

# Humanitarian Needs of Sahrawi Refugees in Algeria

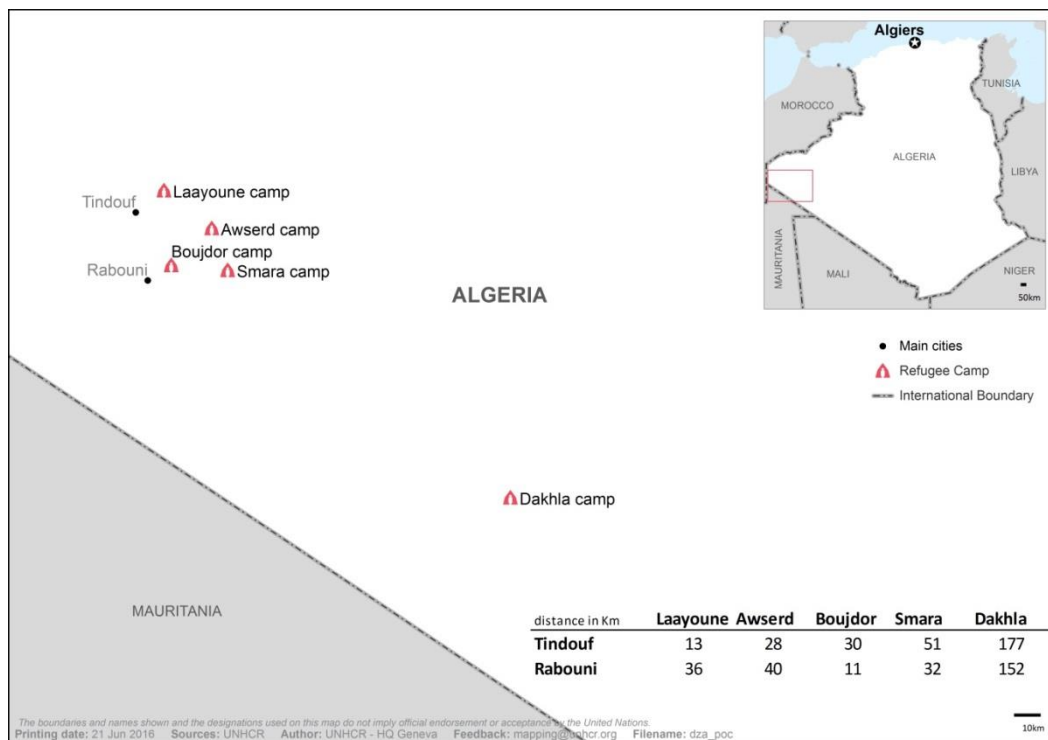
2016 – 2017



July 2016

**Caption cover page:** A Sahrawi refugee, here with her children, lost her house due to the heavy rains in October 2015 and now is living in a tent, in Awserd camp, in Tindouf, Algeria.  
UNHCR/M.Redondo

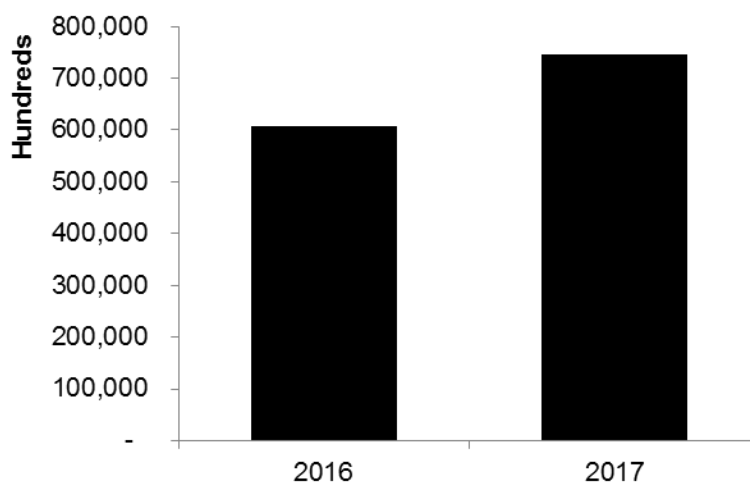
# Overview



## \$ Financial Requirements

2016: USD 60,698,012

2017: USD 74,701,684



# Executive Summary

The Sahrawi refugee situation is one of the most protracted refugee situations in the world. Refugees from Western Sahara have been living in camps near Tindouf in southwest Algeria since 1975. The Government of Algeria recognized them as prima facie refugees, and has been hosting them in five camps, enabling access to public services, and providing infrastructure such as roads and electricity. In 1986, the host government requested the United Nations to assist Sahrawi refugees until a durable solution was found. Humanitarian assistance provided by UN agencies, international and national NGOs is based on a population planning figure of 90,000 vulnerable Sahrawi refugees. An additional 35,000 food rations are provided to persons with poor nutritional status.

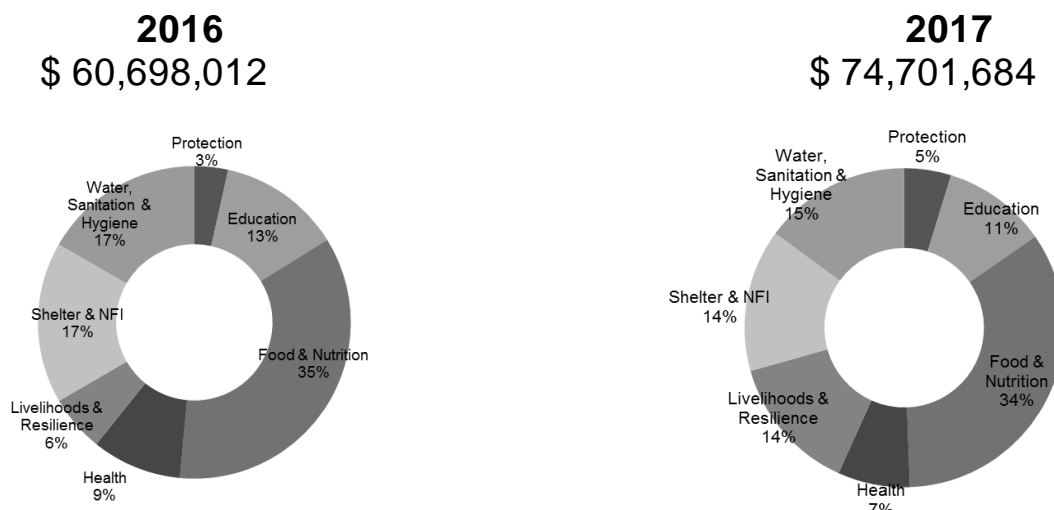
Pending a political solution, and due to the harsh conditions and remote location of the five refugee camps, the refugee population remains extremely vulnerable and entirely dependent on international assistance for their basic needs and survival. Due to the protracted situation of Sahrawi refugees and emergence of other large-scale humanitarian emergencies, funding levels have greatly decreased in recent years but humanitarian needs remain as pressing as ever. Lack of funding has severely affected the delivery of life-saving assistance to Sahrawi refugees by all organizations operating in the camps.

The scarcity of fresh and diverse food, limited access to water, and inadequate infrastructure for the delivery of education or health services have a direct impact on the population's health and well-being. Child and maternal mortality rates are high while anaemia is widespread. Specialized health care is limited in the camps. Provision of drinkable water is below minimum humanitarian standards. Opportunities to engage in livelihood and economic activities are extremely limited, hampering refugees' capacities to improve their socio-economic situation. The dire situation was further exacerbated by devastating floods in October 2015, which led to the loss of 85,000 food rations, and damaged over 17,000 houses and 60 per cent of community infrastructure.

This document is the result of a joint effort by the four UN agencies active in the Sahrawi refugee camps near Tindouf along with six international NGOs. The priorities have been identified through a series of assessments and consultations with national and local partners, local authorities, and the refugee community. The humanitarian response will therefore be carried out in close cooperation between the host government authorities, UN agencies, international and national NGOs, and the refugee community

The needs and financial requirements outlined herein are intended to raise awareness of the continued humanitarian needs of Sahrawi refugees in 2016 and 2017. Additional funding to support essential life-saving activities such as food, water and sanitation, health, protection, education, and shelter and non-food items is urgently required. The response focuses on livelihoods and resilience to reduce the vulnerability and improve the living conditions of refugees who have been living in camps for more than 40 years.

## Financial Requirements



## Achievements to date in 2016

In the first half of 2016, the responding organisations provided basic assistance to the vulnerable Sahrawi refugees living in five refugee camps in southwest Algeria as detailed below:

- 125,000 general food rations composed of cereals, pulses, sugar, oil and blended food distributed monthly, including 35,000 additional food rations distributed to persons with poor nutritional status.
- About 39,500 children enrolled in schools (some 8,000 in kindergarten, 24,250 in primary and 7,250 in intermediate school).  
32,461 primary and intermediate school children received education supplies.
- 32,500 children received mid-morning snacks at school to increase enrolment, attendance and participation.
- 196 children with special needs and disabilities benefited from psycho-social support in five child friendly spaces.
- 16 new medical staff graduated from the camp-based nursing school (5 midwives, 8 nurses and 3 paediatric technicians).
- 38,450 hygiene kits comprising sanitary napkins and soap powder distributed to women of reproductive age.
- 22,500 refugees, in particular children, pregnant and lactating women received nutritional support either through prevention activities or treatment of malnutrition.
- One solid waste collection centre was constructed and adequately equipped.
- Three international and multi-disciplinary medical commissions travelled to the refugee camps to provide specialized health care not available in the camps, performing 5,630 consultations and 148 surgical interventions.
- 1,040 family shelters reconstructed using the 'Build Back Better' approach.
- 18 litres of potable water per person per day and one hydrogeological study on underground water conducted.



Figure 1: Children play football at Awserd refugee camp in Tindouf, Algeria .UNHCR/M.Redondo

# Summary of Needs 2016 – 2017

## Protection

The overall objective of protection activities is to ensure Sahrawi refugees are able to realise their basic rights and to support the refugee community in building and fostering, equitable, community-based protection mechanisms in the camps. It is therefore essential to promote the empowerment of the refugee community, inform refugees about their rights, and support existing women's and youth groups and cultural centres.

Protection activities in the five Sahrawi refugee camps focus on providing technical expertise to support the community protection structures set up by the refugees themselves. To ensure the rights-based approach and principles, activities include training for social workers, community outreach workers, education personnel and medical staff on various subjects, such as human rights, child protection, and prevention of sexual and gender-based violence (SGBV).

Special attention is given to people with specific needs, which include those living with disabilities, or with a chronic disease, and the elderly. Some 2,700 people with specific needs are currently identified and assisted. There are nine centres providing support to blind people and people with a physical disability in the five refugee camps. A study on refugee children in these specialized centres will inform a review of activities to enhance their access to education and health, for instance through the provision of quality psycho-social activities. Increased access by people with special needs to these centres is urgently required. In addition, awareness-raising to create an enabling environment within the refugee community to host these groups will be promoted. Technical assistance and training to refugee social workers, and the implementation of community based activities are part of the key priority areas of intervention.

## Education

School is mandatory for all children from 6 to 15 years. Access to primary and intermediate education is available and enrolment rates are good. About 39,500 refugee children are enrolled in pre-school (8,000 children) and primary and intermediate schools (31,500 children). However, refugee school children face challenges in terms of quality of teaching, inadequate infrastructure and unavailability of education supplies and equipment. In addition, activities aimed at retention and enrolment rates such as school feeding are impacted by funding shortfalls.

Education facilities in all five camps are old and in need of rehabilitation to offer a safe learning environment. The floods in October 2015 worsened the situation, damaging 57 of the 64 pre-schools and schools. Though emergency tents were set up to allow for uninterrupted schooling, only 19 schools have been repaired to date. At present, there are some 20 schools in need of urgent rehabilitation, while 5 new schools, libraries and laboratories need to be constructed. Equipping education facilities, developing a sports complex, providing recreational and sports equipment and increasing school supplies to cover the whole school year are additional critical needs to address.

Furthermore, there are no secondary schools in the camps. This means that children who graduate from intermediate schools at 16 need to leave their homes to continue their studies. Of the almost 4,000 intermediate school graduates in 2015, most have left for secondary schools to other cities, the closest being several hundred kilometres away from the camps. Constructing and equipping a camp-based secondary school is therefore a priority to ensure that Sahrawi refugee children can complete their education in the camps. As for higher education, a large number continue their education in Algerian universities or abroad. While this should continue to be encouraged, the lack of training opportunities within the camps for those unable to study abroad should be addressed.

Additional teacher training and provision of attractive incentives is critical to retain skilled and engaged refugee teachers, thus ensuring the possibility of continued education for refugee children.

Currently, the low rate of incentives provided to refugee teachers leads to a high turnover of staff and this instability affects children's learning progress. A longer-term education strategy also needs to be developed to improve the quality of programmes and to update the curriculum. Activities will therefore focus on enhancing the management and coordination of the refugee education sector, the quality of education for all refugee children and access to improved learning environment.

## Food and Nutrition

Maintaining refugees' adequate food and nutrition levels is of great concern. Due to the unavailability of fresh produce in the area and insufficient purchasing power of the refugees, more than 78 per cent of refugee families rely exclusively on food rations and nutritional supplements provided by the international community.

The needs to maintain adequate food and nutrition levels have remained consistent over the years, however, decreased funding levels since 2014 have led to cost-cutting measures to ensure the same planned kilocalorie value (2,166 kcal/per/day). Cost-reduction measures include replacing more costly commodities such as chickpeas, peas, rice and barley with lentils and wheat flour, and prioritizing local purchases for unfortified wheat flour and vegetable oil. These measures have resulted in a reduction in the diversity of the food basket. Despite implementing these measures, between August and October 2015, the kilocalorie value of monthly food rations had to be reduced by 12 per cent. While the situation has since been stabilised, there is a strong likelihood food rations may need to be cut again from September 2016, and may be stopped completely from November onwards. Funding shortfalls have impacted the monthly distribution of 125,000 basic and additional food rations.

An average of three kilogrammes of fresh vegetables and fruit are distributed per person per month and represents the main fresh fruit and vegetables consumed in most households. While the energy value is not significant (between 33 to 63 Kcal on average), it improves the intake of micronutrients and increases dietary diversity. Since January 2016, a monthly distribution of 450g of canned mackerel was introduced, representing the only animal protein provided. Funding shortfalls could also affect this additional distribution of fresh food distribution.



Figure 2: A Sahrawi refugee prepares tea at Awserd refugee camp in Tindouf, Algeria. UNHCR/M.Redondo

A reduction in dry and fresh food rations will reverse recent improvements in the rates of overall acute malnutrition amongst the Sahrawi. Chronic malnutrition (stunting) is estimated to be around 40 per cent, well above the WHO standard of 20 per cent. During the first half of 2016, some 78 children were diagnosed with severe acute malnutrition (SAM) and enrolled in the treatment programme. However, a shortage of specialized treatment products such as the high-calorie treatment PlumpyNut meant no children have been discharged from the programme. Unfortunately, four children between two and three years of age died because of medical complications linked to SAM.

Strengthening community-based management of acute malnutrition will be prioritised, through the procurement of sufficient quantities of nutrition products and the replenishment of out-dated equipment. Additional training for refugee medical staff is required to increase local capacities and awareness on malnutrition related topics, and good feeding practices for infants and young children.

Priority areas will be to cover the basic food minimal requirements / kilocalorie intake and provide a diverse food basket for all vulnerable Sahrawi refugees, and continue prevention and treatment nutrition activities. This will include possibilities of combining in-kind food assistance with the cash and/or voucher modality, which offers refugees more dignity by allowing them to select to some extent their food basket, while at the same time contributing to the local economy.

## Health

While the health care system in the Saharawi refugee camps is entirely managed and implemented by the Saharawi refugees, it is financially dependent on international organisations. Health centres and hospitals are run by refugee medical staff. Interventions in the health sector must therefore provide the support necessary to sustain and enhance existing health care services and structures set up by the refugees. It would also help ensure that programmes are in line with national and international standards. Efforts should also improve effective access and coverage.

The main challenges include poor infrastructure, lack of adequate medical equipment, shortages of medicines, the need to replace the ambulance fleet, and retention of skilled staff. This has a direct impact on refugees, especially on children. The neonatal mortality rate of 43 per cent is well above the Algerian average of 16 per cent. More than 50 per cent of patients in consultation wards are children under five years of age and more than 28,000 refugee children under the age of six are in need of regular vaccinations. In Dakhla camp, home to some 30,000 refugees, there is only one midwife. In case of complications with delivery, there is no equipped ambulance to transfer women safely to Tindouf hospital.

The collection of epidemiological data needs to be improved to better identify and prevent communicable and non-communicable diseases in the camps. Diabetes and hypertension are reportedly the most prevalent health problems and risk factors could be reduced through sensitization. A new vaccination calendar for refugees was introduced in 2016 in line with Algeria's Extended Programme of Immunization and will require over 120,000 doses of vaccines annually just for the Sahrawi refugees.

Unfortunately, some specialized services are not available in the camps. Therefore the response will include support of multi-disciplinary and specialized medical commissions (for example, orthopaedists and ENT specialists travelling from Algeria and from abroad) to visit the camps to conduct and perform specialized medical consultations and surgery.

Improving access to health care services by covering the cost of medical consultations performed by Sahrawi doctors will be a priority. In addition, provision of much needed equipment such as X-ray machines and generators and the renewal of the ambulance fleet will be equally important to implement. The provision of medical equipment and medicines and support to the midwives' school will improve reproductive health and HIV services for Sahrawi refugees in the camps.





## Livelihoods & Resilience

Limited economic opportunities, linked to the harsh climatic environment and remoteness, means Sahrawi refugees have very few sources of income, including in traditional activities such as agriculture and rearing livestock. Refugees who work in the camps for the benefit of their own community earn between 3,000 and 12,000 Algerian dinars monthly (US 25 to 100 dollars). As such the purchasing power of Sahrawi refugees is limited, and reliance on international assistance for most services and food assistance is a recurrent challenge. The absence of opportunities in the camps is particularly worrying for youth, who are born in the camps, who are often well educated and skilled, but who struggle to find employment.

Improving the living conditions and reducing vulnerabilities of the Sahrawi refugees and strengthening their resilience through complementary activities to create additional resources will be important. This can include family or community gardens, bakery projects, and provision of livestock such as sheep, goats or camels for animal husbandry. Agriculture and livestock inputs will be provided including veterinary services to enhance livestock and fish farming opportunities.

Another area of intervention will give particular attention to youth, focusing on their potential, strengthening their resilience, and increasing their engagement in the community. This will be done through skills development and self-empowerment activities, including attention to out-of-school children. Vocational training and online courses to acquire business and small scale project management skills will be implemented. In addition, financial support for education and training, including though 'start-up' tool kits will be provided. Existing vocational training centres will be improved through provision of additional equipment.

In addition to this, a comprehensive market analysis is foreseen, to explore opportunities for increasing livelihoods opportunities and refugees' resilience. Value-chain analysis on already identified sectors such as camel milk sale/production and handicrafts will look at long-term opportunities for this community.



## Shelter and Non-Food Items

Shelter in the five Sahrawi refugee camps must resist extreme conditions of heat and cold. In summer, temperatures can rise to 50 degrees Celsius while during winter temperatures fall below zero degree Celsius at night. In addition, the area is prone to frequent sandstorms and can be affected by flooding, as experienced in October 2015. Sahrawi refugees, who are of a nomadic tradition, usually live in traditional tents that are adapted to the hot season. These tents need to be replaced regularly due to the climatic conditions and accelerated wear-and-tear. Adobe-brick houses provide a more permanent shelter especially for winter. These constructions are, however, not resistant and their design requires improvements to adapt to the local climatic.

The floods in October 2015 damaged over 17,800 brick houses, of which some 8,600 were either badly damaged or completely destroyed. This comes in addition to shelter needs prior to the floods. It is estimated that the number of households living in adequate dwellings dropped from 65 to 45 per cent at the end of 2015. In the aftermath of the emergency, rehabilitation of shelter targeting some 2,700 families of the most vulnerable families took place.

The shelter response until 2017 will aim at providing adequate dwellings for the remaining families in need of shelter. Shelter construction combines a participatory approach and a "Build Back Better" programme, whereby families will receive material and training to reconstruct their houses according to an improved design. This new design was developed together with Sahrawi refugees and proved to be more resistant against the floods.

Two out of five camps are already connected to the Algerian electricity network. In addition, generators and solar panels provide energy in the camps. Sahrawi refugees rely on gas for cooking, heating and refrigeration. Priority assistance will distribute gas stoves to some 2,000 households annually and to provide gas refilling all year around.

## Water, Sanitation and Hygiene

Despite the scarce water resources and the extreme weather conditions, with virtually no rain for most of the year, Sahrawi refugees have access to an average of 18 litres of drinkable water per person and per day. Unfortunately, this falls short of the humanitarian standard of 20 litres per persons and per day.

The only existing water resources in the area is an underground water aquifer which is very deep, making the extraction through a deep bore hole extremely challenging. Once extracted, the water must be treated for suspended solids and chemical elements. Water is distributed to refugees through the water network system, which covers about 40 per cent of the camps, or by trucks to individual water tanks. The majority of the 32 water trucks are over 20 years old, requiring regular maintenance and repairs. The cost of water trucking to 90,000 of the most vulnerable refugees is estimated at USD 32 per person per year.

Upgrading the Sahrawi water network to reduce the cost of water supply to an estimated USD 6.60 per person per year is a priority for the next two years. Initial investment in the system would be recovered in three years by saving on the cost of water trucking. This multi-year strategy aims to upgrade the water systems in Smara and Boujdour camps, construct four additional boreholes, and extend water pipelines. In parallel, the existing system would be maintained and rehabilitated and five water trucks need to be replaced to continue water delivery.

Bleach and soap are produced in camp-based workshops. However, due to low production, only half of the humanitarian standard of 500 grams per person per month can be distributed. Hygiene kits for women of reproductive age need to be distributed throughout the year as there is no availability in the markets and refugees cannot afford to purchase them.

Solid waste management is another challenge in all five camps and a multi-year strategy to improve waste management system needs to be developed. Open garbage pits are used in all the camps and waste collection is conducted by very old trucks for which costs of maintenance are very high. Overall, improved access to clean water, provision of adequate sanitation facilities and items to all refugees living the camps and to public infrastructures is the aim of all WASH interventions.

## Financial Requirements 2016 – 2017\*

Organisation	2016	2017	Total
CISP Comitato Internazionale per lo Sviluppo dei Popoli	391,000	689,288	1,080,288
DRC Danish Refugee Council	687,852	1,400,250	2,088,102
HI Handicap International	-	720,000	720,000
MDM Médicos del Mundo	500,000	790,000	1,290,000
OXFAM	300,781	3,887,000	4,187,781
TGH Triangle Génération Humanitaire	4,055,696	5,802,869	9,858,565
UNHCR United Nations High Commissioner for Refugees	28,994,013	35,784,754	64,778,767
UNICEF United Nations Children's Fund	2,500,000	1,400,000	3,900,000
WFP World Food Programme	23,036,650	24,000,000	47,036,650
WHO World Health Organization	232,020	227,523	459,543
<b>Total</b>	<b>60,698,012</b>	<b>74,701,684</b>	<b>135,399,696</b>

\* The financial requirements in 2016 represent needs for the entire year and may already have received funding.

\* The 2017 financial requirements presented here are indicative and are subject to change depending on evolving situation and confirmation by each organisation's governing bodies.

## Financial Requirements by Agency and Sector

2016

Organization	Protection	Education	Food & Nutrition	Health	Livelihoods & Resilience	Shelter & NFI	WASH	Grand Total
CISP		60,000	240,000	56,000	35,000			391,000
DRC					687,852			687,852
HI								----
MDM				500,000				500,000
OXFAM			147,316		60,065	93,400		300,781
TGH	200,503			329,819			3,525,374	4,055,696
UNHCR	1,817,451	2,898,908	1,708,295	3,754,324	2,176,336	10,036,461	6,602,238	28,994,013
UNICEF	90,000	1,550,000		770,000	90,000			2,500,000
WFP		3,181,800	19,354,850		500,000			23,036,650
WHO				232,020				232,020
<b>Total</b>	<b>2,107,954</b>	<b>7,690,708</b>	<b>21,450,461</b>	<b>5,642,163</b>	<b>3,549,253</b>	<b>10,129,861</b>	<b>10,127,612</b>	<b>60,698,012</b>

2017

Organization	Protection	Education	Food & Nutrition	Health	Livelihoods & Resilience	Shelter & NFI	WASH	Grand Total
CISP		120,000	478,288	56,000	35,000			689,288
DRC					1,400,250			1,400,250
HI	720,000							720,000
MDM				790,000				790,000
OXFAM			3,200,000		349,000	338,000		3,887,000
TGH	564,923			249,448			4,988,498	5,802,869
UNHCR	2,161,235	4,183,399	2,303,573	3,234,059	7,286,078	10,450,156	6,166,254	35,784,754
UNICEF	100,000	300,000		900,000	100,000			1,400,000
WFP		3,300,000	19,500,000		1,200,000			24,000,000
WHO				227,523				227,523
<b>Total</b>	<b>3,546,158</b>	<b>7,903,399</b>	<b>25,481,861</b>	<b>5,457,030</b>	<b>10,370,328</b>	<b>10,788,156</b>	<b>11,154,752</b>	<b>74,701,684</b>