Agencia Española de Cooperación Internacional para el Desarrollo

Humanitarian Strategy, 2020-2021

Sahrawi Refugee Population

Cooperación Española

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The Spanish Agency for International Development Cooperation (AECID), attached to the Ministry of Foreign Affairs, the European Union and Cooperation (MAUC), is the principal management body for Spanish Cooperation. Humanitarian action is a major priority for this body in its efforts to combat poverty and promote sustainable human development.

AECID's Humanitarian Action Office (HAO), created in 2007, is responsible for managing and implementing Spain's official humanitarian action, based on the principles of humanity, impartiality, neutrality and independence. The HAO works within the framework of the guidelines set out in Spanish Cooperation's Fifth Master Plan (2018-2021), and of the Humanitarian Action Strategy (HAS) for 2019-2026. The HAS is the cornerstone of Spain's humanitarian action and follows an approach based on rights; gender, age and diversity; disaster risk prevention, reduction and reporting; resilience, do-no-harm and conflict sensitivity; and concern for the environment.

Furthermore, AECID has undertaken different commitments on the quality of assistance, following the World Humanitarian Summit of 2016 and the adoption of the Grand Bargain, in the same year.

To enhance the effectiveness of AECID's response to major crises, humanitarian strategies have been established for priority geographical contexts in line with the humanitarian response plans of the UN and the EU. These strategies will be complementary to any applicable Country Partnership Framework.

The HAS, which draws on the lessons learned from planning AECID's humanitarian responses in 2018 and 2019, addresses the main needs identified in this context by targeting specific sectors.

The gender, age and diversity-based approach adopted in the HAS must be mainstreamed into AECID's actions. For this reason, the Agency will strive to ensure that in the projects it supports, the assistance, resources and services provided reach the entire target population, according to their specific needs, roles and capacities, paying special attention to women and children. Another priority will be that of preventing and responding to gender-based violence during humanitarian crises.

AECID will thus support projects that incorporate the gender markers of the Inter-Agency Standing Committee (Codes 3 and 4[1]) and of the EU Directorate-General for Civil Protection and Humanitarian Aid Operations (DG ECHO)[2].

As regards the other horizontal priorities and approaches adopted by Spanish Cooperation, priority will be given to actions having an inclusive approach and results-based management, together with the effective mainstreaming

1 *IASC Gender Marker Overview: Available at: https://interagencystandingcommittee.org/system/files/iasc-gam-information-sheet.pdf*

2 *ECHO Gender-Age Marker. Available at: https://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf*

of environmental sustainability, cultural diversity and human rights.

The provision of cash assistance and vouchers will be incorporated into humanitarian action as a key element of the response, and unmarked aid and support for local actors will be promoted as far as possible.

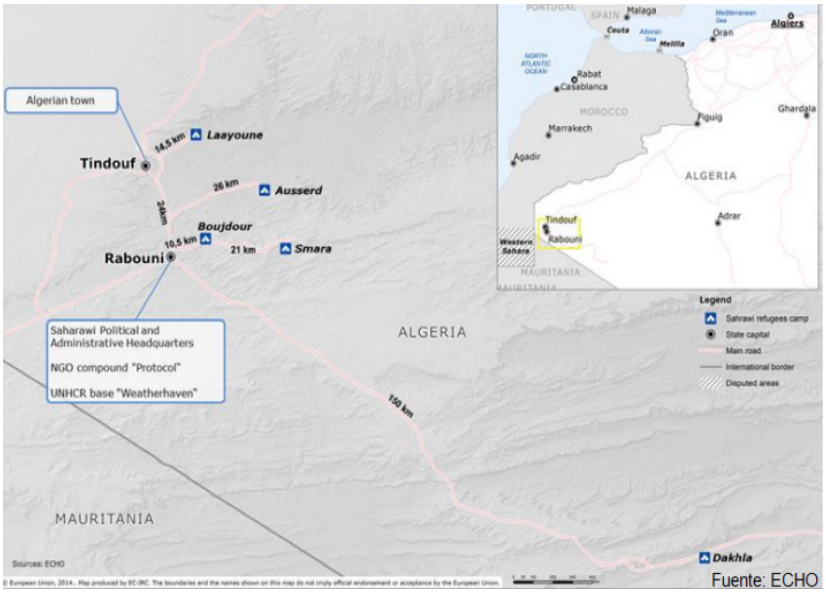
Lastly, it is important to take into account that the response to the Covid-19 pandemic and to its impact on humanitarian contexts could represent a significant proportion of the contributions channelled through international organizations and NGOs. This will affect the activities that are funded in the different sectors, and it is likely that considerable attention will need to be paid to actions that contribute to the fight against infection with the virus and its consequences. These questions will be addressed in line with Spanish Cooperation's Joint Response Strategy for the Covid-19 crisis, which is based on the following priorities: save lives and strengthen health systems; protect and recover rights and livelihoods and reinforce the capacities of vulnerable people; preserve and transform socioeconomic systems, rebuild production industry, and reinforce democratic governance, placing people at the centre of our action.

1. CONTEXT

For over 40 years, thousands of refugees from Western Sahara have lived in five camps (Auserd, Smara, Dakhla, El Aaiún and Bojador) in the Algerian desert (*hammada*) a few kilometres from the city of Tindouf, in an arid, isolated environment

This long-standing crisis, dating from 1975, is one of the 'forgotten' crises listed in the 2019 ECHO index[3].

The Personal Envoy of the UN Secretary General for Western Sahara, Horst Köhler, promoted two new rounds of talks in December 2018 and March 2019, reviving the political process, although this development was later suspended following his resignation. A new Special Envoy is expected to be appointed to take over the task and advance towards a solution for Western Sahara.



The Sahrawi refugee camps in Tindouf, unlike other such contexts, are self-managed and administered by the local authorities. The refugee population itself distributes aid and provides professional services in all sectors, particularly in health and education, and receives small economic incentives to do so.

Although many elements of this crisis remain unchanged, some

3 *ECHO, Forgotten Crisis Assessment 2019* https://ec.europa.eu/echo/sites/echo-site/files/annex_4_fca_2019.pdf

recent developments are affecting the socioeconomic environment, social cohesion, security in the camps and the vulnerability of certain population groups. The natural surroundings of the camps, together with the political situation, significantly limit employment and income-generating activities. Although there exists an informal economy, it does not provide significant job opportunities for the general population, or for the young in particular, which explains the continuing high level of dependence on external aid. In addition, there are marked economic differences among Sahrawi households.

Due to the progressive aging of the population, diseases affecting the elderly are increasingly prevalent, and needs specific to their condition must be addressed. The same outcomes are experienced by persons with disabilities. In both cases, personal situations are aggravated by the harsh conditions of their long-lasting refugee status. Measures to provide professional and specific services for these groups would contribute to improving their health, and at the same time alleviate the workload of caregivers, who are mainly women, which is especially burdensome in this prolonged situation of dependence.

The young people in the camps, the vast majority of whom have been educated outside them or have come into contact with external realities, often express their frustration at the limited opportunities offered by the camps for professional development and participation in decision making.

The prolongation of this situation, together with the development of a patriarchal model of social organisation that is increasingly marked, influenced by the return to certain traditional patterns of coexistence, seems to be influencing gender relations in the camps. Sahrawi women played a decisive role in the original construction and organisation of the camps, as well as in the provision of initial emergency aid in extremely difficult conditions. At present, however, there is a clear division of labour between the sexes, in which the women perform all the reproductive and care work, and are also very active in community tasks, which are usually unpaid, within an increasingly complex and precarious context.

Geographically, the camps are located in a complex regional situation, overshadowed by persistent political instability in Libya and Mali. In terms of security, extremist threats and organised crime persist throughout the Sahel, giving cause for concern about their possible impact on the camps.

Sahrawi officials are making great efforts to improve the security conditions for humanitarian personnel in the camps. Access to the area has been restricted to the Spanish population since 2012, as recommended by the Ministry of Foreign Affairs, European Union and Cooperation. In consequence, however, the movements of humanitarian organisations are limited and there has been a loss of access to the refugee population.

2. POPULATION AT RISK

TABLE 1. SAHRAWI REFUGEE POPULATION: GENERAL AND HUMANITARIAN INFORMATION	
Total population with humanitarian needs	In the absence of an individual register of the refugee population by the United Nations High Commissioner for Refugees (UNHCR), following the publication in March 2018 of the Total in Camps study, which estimated the population at 173,600, the food security survey published by the World Food Programme (WFP) in 2018 reported that 133,672 persons were at special risk[4], and this figure is currently taken as the most up-to-date in scheduling activities for the food security and nutrition sector. The WFP has distributed 133,672 meals since July 2019, exceeding the figure of 125,000 meals provided since 2006[5]. Of these meals, 61% were supplied to women and 39% to men. UNHCR continues to use the term "90,000 most vulnerable refugees".
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UNHCR is preparing analyses of vulnerability in all sectors, except food security and nutrition, which are expected to be published soon.The following population groups in the camps are identified as "most vulnerable":

- Persons affected by problems related to malnutrition and anaemia:
  - » Pregnant and lactating women.
  - » Minors with chronic anaemia.
- Single-parent families, with widowed, divorced or single mothers.
- Other groups with specific needs, such as the elderly and persons with disability or chronic disease.
- Young people, with little or no possibility of career development.

3. MAIN HUMANITARIAN NEEDS AND INTERNATIONAL RESPONSE

The main humanitarian needs, by sector, are described below:

- **Food security and nutrition:** The results of the nutrition survey conducted by WFP and UNHCR in 2019 reflect a general deterioration in nutritional indicators. Global acute malnutrition (GAM) and stunted growth in children aged 6-59 months have both worsened significantly. GAM has risen from 4.6% in 2016 to 7.6%, but 11.5% was recorded in Smara in 2019. The overall prevalence of stunted growth is 28.2%, ranging from 27.4% in Smara to 30% in Dakhla. In general, 50.1% of children aged 6-59

4 *Algeria - Food Security Assessment for Sahrawi Refugees, August 2018* https://www.wfp.org/publications/algeria-food-security-assessment-sahrawi-refugees-august-2018

5 *Algeria Interim Country Strategic Plan (2019-2022).* https://www.wfp.org/operations/dz02-algeria-interim-country-strategic-plan-2019-2022

6 *ECHO, Forgotten Crisis Assessment 2019* https://ec.europa.eu/echo/sites/echo-site/files/annex_4_fca_2019.pdf

months suffer from anaemia. The prevalence of this condition is 52.2% among women of reproductive age, 55.1% among pregnant women and 69.1% among lactating women[7].

The 2018 WFP Food Security Assessment[8] again confirmed the population's high dependence on external aid, showing that 94% of households depend on aid. It also highlighted the lack of diversity in the diet and the low intake of foods rich in nutrients, and recommended increased funding to raise the consumption of fresh foods.

In addition, certain unhealthy eating habits were detected, such as the consumption of carbohydrates as the main dietary component, together with high levels of sugar consumption.[9]

Regarding the logistics of food aid, the fleet of trucks used to distribute all the food aid that reaches the camps needs progressive renovation.

Finally, improvements are needed in the working conditions of the women responsible for food distribution at the grassroots level and in the reception of food assistance, via upgrades to the minor infrastructure at the distribution points.

- **Health.** Although the refugee population has access to three-level health centres and free health care, the needs in this sector are pressing. In particular, there is a severe lack of funding for human resources. The Sahrawi health care system is administered and implemented entirely by Sahrawi refugees. To ensure the continuing presence of these services, specialised Sahrawi health personnel and professional women must be recruited and maintained, via appropriate incentives, recognition and enhanced working conditions.

  Accordingly, stronger commitment is needed by donors and health actors, to consolidate the ongoing system reform, using the staffing schedule and the salary tables agreed between the Sahrawi health authorities and the humanitarian health community[10]. Moreover, valid conclusions should be drawn from the pilot project conducted to make quality health services available. In addition, further advances are needed in the effective generation of health diagnoses and in the performance of health studies from a gender perspective, generating and interpreting data disaggregated by sex.

  The supply of essential drugs and vaccines is not sufficiently guaranteed, and health facilities need to be renovated. Furthermore, specific attention should be paid to unhealthy nutritional practices among young women[11], emphasising the health risks associated with obesity and overweight.

- **Water, sanitation and hygiene.** Due to the physical location of the camps, access to water is very limited, and so improving this resource is an essential task. Despite the long existence of the refugee camps and the considerable assistance already provided, most of the population still lack access to water in sufficient quantity and quality[12].

  According to UNHCR, in the camps there is access to an average of 12 litres of drinking water / person / day (below the humanitarian standard of 20 litres / person / day)[13]. The water distribution network reaches only 33% of the population, with the remaining 67% being supplied by 20-year-old tanker trucks. In consequence, households are forced to store water for long periods in tanks or containers, which in most cases are unsuitable and may pose a risk to health.

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7 *WFP. 2019 Survey on Nutrition. Sahrawi refugee camps, Tindouf, Algeria.* https://docs.wfp.org/api/documents/WFP-0000112001/download/

8 *Algeria - Food Security Assessment for Sahrawi Refugees, August 2018* https://www.wfp.org/publications/algeria-food-security-assessment-sahrawi-refugees-august-2018

9 *Study of nutritional habits of the Sahrawi refugee population. Algerian Red Crescent and Spanish Red Cross 2016.*

10 *Analysis and evolution of the organisation, effectiveness and efficiency of the staff working for the Sahrawi Public Health Ministry. Doctors of the World. July 2018.*

11 *The Sahrawi refugee from a gender perspective. August 2019. Marta Pajarín.*

12 *WASH Strategy & Multi-year plan for improving water supply for Sahrawi refugees in Algeria. Planned implementation 2019-2025. Oxfam 2019.*

13 *Critical Needs Appeal for Refugees from Western Sahara – Tindouf/ Algeria. UNHCR. May 2019*

Further progress is needed to comply with international standards, improve water quality, maintain existing water supply infrastructure and strengthen Sahrawi management capacities, including those of women responsible for water points.

The supply of items of personal hygiene for women and the elderly remains insufficient and must be improved; currently, stocks of these articles are only available for four months a year[14]. The camp schools also present significant deficiencies in their access to water and appropriate sanitation facilities[15].

- **Education.** The education system in the Sahrawi camps is managed entirely by the refugee population themselves, with a total of 2,320 people (96% women, 4% men) working at the central level and in individual *wilayas* and *dairas* (districts and villages). The school-age population is estimated at 44,300 boys and girls aged 3-14 years (52% girls, 48% boys), who are taught in 31 kindergartens, 26 primary schools and 10 stage-one secondary schools.[16]

The education system must address major problems: school supplies are scarce, and the 1980s infrastructure, with adobe constructions, requires urgent rehabilitation or reconstruction, including the water and sanitation facilities.

In addition to the physical difficulties and the lack of teaching resources, the system suffers from high staff turnover, as teachers seek better-paid employment (the current pay for teachers is about $30 a month).

Since 2016, the United Nations Children's Fund (UNICEF), which heads the Education Coordination Group, has been implementing a five-year strategy of construction and rehabilitation.

- **Shelter and non-food Items.** The traditional *jaimas* (tents) are the culturally accepted means of shelter for the Sahrawi population, who are nomadic in origin. Most families use both a *jaima* and an adobe house for shelter, according to the season. The average lifespan of the *jaimas* in the camps is approximately five years, and so there is continual need for replacement. UNHCR notes that 16,000 families currently need new or replacement tents[17].

  Needs have also been identified regarding access to gas supplies and improvements in the functioning of the electricity network, as well as the provision of household items such as pressure cookers, to improve the living conditions of Sahrawi women and allow them more free time.

The situation of the Sahrawi camps is not addressed in a UN Strategic Response Plan, since the UN Office for the Coordination for Humanitarian Affairs (OCHA) is not present in the area. Instead, the UNHCR is responsible for coordinating humanitarian assistance. The WFP and UNICEF are also implementing programmes in the area.

An Interagency Coordination Group has been established for the camps. In addition, sectoral meetings are held monthly, attended by representatives of WFP, UNHCR and UNICEF, as well as the NGOs involved in each sector.

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14 *Critical Needs Appeal for Refugees from Western Sahara – Tindouf/ Algeria. UNHCR. May 2019*

15 *UNICEF. Algeria Humanitarian Situation Report July – September 2019* https://www.unicef.org/algeria/sites/unicef.org.algeria/files/2019-11/Country%20Brief%20UNICEF%20Algeria%20HPT%20July%20-%20September%202019%20V1.pdf

16 *Critical Needs Appeal for Refugees from Western Sahara – Tindouf/Algeria. UNHCR. May 2019*

17 *Critical Needs Appeal for Refugees from Western Sahara – Tindouf/Algeria. UNHCR. May 2019*

According to the report 'Humanitarian Needs of Sahrawi refugees in Algeria 2018-2019', published by UNHCR in May 2018, the Sahrawi population needed a financial contribution of 137 million dollars[18]. However, the occurrence of major humanitarian crises around the world, together with the gradual depletion of donors in the face of this chronic and long-lasting crisis has led to a significant decrease in funds allocated to the Sahrawi context, which has few donors, and their contributions do not cover the amount needed.

The European Commission, through DG-ECHO, will allocate nine million euros to this crisis, under the North Africa Humanitarian Implementation Plan 2020[19].

4. STRATEGIC POSITION

AECID maintains its commitment to the Sahrawi refugee population, supporting essential projects in the sectors in which it has a long history of work and added value, namely the sectors of food security, nutrition and health. In response to this crisis situation, AECID will promote projects that address the specific needs of the most vulnerable population, with a focus on protection and doing no harm.

AECID, fulfilling its commitment to gender equality and the empowerment of women and girls, will support projects that incorporate the gender perspective into the entire project cycle and which guarantee the meaningful, full and active participation of women in its implementation and management.

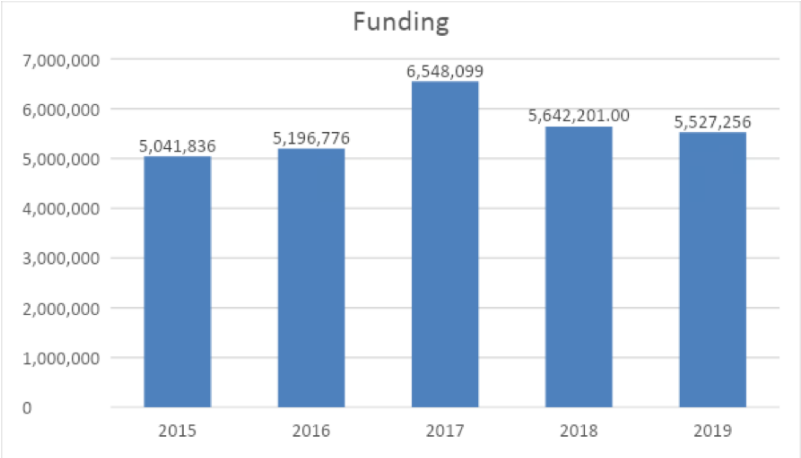
Given the nature of this chronic, yet forgotten crisis, AECID, in line with the commitments made in the Grand Bargain, will allocate multi-year funds whenever possible in order to ensure the stability of the interventions performed. AECID will also support localisation, which in the Sahrawi context is intrinsic, and cash transfer interventions, focusing on addressing vulnerability.

AECID will promote the rationalisation of the Sahrawi human resources that provide services, in all sectors. Therefore, the projects financed by AECID must be conducted in accordance with these principles, in order to ensure the sustainability and efficiency of the system.

In relation to proposals for new approaches aimed at improving the population's self-sufficiency, only small-scale, indigenous, low-tech actions in line with the reality of the socio-economic context of the camps will be considered. Moreover, there must be meaningful participation by the refugee population, especially the young.

Furthermore, in view of the refugee population's almost total dependence on external aid, these initiatives should be considered complementary, and not substitutes for essential projects addressing basic humanitarian needs.

In 2018, the funding provided in this area amounted to €5,642,201. In 2019, it was €5,527,256 which represented 12.39% of the total humanitarian funds disbursed by AECID.



18 *Humanitarian Needs of Sahrawi Refugees in Algeria 2018-2019 UNHCR (May 2018)* http://reporting.unhcr.org/sites/default/files/Humanitarian%20Needs%20of%20Sahrawi%20Refugees%20in%20Algeria%202016-2017%20-%20June%202016.pdf

19 https://ec.europa.eu/echo/funding-evaluations/funding-decisions-hips_en

4.1. STRATEGIC GOALS

In accordance with the above context analysis, AECID will address the following strategic goals:

OE1. Contribuir a la cobertura de las necesidades de la población saharaui en los sectores de seguridad alimentaria y nutrición, y salud.

OE2. Impulsar y apoyar actuaciones de protección a personas en situación de mayor vulnerabilidad con necesidades específicas.

OE3. Promover y fomentar la coordinación de la ayuda en los campamentos con las Comunidades Autónomas (CCAA) y las Entidades Locales (EELL) y otros actores.

OE4. Visibilizar y hacer incidencia sobre la crisis saharaui en Naciones Unidas y la Unión Europea

4.2. INTERVENTION SECTORS

AECID activities will be focused, in particular, on two intervention sectors:

1. **FOOD SECURITY and NUTRITION** addressing the needs identified in the WFP nutritional surveys and in the *WFP and UNHCR joint assessment missions (JAM)*. AECID will allocate approximately 80%of its humanitarian budget to this sector

AECID will conduct a wide-ranging intervention in this sector, including support for the WFP referential food basket; managing the food reserve stock, thus guaranteeing access to the minimum caloric intake required; the distribution and production of fresh products that supply necessary vitamins, minerals and micronutrients; assisting persons with disabilities, through the provision of food coupons; and the secondary distribution of food aid (from Rabuni to the five camps).

2. **HEALTH** supporting health interventions for mothers and their children, care for those with chronic disease, and eye health. During 2018, the need to strengthen the Sahrawi health system was made apparent by the evident risk of decapitalisation of its human resources. The health sector is an example of collaboration and coordination with the Sahrawi authorities, but health personnel capacities in this context must be rationalised and strengthened.

Since 2011, the HAO has financed actions in the field of security management, to enhance the security of expatriate personnel in performing their humanitarian mission.

4.3. MAIN PARTNERS IN THE INTERVENTION

Reflecting AECID's focus on food security and health, it will continue to work with the UN agencies mandated in these sectors, namely the WFP and UNHCR, as well as with specialised NGOs.

5. ACCOUNTABILITY MATRIX

The results obtained during the 2020-2021 period in the Sahrawi refugee population camps are measured using the following indicators[20].

INDICATORS		
GENERAL		Final annual budget sum disbursed in a specific geographic context. Final annual budget sum disbursed in a specific sector. No. of persons benefiting from the interventions, per year. Annual budget disbursed in interventions with gender markers 3 and 4 (IASC) or 2 (ECHO). Net annual budget sum of the context transferred by cash payment [21]. Net annual budget sum of the context transferred by means of vouchers. Annual budget disbursed to local organisations, directly or via a single intermediary, disaggregated.
SECTORAL	FOOD SECURITY	No. of persons receiving food assistance. Assistance in kind distributed.
	HEALTH	No. of persons receiving health attention. No. of health professionals and/or agents trained. Health centres opened.

20 Whenever data disaggregated by sex are available.

21 Net budget means without indirect costs or operational costs.

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