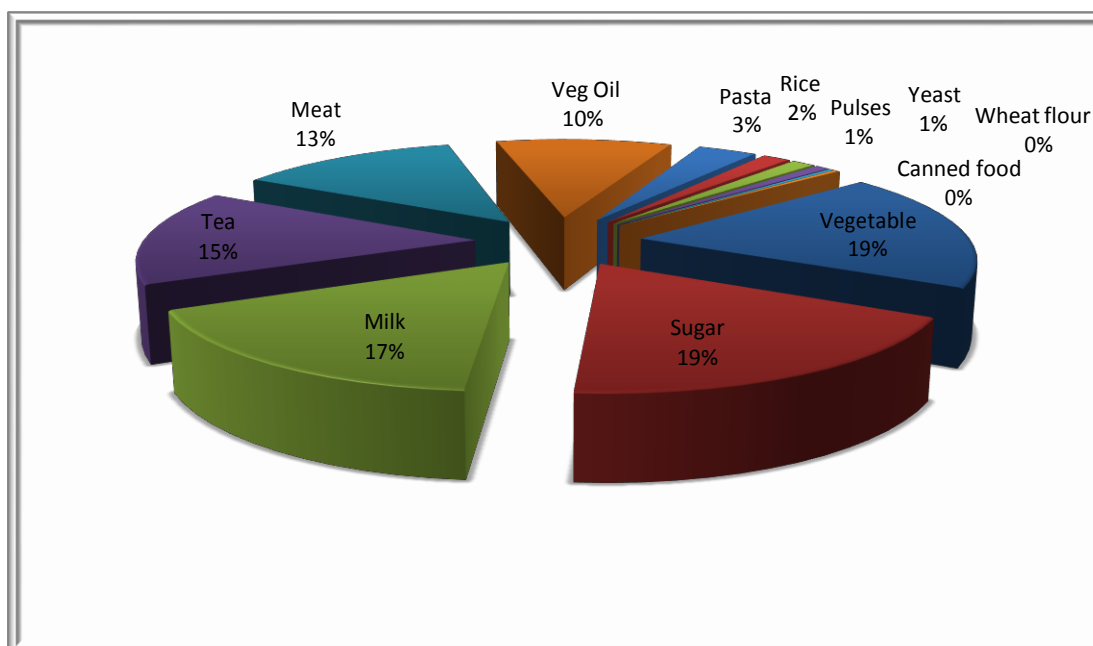
Non-food items are also available in good variety, including items such as baby nappies and wet wipes. WFP food was not found in any of the shops and a neglectable amount of commodities were found in the Saharawi market in Tindouf that is held every Friday.

According to the joint WFP-UNHCR monitoring report 65% of refugees buy their food only in their camp and 15% mostly in Tindouf, while the rest buy food in both places.



**Figure 2. Most commonly requested food items according to traders' interviews**

As the pie chart above illustrates all camps shared high rates of consumption for sugar, milk and tea specifically. The information collected from the traders is in line with the findings of the monitoring visits conducted by WFP and UNHCR in 2012 and 2013. According to HHs interviewed (533), vegetables, sugar, tea, milk, meat and oil are the items they purchase the most.



**Figure 3. List of most commonly purchased food commodities by refugees as expressed by themselves (533 HH).**

Traders interviewed did not report on any particular seasonality issue, as most of the commodities are not produced locally, but mentioned that the demand is lower during the summer (July/August) as some families move to Tindouf to escape from the extreme hot weather conditions.

### Food prices

During the assessment the team collected the food prices of most commodities sold both in Tindouf and in the camps. The price level reflects both the dependency on the Tindouf market and also the distance between the city and the camps. In El Aaiun camp, prices are equal to those in Tindouf, while they are generally higher in Dakhla, especially for fresh food items such as vegetables. Prices for sugar, pulses and canned food are similar in all the camps. In some cases prices have even been reported as being slightly lower than those in Tindouf.

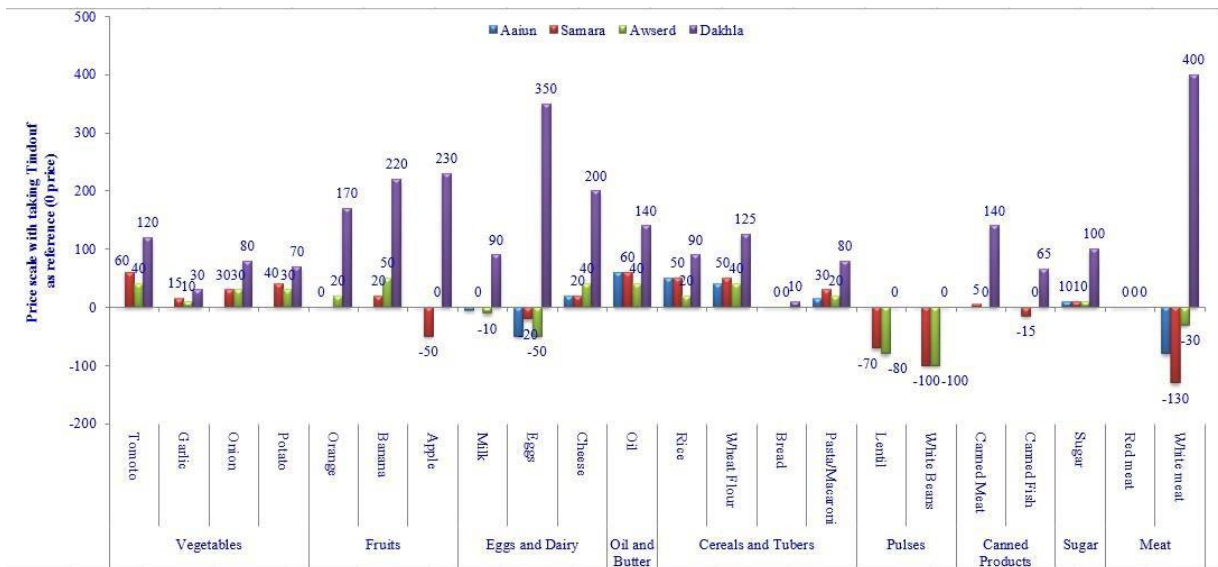


Figure 4. Price level comparison across four camps (El Aaiun, Smara, Awserd and Dakhla). Tindouf is level 0

The image below illustrates the commodities found at the stores. The pictures on the top are from big shops that have electricity / gas pump refrigerators. And the bottom picture illustrates what a small store looks like.



The images below show the energy conduction systems available: on the left the gas pump refrigerator system and on the right an example of an electric refrigerator system.



## Food access

### Vegetable gardens and livestock ownership

Some families in the camps have gardens (about 15% of families, according to HH questionnaires), while community allotments for the production of vegetables also exist (mainly tomatoes, carrots and courgettes).

More than half (57%) of interviewed HHs claimed the main difficulty in maintaining a family garden was the lack of seeds, while 20% noted the lack of water. Indeed, households that receive water provided by trucks, prioritising gardens over drinking water consumption is difficult. Additionally, vegetable production is clearly better in winter, and very challenging in summer months due to scarcity of water.

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*In Dakhla there is a 12 hectare vegetable garden, supported by the Spanish cooperation, where 28 people work. The vegetables produced are distributed for free to the refugees  
(see picture of carrots cultivation in Dakhla)*

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Livestock ownership is very common as it is the traditional livelihood of the Saharawi population: 60% of HHs own at least one goat, which is generally kept as a form of savings and not for consumption, as Saharawi people generally prefer to eat camel meat.

There is also a system for community livestock herding, mostly for camels, managed by camp authorities (200 camels are owned in Dakhla). The main constraint for keeping livestock is the lack of fodder/food.

### Sources of income

The geographical location and the environmental conditions of the camps make it extremely challenging for refugees to become self-reliant. Nevertheless, most of the refugee families are involved in activities that somehow complement what is received through humanitarian assistance.

Some 62 out of 78 families<sup>5</sup> interviewed reported that they have at least one source of income. Only six reported that this income consists of remittances, while others pointed to income from trade, livestock, casual labour in the camps and work with the INGOs or other community services (teachers, garbage collectors, nurses, etc.). The graph below summarizes the main sources of income among the refugees. However, it must be noted that income levels are extremely low because those employed as teachers, nurses, etc. are paid with incentives rather than proper salaries. On average, an employee working for a community service such as a school or health centre earns around 3,000 DZA (38 USD) per month.

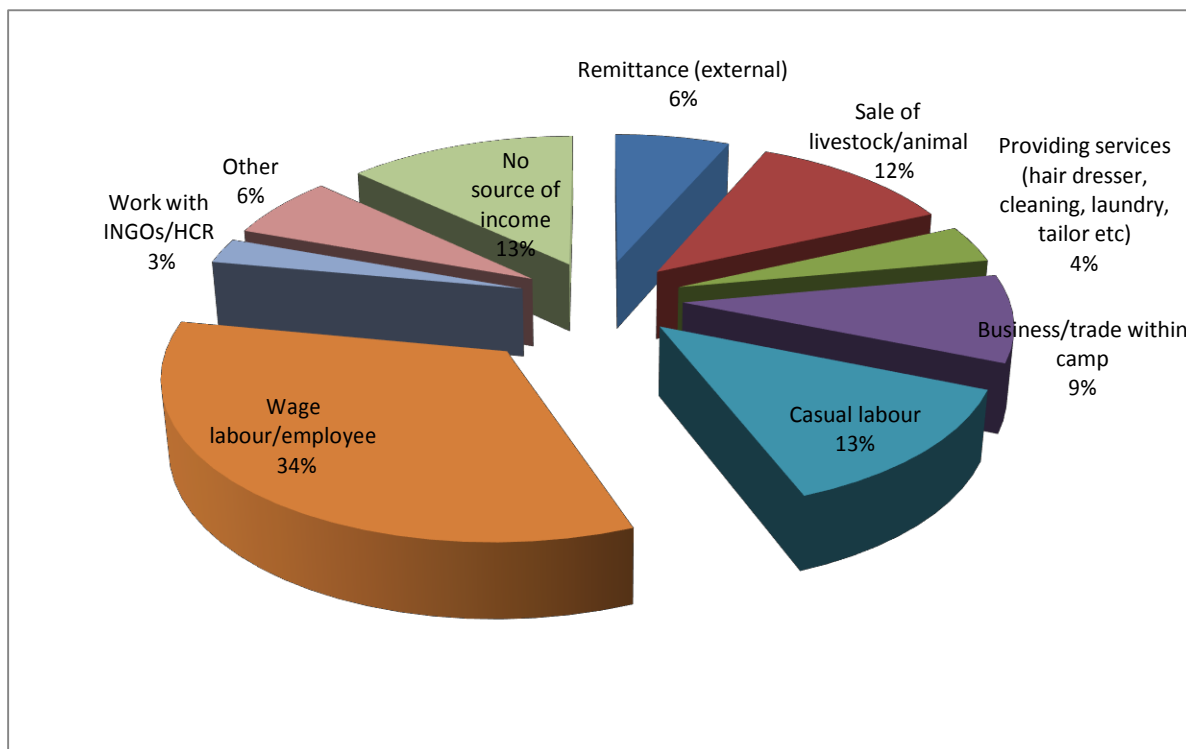


Figure 5. Main sources of income

<sup>5</sup> Even if the number of HHs interviewed during the JAM is quite small, this was just a confirmation of normal trends as both UNHCR and WFP carry on regular monthly visits and interviews to HHs.

Apart from basic services, camp authorities also run several community projects such as community gardens, a chicken farm, bakeries, mills and carpentry, mechanics or welding workshops.

Additionally, the mission included visits to the newly commenced self-reliance activities funded by UNHCR and various NGOs. These include: bakeries, sewing workshops and women clothes producers, family gardens, pasta producers, carpentry, welding and mechanic workshops, as well as small micro credit activities. The camp visits clearly revealed that there is potential for refugees to move towards more sustainable ways of living but there are a few current constraints preventing such initiatives from flourishing:

**Lack of sales and marketing strategy for products**

Several activities are based on the production of highly requested items. Nevertheless most of the products are given for free to the refugees and not sold. These products could be sold both in Tindouf and also to the camps' visitors (who, in particular, come from Spain). At present there is no attempt to make these kinds of projects profitable and there is a high risk that the projects will stop once the initial support has ended. The team visited several livelihood projects, such as the pasta production centre in Smara, and noted that at least part of the production could be sold or traded to make it sustainable.

**Lack of maintenance and ownership**

Several livelihood projects were launched with the support of humanitarian organisations that provided funds and technical assistance that were gradually phased out. The field visit revealed that several of these projects are slowly dying because of lack of ownership/maintenance. For example, the team visited a mill currently functioning at one third of its capacity and that will soon stop working entirely. A few people are working in the milling workshop but have now resorted to using rudimentary hand machines as the machinery is deteriorating due to a lack of spare parts. At least two old abandoned mills with similar stories have been visited. With a better approach to sustainability of livelihood projects, with a particular emphasis on ways to increase ownership and improve maintenance capabilities, such projects are likely to last longer.

**High dependence on credit**

61% of people interviewed reported that they requested a credit in the last month, which is in line with data from WFP-UNHCR monitoring visits. The main reason for borrowing money is to buy food (92%) while only a small group reported that they borrowed money for medicines or health issues.

This is an indication of how much people rely on credit for their purchases (and how cash is important for covering needs). This is a strong limitation for both trade and any livelihood support initiative. Dependence on credit is also an indicator linked to solidarity value, which provides a safety net for the most

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vulnerable sectors of the population.

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The constraints mentioned above mainly affect projects that were launched with external support. Interviews with people who run small private initiatives (bakeries, barber shops, small restaurants, etc.) revealed that:

- A small sum of money, in most cases received through remittances, was needed to start the business.
- The more successful activities are those that are relatively inexpensive, such as the barber shop that is charging 100 DZA per person or carpet washing with a pressurized water pump for about 20 DZA. People can afford to pay small sums for certain services, while it's more difficult for them to buy expensive items or services. Some traders revealed that when they have tried to set up a shop with more expensive items, such as mobile phones, they had to close because people had difficulty repaying their debts.
- People have to go to Tindouf for certain services that aren't available in the camps e.g. women's hairdressing. This marks an opportunity to launch certain business activities.



Figure 6 Sewing workshop in Smara

## Sources of food

Both dry and fresh food comes from humanitarian assistance, but families purchase a good proportion of the food they consume. The dry food basket includes:

	(g/person/day)
<b>Cereals</b>	400
<b>Pulses</b>	67
<b>Vegetable oil</b>	31
<b>Sugar</b>	33
<b>Supercereal</b>	33

Based on the recommendations from the JAM 2011, the general food ration has been highly diversified and at least two types of cereals and two types of pulses have been recently added.

Additionally, after the 2011 JAM fresh foods (including potatoes, carrots, onions and fruits) have begun to be distributed monthly. More recently, about 4,000 people belonging to the most vulnerable families (chronically ill, female-headed HHs, the elderly, etc.) have begun receiving monthly vouchers to buy eggs. The table below shows an example from a typical monthly food ration (per person):

Product	Ration KG
<b>Wheat flour</b>	8
<b>Pulses</b>	2
<b>Gofio<sup>6</sup></b>	1
<b>Rice</b>	2
<b>Vegetable Oil</b>	1
<b>Supercereal</b>	1
<b>Barley</b>	2
<b>Sugar</b>	1
<b>Potatoes</b>	1
<b>Onion</b>	1
<b>Carrots</b>	0.5
<b>Apples</b>	0.5
<b>Dates</b>	0.5

### Source monitoring report November 2013

<sup>6</sup>Gofio is generally not part of the food basket but was distributed thanks to an in-kind donation.

The table below shows the approximate size of the daily ration with the relative kcal contribution<sup>7</sup>,

RATION CONTENTS	DAILY RATION g/person/day	ENERGY kcal
WHEAT FLOUR, WHITE	266	931
BEANS, DRIED	60	201
OIL, VEGETABLE [WFP SPECS.]	30	266
CSB SUPERCEREAL (CSB+) [WFP SPECS.]	30	113
SUGAR	30	120
RICE	60	216
BARLEY	60	202
DATES, DRIED	15	37
ONION	30	11
POTATO	30	23
<b>TOTAL</b>		<b>2120 Kcal</b>

On a monthly basis, around 80% of what is consumed comes from assistance and the other 20% from purchase, according to both the HH interviews conducted during the JAM and the monitoring visits. This applies only to those food items included in the food basket such as rice, beans and vegetable oil. Bread, vegetables and fruits are mostly purchased (50 to 65% of the quantity consumed) and meat, fish and milk are generally bought or received as gifts from neighbours (10%). The purchase level of sugar is extremely high; each person receives about 1kg per month, but average consumption per family is 30 Kg per month (65% of families consume more than 20kg per person/month).

Solidarity is very strong among refugees, therefore gifts are another important source of food (about 10%).

The data collected at HH level during the JAM confirmed the output of the UNHCR/WFP HH interviews carried out in 2012 and 2013. Of 533 HHs interviewed, 94% reported buying food to complement the basic food basket and 80% were not happy with the quantity they received.

<sup>7</sup>For apples and Gofio kcal estimation not available).

HHs visited					
	533	YES		NO	
Receive food commodities regularly	519	97%	1	0%	33
Satisfied with the quality of the food commodities	394	74%	126	24%	33
Satisfied with the food quantities	84	16%	429	80%	40
Do you buy food?	500	94%	20	4%	33

Source. WFP and UNHCR Monitoring report on food 2012-2013

The JAM team assisted with several food distributions and the people interviewed reported that, in general, distributions were timely. The 2012-13 monitoring visits showed that 98% of families received food regularly and the great majority was reportedly satisfied with the quality of the food commodities (74% see graph above). Some interviewees complained, however, about the quality of the wheat flour received in the two months prior to the JAM mission due to the rapid deterioration of food stocks in the extremely hot summer months<sup>8</sup>.

The ARC, through the WSRC, is in charge of the food distributions and in each location many people, mostly women, are involved in the distribution process.

### Food consumption

91% of HHs interviewed had an acceptable food consumption score and only 9% had a borderline food consumption score. The main difference lies in the ability of some households to afford to regularly buy meat (camel, poultry or canned beef for example). The results are in line with the Post Distribution Monitoring visits carried out in 2013 that showed that 93% of the refugees have an acceptable food consumption score. The results are also comparable with those of the JAM 2011.

Refugees also have acceptable dietary diversity, consuming cereals, oil and sugar daily, vegetables and pulses almost daily and a source of animal protein (meat, eggs, fish) and milk five to six times a week. Fresh fruits are consumed less but this is linked to low availability at a local level, while nuts and dates are consumed at least twice a week.

<sup>8</sup>The JAM team visited the warehouses and understood from all the partners involved in the distribution that due to the extreme weather condition it is something difficult to keep the wheat flour stored inside thus affecting its quality.

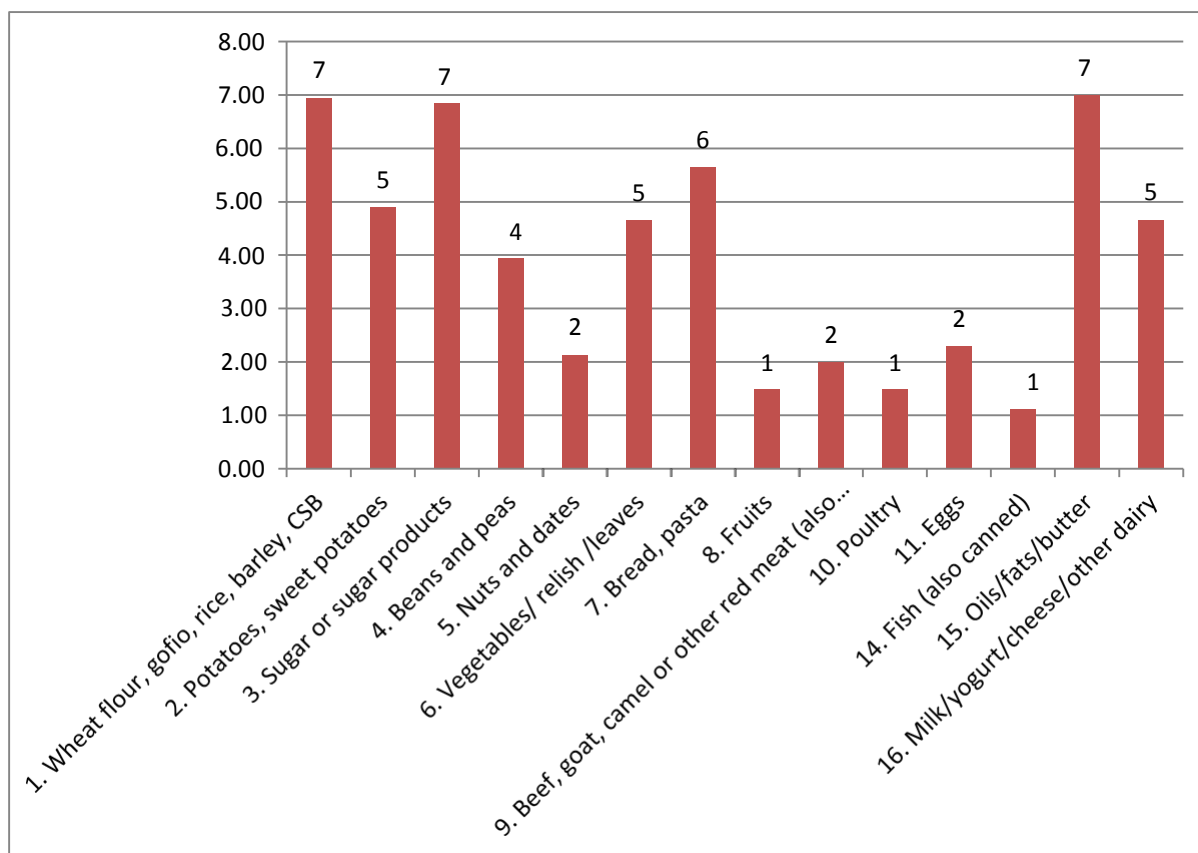


Figure 6: Average weekly consumption of food groups by number of days

Regarding cooking fuel, most families are using gas. UNHCR gives one refilled bottle of gas per family each month, but those interviewed complained that one bottle was insufficient (the price of a gas bottle on the market is 300 DZA, see paragraph below to compare with purchasing power).

### Expenditure patterns and purchasing power

The analysis of the expenditure data revealed that half of the refugee families spend less than 15,000 DZA per month (190 USD), while the average monthly expenditure per family is 25,000 DZA (280 USD). The big gap between the median and the average spend signifies that the majority of families have relatively meagre monetary resources, and a minority have the ability to spend 300 USD or more a month.

	Total monthly expenditure (DZA)	Total monthly food expenditure (DZA)
<b>Mean</b>	25,683	7,141
<b>Median</b>	14,825	6,475

As the table above shows, families spend on average 7,000 DZA on food a month (around 90 USD).

Considering that a teacher or a nurse earns an average 3,000 DZA<sup>9</sup> it is easy to conclude that families with only one income cannot afford additional expenses.

In terms of share, food is the most prioritized expense. Despite food assistance, spending on food is an average 33% of families' total expenditure. Clothing is the second main expense that families have to bear.

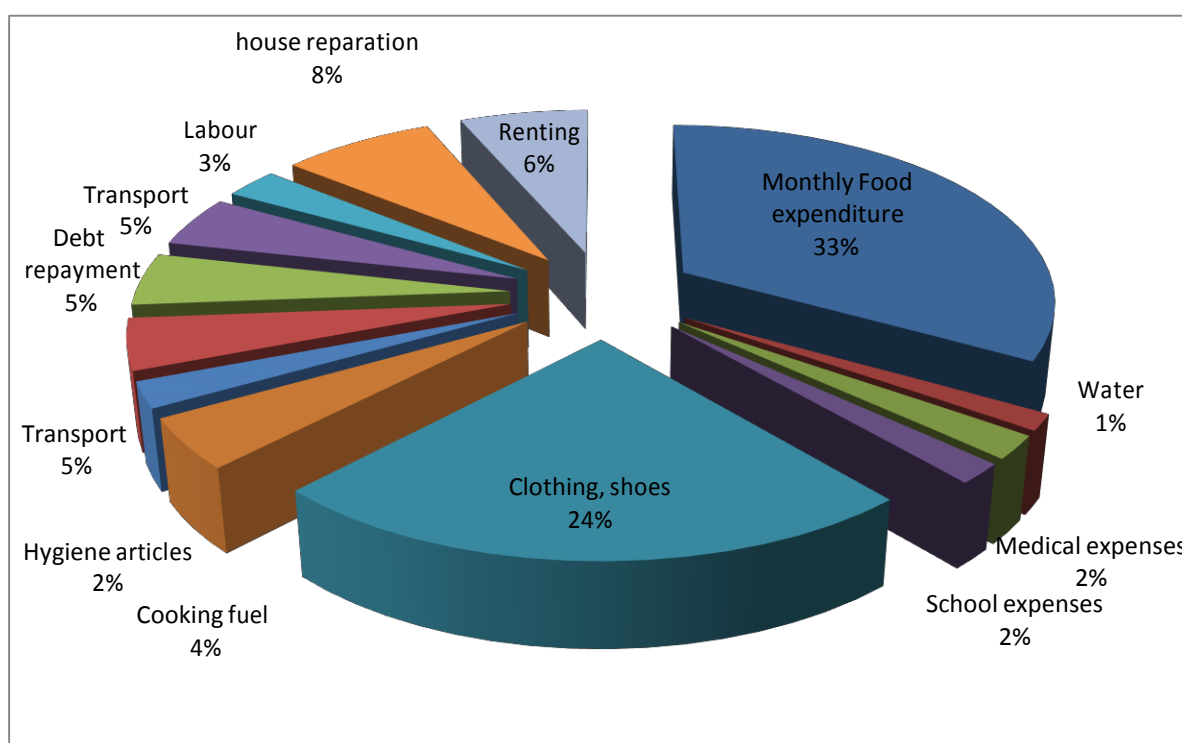


Figure 7: Monthly expenditure patterns

Analysis of food expenditure data shows that spending on meat and sugar is higher than spending on other types of foods. The level of sugar consumption in the camps is extremely high, reaching up to 50 kg per family per month. Sugar is used mainly with tea, an essential part of Saharawi cultural traditions.

<sup>9</sup> For all community services the word “incentive” is used rather than salary, as it is really a small contribution and not at all at the level of a salary.

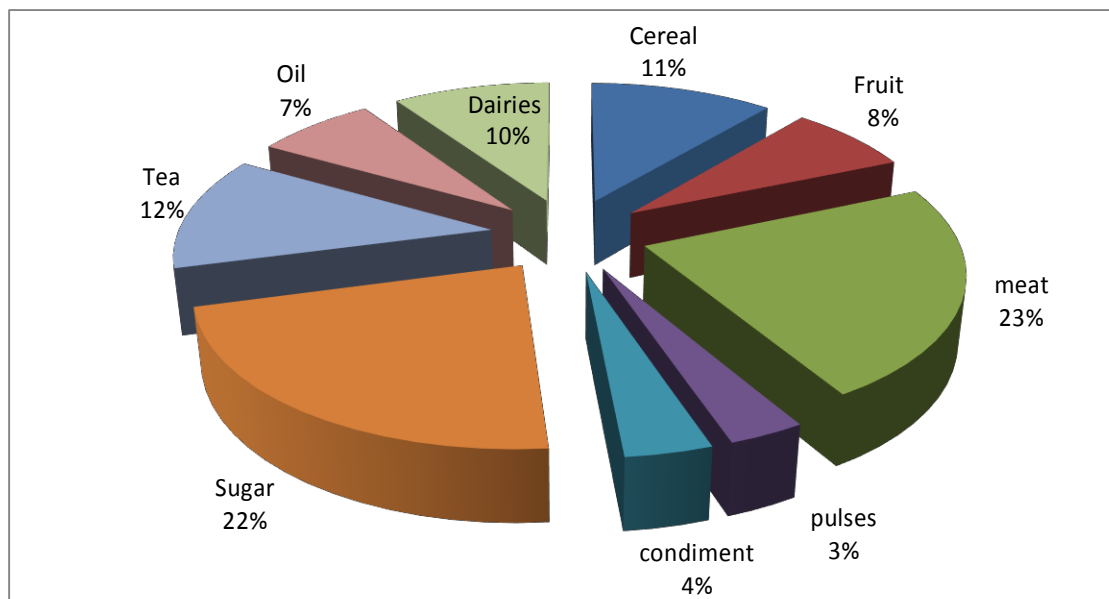


Figure 8: Share of food expenditure by food item

## Nutrition and health

The assessment team reviewed, among other sources, the 2011 JAM report and the status of activities following the report's recommendations; the nutrition and food security survey of October/November 2012; the PISIS guidelines; and, the home visit questionnaires.

Wasting (low weight for height) and stunting (low height for age) have always been considered as major public health issues in Western Saharan refugee camps. As reported in the 2012 nutrition survey, stunting prevalence is high between the ages of 6-17 months (affecting about one in four children), but even higher among children aged 18-29 months (affecting about one in three children). Conversely, wasting prevalence is generally highest between the ages of 6-17 months. Global Acute Malnutrition (GAM) prevalence has been generally greater among boys than girls in most camps, whilst for both sexes, Moderate Acute Malnutrition (MAM) is the predominant form of acute malnutrition.

The evolution of the nutritional status of the refugees has been generally positive over the past few years and can be linked to interventions systematically addressing the main nutrition issues (wasting, stunting and anaemia) and extensive awareness-raising campaigning among at-risk populations along with a more stable food pipeline and the diversification of the food basket.

There has been a noticeable decrease in the rates of anaemia among children under 5 years old as well as women and girls of reproductive age. This has been attributed to the improved acceptance and uptake of specialized nutrition products, such as Nutributter and Micronutrient powders provided as part of the PISIS programme, as well as the increased stability in the food basket.

Overall, there have been no significant changes in any of the aggregated infant and young child feeding practice (IYCF) indicators between 2010 and 2012. Nonetheless, some consistent changes on breastfeeding and complementary feeding indicators were observed at camp level during the nutritional survey in 2012.

The recently established health centre monitoring system has begun to record and centrally collect information rating the nutritional status of children. It has found that seasonality plays a role in the prevalence of wasting. The first undernutrition peak comes at the end of the summer months and the second at the beginning of the winter months. These trends of wasting are mainly linked to the seasonality of watery diarrhoea as well as respiratory tract infections.

The causes of undernutrition are many and complex. But regular observations and monitoring have identified that instability of food supplies, water quality, care and hygiene practices and very low exclusive breast feeding in the first six months are major contributors. The data suggests that the quantity of food supply is not the sole cause of malnutrition as overweight and obesity are also a concern for women, especially those who are middle aged and older.

The future of the nutrition status of the refugees has been shown to be linked directly to the stability and quantity of the food aid; water, sanitation and hygiene (WASH) conditions and the continued use of supplementary micro-nutrients for children and pregnant & lactating women.

Health professionals pointed to the difficulties refugees had in accepting the PlumpyNut, nutributter and sprinkles in the initial phase, but sensitization has reportedly improved the acceptance rate.

The UNHCR home visit survey of 2013 showed that half of the refugee households have a family member that suffers from a non-communicable disease such as hypertension, anaemia, obesity and/or diabetes. In addition to these diseases, celiac is also of great concern with a prevalence of 6% among the population.

Chronic diseases are preventing people from working and creating an additional burden on many families.

97% of households take sick family members to the hospital. The home visit questionnaires also showed that almost 90% of interviewees receive free medical care, although only 35% claimed there were adequate medicines available. In general, medical staff in local dispensaries said they had enough medicines for basic treatment, but medicines for children and some specific specialities were lacking (psychiatrics, gynaecology..).

Of concern, the home visits revealed that over 40% of households were still not taking their under-fives for regular check-ups.

## **Water, sanitation and hygiene**

The mission looked at the water, sanitation and hygiene (WASH) sector in broad terms, with attention to water quantity and quality issues, infrastructure, sanitation and waste management at health facilities and schools and institutional and personal hygiene. The WASH conditions play a critical role in improving and maintaining food security and nutritional status.

The assessment mission did not aim to discover in detail the issues affecting the quantity of the water provided at household level, but it did draw upon secondary data to come to the broad conclusion that water contamination happens at two clear points. The nutrition study and WASH support mission both conducted in 2012 and the previous two JAMs highlight the bad practices of water storage at household level as a critical factor that contributes to the increased case load of infectious diseases and are a main public health concern.

At household level, water storage is assured through:

- Galvanised zinc tank

- Plastic bladders (a small percentage makes use of it)
- PVC tanks with or without metallic frame (only a few households benefit from them).

The WASH support mission reported that *“37% of the metallic water containers (79% of household water containers are metallic) are inadequate for drinking use, and that 62% of the population is currently drinking water at risk of contamination”*. This situation is reported to be worse in the camps of El Aaiun and Awserd. The same results were confirmed by the November 2012 nutritional survey.



#### Condition of water tanks in the camps

Over 97% of families report owning their own storage tank and have the capacity to store one or two cubic metres of water, which is reported to last an average of ten days. Clearly this will vary across the year depending on the season and the capacity of a household to store. At household level water is used for cooking, personal hygiene and ‘flushing the toilet’. No chlorination or boiling is usually carried out at home. During the JAM, all households visited in the five camps had very poorly maintained water reservoirs and most found them difficult to clean because of the high levels of oxidation. The previous JAM outlined the need for a time-bound plan to replace containers. Although underway, the replacement has still not been concluded.

The home visit surveys conducted in 2012 revealed that about half of the water needs are provided by truck and the other half through tap stands, whilst 80% of households reported purchasing additional water. This has shifted in the past year with 63% of households in

2013 reporting receiving water by truck and some 97% having to purchase it at some point during the year. These trends indicate that water availability and management could be improved.

One of the problems is linked to the condition of the fleet. The trucks are in very poor condition and are not able to adhere to the distribution calendar.

Following focus group discussions with camp representatives, the JAM team found the quantity of the water distributed during the winter (December - February) is considered sufficient to meet the needs of households, whilst in the summer months (June - August) the demands for water increase and consequently purchasing/borrowing of water also increases.

In 2012, the home visit survey found that just below 70% of households were satisfied with the quality of the water being provided, but by 2013 this prevalence had dropped to just over 55%. This does not indicate that the quality of water being provided is worsening; on the contrary, water quality reports indicate that the quality of the source is maintained at a high level but the main issue is the condition of the tanks.

The tankers carrying the water were also identified as a main source of contamination in a WASH study in March 2012: *“Transport through water trucks actually contributes greatly to the deterioration of water originally of good quality at well/plant level. Truck tanks are rarely cleaned by the drivers and have been identified as a direct cause of contamination in various sites during the study.”*

Overall the JAM was able to verify that there are still concerns with the quality and quantity of water at household level and that this is contributing to the illnesses in children that lead to malnutrition.

The JAM also noted the need to improve the management and maintenance of the water systems which must be the responsibility of the refugee population itself. The lack of care and maintenance is notable and it is affecting the water piping system in many locations. When water taps are covered by sand, for example, people move to areas of the camp that are served by the water trucks, which exerts more pressure on this supply.

## Education

The current assessment started with a review of previous education sector assessments , along with all regular reports from both agencies and partners and secondary information.

The team visited 10 schools overall, including kindergartens, primary and secondary schools, meeting with school directors, teachers and other personnel. The JAM examined the general conditions of the structures, the availability of tools and the adequacy of facilities. Another primary goal, for which interviews with relevant staff were conducted, was to understand the level of attendance, retention and the possible causes for the drop-out of children; to assess the quality and effectiveness of the school feeding programme; and to verify the appropriateness of the WASH facilities.

The purpose was to identify the progress made over the years, the gaps still present and the main challenges.

The previous JAM, in line with the 2011 report “Revision of the School Feeding Programme”, confirmed the need to change the commodities and rations provided in the school feeding activity in all educative centres; the possibility of introducing hot meals; the need to include kindergartens in the programme to ensure continuity of nutritional interventions and tackle high rates of micronutrient deficiencies. Other recommendations involved the inclusion of de-worming activities in school feeding; the renovation or construction of kitchens (including adequate WASH facilities); an assessment of the feasibility of productive/vocational trainings linked to school feeding, and the inclusion of fresh fruits. Furthermore the mission stressed the importance of introducing a monitoring system for the school feeding programme<sup>10</sup>.

Overall, there were no significant changes from the assessment conducted in 2011 and the recommendations are in line with the further development and enhancement of the school feeding activity and generally with the conditions of the school in the camps.

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<sup>10</sup> JAM, October 2011, Main findings.

In all refugee camps education is guaranteed; it remains both free and mandatory until age 16. There is no social difference or exclusion thanks to the high sense of solidarity and unity among the refugees.

The education system is the responsibility of the education authorities, supported by UNICEF, UNHCR, WFP and their implementing partners. The Saharawi authorities place great emphasis on the need for education and prioritize access to a good education for all.

There are kindergartens, primary and intermediary schools in each camp, but no secondary schools. Children over 16 years old have to move to the Algerian system or abroad to continue studying.

In all camps, special needs centres assist children with disabilities and support their families. There are also some training centers that run dedicated projects for the youth.

Due to the lack of infrastructure, schools are crowded, requiring double shifts in many of them. WASH conditions remain problematic: in several schools a lack of running water in both kitchens and toilets was observed.

Classrooms are often poorly equipped, and lacking in even the very basic teaching tools. With the exception of Boujdour camp, all classrooms are without electricity.

The number of teachers is generally adequate, and although they receive little salary and insufficient trainings throughout the year, they are often employed for extensive working hours.

Despite that, attendance and retention rates were more than satisfactory among all schools visited. School meals are a main incentive for this.

The school feeding programme has been implemented in the five camps by WFP and its implementing partner, Comitato Italiano per lo Sviluppo dei Popoli (CISP), in close collaboration with the relevant authorities. Currently the programme is covering all the primary schools, including the intermediate schools and the special needs centres, for a total of 31,900 schoolchildren every month. Milk (reconstituted dried skimmed milk) and dates distributed as a mid-morning snack provide healthy food to children, who sometimes

skip breakfast at home. This helps boost not only attendance, but also concentration and learning capacity.

Under the same activity and following the recommendation of the 2011 JAM, in 2013 WFP and CISP contributed to the renovation and construction of the kitchen facilities in each of the schools supported by the school-feeding programmes. This ensured the appropriate conditions for the preparation and distribution of the food. The distribution of food to schools is managed by the regional education authorities in collaboration with CISP and the Western Sahara Red Crescent. Appropriate storage facilities in each school would ease the distribution system and ensure better hygienic conditions for the stored commodities.

WFP has been providing high energy biscuits to school children in primary schools since January 2008. The ration, initially 33 grammes per child per day, was increased to 50 grammes in October 2009, and was distributed up to June 2011. The number of schools and school children has been adjusted on a yearly basis, according to the registered school children number provided by the authorities (once registration is finished).

Despite the positive effects of the current school feeding programme (snack) the JAM team noticed that all primary school students stay past lunch time, resulting in a significant time gap between meals.

To deal with this problem, many schools distribute the snack, which is intended to be for breakfast, in the mid/late morning to help reduce the long fast.

To adhere to cultural food habits while also addressing the educational objective, the snack should be served earlier and a light lunch should be provided.

The JAM team recommends that the introduction of hot meals be considered. In addition, a nutritional objective should be considered, in line with the revised WFP policy on school feeding<sup>11</sup> approved in November 2013.

According to this revised policy, the SF programme needs to include micronutrient supplements in the menu – either through multi fortified snacks or ensuring that four food

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<sup>11</sup>[WFP School Feeding Policy](#).

groups are provided during the suggested lunch (hot meal). These would ensure both retention and the provision of micronutrients to school aged children, in particular girls who are at high risk, when entering reproductive age.

Using local products (i.e vegetables produced in the camps or bread baked locally) and procuring from local markets would also be beneficial to the local economy and agriculture, enhancing the multiple benefits of the SF programme.

Additionally, considering the GAM level, and that many children between three and five years are in kindergarten, support to kindergarten should be also provided.

The table below contains details on primary and intermediate school children (from 7 to 15 years old):

School children figures

<i>School year</i>	<i>2010-2011</i>	<i>2011-2012</i>	<i>2012/2013</i>
School boys	14,922	15,599	
School girls	15,605	15,882	
Total	30,527	31,481	

## Coordination and monitoring

The JAM team was tasked with reviewing the current food security coordination system in order to provide recommendations for improvement.

The main implementing partner for UNHCR and WFP in food assistance is the Algerian Red Crescent (ARC). The three parties signed a letter of understanding that details roles and responsibilities. The Western Sahara Red Crescent operates as the official partner of the ARC. Other actors include AECID, ECHO as main donors present on the ground and a number of implementing NGOs.

The process for the food aid coordination has improved since the last JAM and the monthly forum is currently chaired by WFP and WSRC. The Cellule de Coordination de l'Assistance Alimentaire (coordination cell), meets on a monthly basis in Algiers and reviews information from the coordination meeting held in Tindouf regarding pipeline, resource mobilization and main operational aspects. The coordination at the field level and between ARC, Western Sahara Red Crescent, UNHCR and WFP appears to be working well.

The regularity of the overall and sector coordination meetings varies. The Mesas de concertación (Coordination roundtables) supported by AECID take place on a yearly basis on health and food assistance, while no coordination platform exists in the educational sector. The objective of these roundtables is to review sectoral strategies, plans of action, interventions and activities. Despite the great efforts to ensure participation in this forum, there is an overall belief that more strategic coordination, operational guidance, information sharing, discussions and decisions on topics of common interest and collective agreement are still required. It is also important that these roundtables continue to be held on a regular basis.

The food distribution and post-distribution monitoring systems were redesigned and implemented at the beginning of 2008 and have been further improved since April 2009. The monitoring system was upgraded in 2010 and has been fully operational since the final quarter of 2013. A joint database between WFP and UNHCR is used for data collection. The compiled UNHCR/WFP monthly monitoring reports present quantitative and qualitative information data on food delivery, dispatch, distribution and post distribution. They also provide an overview of the various programmes and monitoring activities and make recommendations for improvements on the whole food distribution chain. The reports are shared with the "Cellule de Coordination" prior to their monthly meeting, but there are frequent delays in the preparation of these reports, according to staff members.

On a practical level systematic monitoring of food distributions is undertaken at warehouses during the dispatch of products and during the camp level distribution. Monitors follow up on the composition of the ration, its quality and the appreciation by refugees. It is complemented by beneficiary contact monitoring at household level and regular visits to

health clinics, schools and other institutions. The monitoring team is made up of one/two UNHCR and three WFP staff.

Post-distribution monitoring also takes place on a monthly basis and focuses on collecting qualitative and quantitative data, with an emphasis on common agreed indicators such as food consumption score. The PDM formats were last reviewed in 2009.

Some of the regular monitoring activities conducted by both agencies have been somewhat restricted by the current security limitations in place in the operational area. Movement restrictions of humanitarian workers, the escort system and logistics constraints that are specific to the area have an impact on the daily work of the field staff.

On the thematic side, the 2011 JAM recommended using standard and agreed food security indicators (FCS is routinely collected, but information on income or expenditures is not) and to integrate price monitoring in the camps, which would help any feasibility study on new interventions under cash/voucher modalities. The major improvement since 2011 has been the regular and systematic data collection by the partner agencies, but the analysis and interpretation of the data are still not regular enough to impact on the operation.

## Conclusion

The analysis of secondary data and of the information collected during the JAM led to the following main conclusions:

1. Refugees from Western Sahara are still largely dependent on humanitarian assistance to cover their basic food needs. Nevertheless refugees living in the camps do not share homogenous socio-economic conditions: income and self-reliance levels vary. Some families are able to cover their needs better while others struggle and rely only on external support. While it is important to support refugees in their efforts to gain self-reliance, assistance would not necessarily be equal for all and should be tailored, based on real needs and targeted according to necessity. Additionally, the level of involvement of refugees in managing their own community together with their increased ability to cover essential needs, show great potential for introducing conditionality in assisting certain groups.

2. However, some groups remain extremely vulnerable to food insecurity as they have no possibility of earning an income and are totally dependent on assistance and support from the community. Female-headed households, the elderly, unaccompanied children, and the disabled or chronically ill are among them. According to the interviews in each camp around 20% of households are extremely vulnerable. This group of people needs more support than that which is currently provided.

3. Given the enduring political stalemate in which agreement for return, resettlement and integration has not been reached yet, it is imperative to strengthen the self-reliance of refugees in order to give them other alternatives beyond humanitarian assistance and more importantly, to re-establish their dignity and right to decide for their lives (what to eat, what to buy, how to build their shelter etc).

4. The overall health and nutrition situation in the camps has been reported as stable and mainly linked to the level of humanitarian assistance received. Some malnutrition indicators have slightly improved in recent years thanks to the nutrition-focused interventions although though remain a cause for concern. Moreover, there are emerging health problems (e.g., celiac disorder) among the refugee population along with the persistence of chronic diseases because of the lack of healthcare/sufficient resources.

5. The water and sanitation infrastructure are in a precarious condition and there is an urgent need to improve access to good quality water. Increased ownership and efforts to strengthen the management of these systems must be put in place.

6. Market conditions in the camps are positive and despite certain constraints food availability and price levels indicate that an alternative transfer modality for food assistance could be considered, at least in a piloting phase.

7. Access to education for primary and intermediate school children is guaranteed and school feeding has improved attendance, retention and productivity. Nevertheless, small children in kindergartens are not assisted and children already assisted need increased support to make the school feeding activity adequate for their needs.

## Recommendations

On the basis of these conclusions the team recommends the following main actions. Detailed recommendations (comparing also the ones provided in 2011) are presented in annex 1:

<b>Develop a livelihood support strategy</b>	Continue general food distribution, but facilitate a progressive introduction of income generating activities to complement current food assistance. Develop self-reliance projects and support the establishment of microcredit activities.
<b>Pilot a conditional food transfers activity</b>	Develop a strategy for different food transfer modalities that could involve refugees in activities that are beneficial for the community. These activities could target people already involved in community services (i.e. teachers) and support new income generating activities.
<b>Target women or young people</b>	Pilot conditional food transfers (food for training) specifically for these groups in order to support skills creation, livelihood support and access to employment.
<b>Pilot a food voucher system in the camps</b>	This will complement general food distribution in order to stimulate the local market, to enhance dietary diversity and to empower refugees about food choice.
<b>Enhance health assistance</b>	To ensure adequate resources are available to address major health and nutrition problems, to improve local skills and train skilled staff.
<b>Improve water, sanitation and rubbish management</b>	Through FFW activities or other incentives
<b>Explore establishing a bakery support programme</b>	In which wheat flour from the food basket is provided to bakeries that then sell subsidized bread. This programme would both aim to stimulate new livelihood activities and reduce the costs linked to the wheat flour distribution.
<b>Expand the school feeding ration</b>	To also include lunch and ensure it uses locally produced commodities (bakery products, fresh food from school gardens) and covers kindergartens too.
<b>Ensure existing coordination mechanisms support more strategic planning and decisions</b>	So that the different monitoring efforts are better harmonized

## Annexes

### Annex 1: Technical recommendations

The table hereunder presents the recommendations made by the JAM of November 2013 and on the right the previous JAM's recommendations and their status as of November 2013.

**Table 1: General technical recommendations**

<b>1) Food Security</b>				
<b>2013 Recommendations</b>	<b>2011 Recommendations</b>	<b>Current Status</b>	<b>Responsible</b>	<b>Remarks</b>
<b>1.1 Continue general food distributions in the camps.</b>	<i>1.1. Continue food distributions in the camps based on the previous modalities.</i>	<i>Achieved</i>	<i>WFP</i>	<i>Improved access.</i>
<b>1.2 Implement a pilot voucher system and facilitate a progressive introduction of income generating activities to complement the current food assistance.</b>			<i>WFP</i>	
<b>1.3 Study and explore other distribution modality for food aid in order to introduce in the long term different types of assistance, such as introduction of conditionality in food transfers (food for work/food for training) for all the other refugees.</b>			<i>WFP/UNHCR</i>	

# WFP UNHCR Joint Assessment Mission Algeria | 2013

<b>1.4 Introduce a bakery support project (with wheat flour) to create livelihood opportunities and stimulate the market.</b>			WFP/UNHCR	
	<i>1.2. Adjust general food basket of 2100 Kcal by reintroducing barley and introducing pasta. Advocacy for gofio distributions and diversification of pulses.</i>	<i>Achieved</i>	<i>WFP, UNHCR and WSRC and donors</i>	<i>Diversification of food basket improved and suggested nutritional value reached.</i>
	<i>1.3. Distribute fresh fruits and vegetable.</i>	<i>Achieved</i>	<i>ECHO and AECID through OXFAM and Spanish Red Cross</i>	<i>Continue 3.5 to 4 kg monthly ration (Local purchase from Algeria). Logistics constraints.</i>
	<i>1.4. Continue advocacy of special distribution during Ramadan.</i>	<i>Achieved</i>	<i>WFP, UNHCR, WSRC, IPs and donors</i>	<i>Done in 2012 but reduced by UNHCR and NGOs in 2013</i>
	<i>1.5. Coordinate deliveries by WFP and bilateral contributions to improve availability of diversified food basket on a regular basis (with products such as rice, noodles, fish, cheese).</i>	<i>Ongoing</i>	<i>WFP, UNHCR, WSRC, IPs and donors</i>	<i>Food basket diversified but special products available only with in kind contributions from donors.</i>
	<i>1.6. Explore possibilities of complementing the food basket by FFV/voucher schemes or similar activities with particular attention to benefiting people with special needs.</i>	<i>Ongoing</i>	<i>WFP, UNHCR, ECHO and AECID, OXFAM</i>	<i>Voucher system under study.</i>
<b>2) Nutrition: Address micronutrient deficiencies</b>				
<b>2013 Recommendations</b>	<b>2011 Recommendations</b>	<b>Current status</b>	<b>Responsible</b>	<b>Remarks</b>
<b>2.1 Continue implementation of the nutrition programmes.</b>	<i>2.1. Continue implementation of the nutrition programmes.</i>	<i>Achieved</i>	<i>UNHCR, MDM and ARC</i>	<i>The anaemia program includes MNP and Nutri butter.</i>
<b>2.2 Continued support to PISIS programme with special attention to IYCF component, anaemia/stunting and celiac disease</b>				

# WFP UNHCR Joint Assessment Mission Algeria | 2013

Provide support for nutrition partners to establish the ITFC (intensive therapeutic feeding centre) at the national hospital level.	<i>2.2. Find specialized NGOs to manage nutritional projects (SFP and Anaemia).</i>	Ongoing	UNHCR, ENN	UNHCR to provide training for health workers and small quantities of F75 and F100.
	<i>2.3. Improve monitoring, information sharing and coordination of nutrition programmes.</i>	Achieved	UNHCR, WFP, concerned NGOs, AECID and health authorities	Regular monitoring and reporting system in place.
2.4 Insure stable procurement/supply chain of sufficient quantities of LNS and MNP	<i>2.4. Based on the positive results of the impact evaluation of the anaemia programme, the procurement of products will be handed to WFP.</i>	Achieved	UNHCR and WFP	From Jan 2014.
	<i>2.5. Adapt protocols for therapeutic feeding for children with SAM and medical conditions at hospital level.</i>	Ongoing	UNHCR, ENN, MDM and health authorities	UNHCR and INGOs.
	<i>2.6. Maintain a small stock of therapeutic feeding products such as F100 and PlumpyNut.</i>	Ongoing	UNHCR	Stock of PlumpyNut in place
	<i>2.7. Continue training and awareness raising with health workers under the PISIS framework.</i>	Ongoing	UNHCR, WFP, concerned NGOs and health authorities	With additional new materials on IYCF.
	<i>2.8. Assess the possibility of changing the ration of CSB destined to the treatment of MAM among children under 5 years to other alternative products in 2013 (SFP).</i>	Achieved	UNHCR, WFP, ENN and local health authorities	Plumpy sup to be introduced from 2014. UNHCR, WFP and nutrition partners will make sure that training of health workers and BCC activities are implemented in parallel with the introduction of the new nutrition product.

	2.10. Increase awareness raising campaigns.	Ongoing	UNHCR, WFP concerned NGOs, AECID and health authorities	Use the available media (including TV and radio).
Continue monitoring the nutritional status in the camps by implementing a SENS nutrition survey at least every 2 years			UNHCR and WFP	
<b>3) Education and school feeding</b>				
<b>2013 Recommendations</b>	<b>2011 Recommendations</b>	<b>Current status</b>	<b>Responsible</b>	<b>Remarks</b>
<b>3.1 Introduce hot meals and maintain snacks.</b>	3.1. Provision of improved rations for kindergartens, primary, intermediate and boarding schools (date bars, milk) – full day schools (hot lunch) and boarding schools (complete food ration).	Ongoing	WFP	Date bars and milk distributed in 2013 to all primary, intermediate and special needs schools.
<b>3.2 Support kindergartens with a snack project.</b>	3.2. Include kindergarten, special need centres, nursery school and pedagogical institute in the school feeding activity	Partially achieved	WFP	Special needs centres assisted in 2012/2013/2014.
<b>3.3 Pilot garden projects for the provision of fresh vegetables.</b>				
<b>3.4 Pilot provision of bakery products from local production (in partnership with NGOs).</b>				WFP and CISP
<b>3.5 Continue the improvement of water and sanitation facilities at the education infrastructures level. Especially potable water and hand washing facilities</b>				
<b>3.6 Advocate for the provision of equipment (electricity supply at first).</b>				
	3.3. Include de-worming activities in school feeding.	Achieved	WFP, UNHCR	To be implemented in 2014 as part of the school feeding programme.

	<i>3.4. Rehabilitate/construct kitchen and refectory facilities (including adequate WASH).</i>	<i>Partially achieved</i>	<i>WFP, UNHCR</i>	<i>Kitchens rehabilitated/constructed in all schools, wash facilities to be completed.</i>
	<i>3.5. Assess feasibility of inclusion of productive/vocational activities in the school feeding.</i>	<i>Achieved</i>	<i>WFP, UNHCR</i>	<i>Moringa project under study to be implemented in schools.</i>
	<i>3.6. Study feasibility of distribution of fresh fruits in the school feeding programme.</i>	<i>Ongoing</i>	<i>WFP, UNHCR, ECHO and AECID</i>	<i>Among 2013 JAM recommendations.</i>
	<i>3.7. Establish monitoring system in school feeding.</i>	<i>Achieved</i>	<i>WFP, UNHCR</i>	<i>Monthly reports on attendance from IP</i>
<b>4) Health</b>				
<b>2013 Recommendations</b>	<b>2011 Recommendations</b>	<b>Current status</b>	<b>Responsible</b>	<b>Remarks</b>
<b>4.1 Need to provide adequate incentives for skilled medical staff especially Medical Doctors to increase retention.</b>	<i>4.1. Improve capacity of health workers at all levels, but in particular for clinical management and medical care.</i>	<i>Ongoing</i>	<i>UNHCR, ECHO, AECID, health authorities</i>	<b>UNHCR will start in 2014 paying allowances for 20 saharawi MDs.</b>
<b>4.2 Advocate for increased variety and availability of adapted drugs.</b>	<i>4.2. Improve the supply management of medicines and medical materials from the central pharmacy to the regional hospitals and dispensaries.</i>	<i>Achieved</i>	<i>ECHO, MDM Greece, Medico Intl, health authorities</i>	
<b>4.3 Improve health infrastructure especially WASH and electricity. Support renewal of equipment (i.e. beddings).</b>	<i>4.3. Improve drug management at provider level</i>	<i>Ongoing</i>	<i>MDM Spain, UNHCR, health authorities</i>	<i>Change in IP. ECHO, UNHCR, TGH, SRC</i>
<b>4.4 Improve capacities of health workers on protocols and the performance of health information systems and utilization of data.</b>				<i>Support the local health authorities in implementing the HIS. (UNHCR, UNICEF, AECID, ECHO)</i>

4.5 Increase awareness raising programmes on chronic diseases.				<i>All health partners</i>
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5) Water and sanitation				
2013 Recommendations	2011 Recommendations	Current status	Responsible	Remarks
5.1 Water Storage at both HH and institutions levels should be improved/replaced.				UNHCR/SI-A are piloting the establishment of concrete water tanks at the HH and institution levels
5.2 Where the pipeline system is present should be enhanced and improved.				
5.3 Create improved maintenance systems. Especially in areas invaded by sand				<b>WASH and logistics partners</b>
	5.1. Continue implementation of the strategic plan to increase water availability to the camps.	Ongoing	UNHCR, SI-A Spanish Red Cross, water and environment authorities, Algerian local authorities	Mid-point evaluation of the strategy + update to be done by the end of 2014.
	5.2. Continue water quality monitoring.	Ongoing	UNHCR, water and environment dept.	
	5.3. Improve regular cleaning and maintenance of water trucks and water reservoirs.	Ongoing	UNHCR, water and environment dept.	Fleet to be renewed gradually.
	5.4. Advocate with the Spanish Red Cross to expand their sanitation programmes to schools to also include kindergartens, education centres for persons with special needs, vocational schools and women and youth centres.	Partially achieved	UNHCR, Spanish Red Cross	WASH facilities constructed but they lack management and need improvement (far from Sphere standards).

	<i>5.5. Identify responsible stakeholder to carry out maintenance and cleaning of sanitation facilities in education, health and social centres.</i>	Not implemented	UNHCR, health, social, education and water and environment dept.	(mainly done by staff)
	<i>5.6. Develop a joint work plan for health and hygiene promotion between the Saharawi health, education and water and environment authorities.</i>	Ongoing	UNHCR, health, education and water and environment authorities	WASH mesa de concertacion in place.
	<i>5.7. Improve awareness raising initiatives on WASH.</i>	Ongoing	UNHCR, health, education and water and environment authorities	
	<i>5.8. WASH survey to be carried out.</i>	Ongoing	UNHCR, Local authorities and WSRC	Planned for 2014 (proposition).
<b>6) Support self-reliance activities</b>				
<b>Recommendations 2013</b>	<b>Recommendations 2011</b>	<b>Current status</b>	<b>Responsible</b>	<b>Remarks</b>
<b>6.1 Increase self reliance activities, micro credit or microfinance projects.</b>	<i>6.1. Increase the scope and possibility for human asset development activities that can support refugee self-reliance including market and production development opportunities</i>	Ongoing	UNHCR, WFP and concerned partners, Department of cooperation	Only small scale projects started
<b>6.2 Support marketing of products produced in the camp to make the self reliance activities more profitable. Explore marketing opportunities with a feasibility study.</b>			Partners supporting income generating	

			activities	
<b>6.3 Increase resources devoted to self reliance activities, micro credit or microfinance projects.</b>			UNHCR	
<b>7) Coordination mechanisms</b>				
Recommendations 2013	Recommendations 2011	Current status	Responsible	Remarks
<b>7.1 Strengthen the existing coordination mechanism to include more strategic discussions and planning with periodical follow up.</b>	<i>7.1. Resume general coordination meetings in Tindouf on food/ non-food programmes, organized by UNHCR with participation of WFP, partners (ARC/S and NGOs) and donors.</i>	<i>Achieved</i>	<i>UNHCR, WFP, ARC, NGOs and donors</i>	<i>Monthly food sector coordination meetings in place in Tindouf and Algiers, WASH and PISIS are every 2 weeks; other sectors need to be improved.</i>
	<i>7.2. Roundtables in health and food aid continue taking place with participation of all actors in the operation; WFP and UNHCR are regular members and collaborate in the working groups.</i>	<i>Achieved</i>	<i>UNHCR, WFP, ARC, WSRC, NGOs, donors and local authorities</i>	<i>Mesas de Concertacion once a year.</i>
	<i>7.3. Strengthen communications between country office and sub offices in Tindouf with regards to the coordination cell.</i>	<i>Ongoing</i>	<i>UNHCR and WFP</i>	<i>Needs to be strengthened.</i>
	<i>7.4. Improve inter-sectorial cooperation between Saharawi authorities (Health, Water, Sanitation and Education).</i>		<i>UNHCR, WFP and the Saharawi authorities</i>	<i>Improved but need to be strengthened with link to the food sector.</i>
	<i>7.5. Prepare Joint Action Plan with clearly established agency responsibilities and timelines for 2012 to be monitored by UNHCR and WFP.</i>	<i>Ongoing</i>	<i>WFP and UNHCR</i>	<i>Under preparation</i>
initiate inter-sectorial coordination mechanism especially for Health-nutrition – Food- WASH- education			UNHCR, WFP	At least once a quarter.

8) Monitoring and Reporting				
Recommendations 2013	Recommendations 2011	Current status	Responsible	Remarks
8.1 Harmonize monitoring systems in place and introduce standardized indicators to optimize resources.			UNHCR-WFP and concerned partners	
Establish a comprehensive inter sectorial system of data analysis and data strangulation (linking between health, nutrition, food, WaSH monitoring data)			UNHCR, WFP, partners in Health/nutrition, food, WaSH	At least once a year.
Encourage the “decision making” based on the outcome of monitoring reports and evaluations. (creation of an analysis forum to discuss the outcomes of monitoring and evaluation reports, and plan the response accordingly)			UNHCR, WFP, AECID, ECHO	
	8.1. Continue to strengthen joint UNHCR & WFP M&E system.	Achieved	WFP and UNHCR	Renewed in 2013 (joint data base and monthly monitoring report)
	8.2. Reports on nutrition to be provided by ARC and MDM Spain using the updated templates.	Achieved	UNHCR, WFP, AECID, ARC, MDM and health authorities	Reports shared with UNHCR and WFP to be improved (untimely and weak).
	8.3. Provide regular training on nutrition M&E system to the PISIS staff.	Achieved	UNHCR, WFP, concerned NGOs and health authorities	Funds from UNHCR and WFP to PISIS training programme for staff
	8.4. Increase coordination with other M&E systems (Partners)	Ongoing	UNHCR, WFP, concerned NGOs and concerned authorities	Need to share and triangulate data.

## WFP UNHCR Joint Assessment Mission Algeria | 2013

	<i>8.5. Improve monitoring in the school feeding programme</i>	<i>Achieved</i>	<i>WFP, UNHCR and WSRC</i>	<i>(see 3.7.)</i>
	<i>8.6. Identify an implementing partner to undertake Behaviour Change Communication (BCC) activities on nutrition programmes</i>	<i>Done</i>	<i>UNHCR</i>	<i>ARC and local community organizations (UNMS,)</i>
	<i>8.7. Activate the monitoring plan of the Anaemia programme already established jointly with Emergency Nutr. Network (ENN) in Aug. 2011</i>	<i>Done</i>	<i>UNHCR</i>	<i>monitoring database established, the analyse is done periodically</i>

## Annex 2 : Food Prices

Camps	El Aaiun	Awserd	Smara	Dakhla
<b>Price listing Of commodities</b>				
<b>Food Groups</b>				
<b>Vegetables</b>				
Tomatoes	NA	100	120	60
Garlic	NA	25	30	15
Onion	NA	70	70	30-50
Potatoes	NA	70	80	30-50
<b>Fruits</b>				
Orange	NA	220	200	200
Banana	NA	250	220	200
Apple	NA	250	200	250
<b>Eggs and Dairy</b>				
Milk	85	80	90	90
Eggs	300	300	330	350
Cheese	200	220	200	180
<b>Oil and butter</b>				
Oil	150	130	150	90
<b>Cereals and tubers</b>				
Rice	100	70	100	50
Wheat Flour	110	110	120	70
Bread	10	10	10	NA
Pasta/Macaroni	65	70	80	50
<b>Pulses</b>				
Lentil	NA	70	80	150
White Beans	NA	100	100	200
<b>Canned Products</b>				
Canned Meat	NA	85	90	85
Canned Fish	NA	85	70	85
<b>Sugar</b>				
Sugar	100	100	100	90
<b>Meat</b>				
Red meat	NA	500	500	NA
White meat	300	350	250	380

## Annex 3 :JAM Terms of reference

### Joint UNHCR / WFP Assessment Mission 2013

#### 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 (Awserd, Boujdour, Dakhla, El Aaiun 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 32,000 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, as well as the prevention of anaemia and stunting among children under 5 years. Under the SAM programme (severe acute malnutrition) Plumpy`Nut is provided for an average of 38 child/month, as for MAM (moderate acute malnutrition) around 10,000 children and pregnant and lactating women are receiving the mix of Soya-sugar-Oil every month. Concerning the anaemia programme more than 22,000 children and women are currently assisted. 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 subject to revision, mainly after the Nutrition Survey carried out in November 2012.

The final results of the 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 %.

UNHCR and other partners ensure support to basic services (health, WASH, education, NFIs, logistics, etc.) and have started the provision of fresh food products on a monthly basis to increase the basket diversification and address some of the micronutrients chronic deficiencies.

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 and stored in the Rabouni central warehouse and is currently managed by the Spanish Red Cross (SRC). A consolidated reporting system has been established between WFP and the SRC to facilitate the exchange of information on the total stocks present in country and consequently take any required logistic and programme action.

WFP and UNHCR monitor jointly the implementation of the PRRO, by visiting regularly warehouses during dispatch, distribution points and through beneficiary direct interviews. With around 100 questionnaires submitted every month throughout the different camps and thanks to constant coordination with partners, the monitoring provides useful information for the improvement of each programme component.

Coordination among all partners is ensured by regular consultation and a number of mechanisms in place such as the monthly Food Sector Coordination Meeting co-chaired by WFP and the Western Sahara Red Crescent, the monthly UNHCR Implementing Partners meeting, the MESA de Concertacion chaired by International NGOs and attended by both WFP and UNHCR.

The 2011 UNHCR / WFP Joint Assessment Mission (JAM) indicated that all camps presented a similar food security situation and that basis needs were met by current rations. However recommendations were made to continue food assistance through the Protracted Relief and Recovery Operation (PRRO) and its three programme components with some improvements and additional elements (e.i. diversifying the food basket; including assistance to boarding schools and centers for people with special needs; modifying school feeding ration and introducing milk; strengthening the integration of nutrition protocols in PISIS; intensifying coordination, monitoring, training and awareness raising components; introducing de-worming activities and ameliorating WASH facilities in schools, etc).

## **Objectives of the mission**

### **5) Document the food security and nutritional situation of refugees:**

- Analyse food security programmes and supply chain (from suppliers to households) in place, especially in light of the existing logistic capacity of implementing partners;
- 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...)
- Analyse ongoing nutrition programmes (SAM, MAM, anaemia.): distribution cycle, monitoring mechanism, impact evaluation.

6) Review the quality and appropriateness of ongoing food security and nutrition-related interventions:

- Look for appropriate approaches related to food security, nutrition and other correlated factors in order to respond to the specific context (protracted situation);
- Identify/assess the existing self-reliance activities and explore possibilities of other livelihood-focused interventions, cash & voucher distribution modalities, supporting local market and trading system with a focus on:
  - Assess market function, answering the following key questions: i) Are the key goods and services needed by the population available?; ii) Are the volumes exchanged sufficient to fulfill the population's demand?; iii) What are the constraints to reach an adequate volume and availability?; iv) To what degree are markets (i.e. retail shops in camps, markets in surrounding area) integrated?
  - Assess the population's current access to markets and identify the constraints for the population to access markets as buyers and sellers (e.g. physical, financial accesses; age/gender and diversity dimensions; legal status and protection issues; physical/financial/legal barriers to enter and to exit the camps; terms of trade and prices; risks of exploitation; laws and regulations).
  - Assess the population's preference for transfer types (food/cash/voucher) and seek lessons learned and recommendations from existing experiences on vouchers distribution.
  - Capitalizing global experiences, identify C&V options in the context of the Saharawi refugees, and describe roadmap for each option with a clear indication of challenges and constraints.
- Evaluate the use of current nutrition products (acceptance, knowledge, intake, etc.) among targeted groups and explore the possibility to introduce new products;

7) Explore the status of specific needs and possible ad-hoc interventions:

- Evaluate the status of the school feeding technical review process and existing conditions for the hand-over of the programme implementation to local authorities;
- Identify gaps in the food and nutritional assistance to specific groups (i.e. elderly, pregnant women, celiac cases, etc.) and explore possibilities for new interventions;
- Look into the possibility of diversifying the current food basket in order to prevent emerging metabolic disorders.

8) 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 the local authorities;
- Review the coordination strategy among partners and the current reporting structure in order to include nutrition parameters for the entire food basket distributed.

## Methodology

The assessment mission will take place from 17<sup>th</sup> to 28<sup>th</sup> November 2013 and will be led by two senior staff designated by WFP and UNHCR HQs.

In addition to the refugee representatives, Algerian Red Crescent and its partner the Western Sahara Red Crescent, the main donors (ECHO, AECID,), representatives of donor countries, and other UN agencies including UNICEF will be invited to attend as observers.

The mission will be expected to present the preliminary findings of this mission to the local refugee authorities, country offices of both WFP and UNHCR as well as members of the Cellule de Coordination at the end of their mission.

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

- Review of the available secondary data
  - Food Distribution reports
  - Post Distribution Monitoring reports
  - UNHCR/WFP joint monitoring reports and database
  - UNHCR Home visit reports
  - ARC Nutrition monthly reports
  - 2012 AGDM report
  - 2012 Nutrition Survey Report
  - 2012 UNHCR/UNICEF/WFP WASH mission
  - Minutes of the Coordination Cell meetings
  - Minutes of the Food Sector Coordination meetings
  
- Semi-structured interviews with key informants and specialized groups (e.g. health authorities 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 FGD to be held will be decided by the JAM coordinators;
- Meetings with implementing partners and operational partners, donor agencies, field staff, local authorities, civil society organizations (Women, Disabled persons, Youth, etc.);
- Direct observations through field visits: warehouses, food distribution points, health facilities, schools, WASH facilities, markets, family and community gardens, income generating activities;
- Daily debriefing meetings among interviewees, facilitators and supervisors to cross-check and share results, discuss issues and ensure activities are on track.

## Abbreviations and acronyms

ACM	Anaemia and chronic malnutrition
AECID	Agencia Española de Cooperación Internacional al Desarrollo
AFAD	Association des Femmes Algériennes pour le Développement
AGDM	Age, Gender and Diversity Mainstreaming Assessment
ARC	Algerian Red Crescent Society
ATTSF	Asociación de Técnicos y Técnicas Sin Fronteras (Spain)
BCC	Behavioural Change Communication
BCM	Beneficiary Contact Monitoring
CISP	Comitato Internazionale per lo Sviluppo dei Popoli (Italy)
CSB	Corn Soya Blend
DSM	Dried Skimmed Milk
DZA	Algerian Dinar
ECHO	European Commission, Humanitarian Aid
ERM	Enfants Réfugiés du Monde
FFW	Food For Work
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GoA	Government of Algeria
HEB	High Energy Biscuits
IP	Implementing Partner
KAP	Knowledge, Attitude and Practice LNS
	Lipid based Nutrient Supplements MCHN
	Mother and Child Health and Nutrition MNP
	Micronutrient Powder
MDM	Médicos Del Mundo (Spain)/(Greece)
MINURSO	United Nations Mission for the Referendum in Western Sahara
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NCHS	National Centre for Health Statistics
NFI	Non Food Item
PDM	Post Distribution Monitoring
PLW	Pregnant and Lactating Women
PISIS	Programa Integral de Salud Infantil Saharawi – Integrated Programme for Saharawi Child Health
SI-A	Solidaridad Internacional Andalucía
SRC	Spanish Red Cross Society
TGH	Triangle Génération Humanitaire
UNHCR	United Nations High Commission for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WSRC	Western Sahara Red Crescent Society