



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA
UNDERFUNDED EMERGENCIES ROUND I 2013**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Cristina Amaral

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR took place the 15th of January 2014 and the participants included representatives from UNHCR, WFP and UNICEF.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The final version was shared with all UN agencies (UNICEF, WFP, UNHCR and UNDSS) implicated.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 65,198,553 USD		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,984,040
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND	0
	OTHER (bilateral/multilateral)	51,073,583
	TOTAL	54,057,623

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03-Mar-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-046	Health	133,609
UNHCR	13-HCR-025	Multi-sector	627,093
WFP	13-WFP-018	Food	2,073,336
UNDP	13-UDP-007	Security	50,000
UNICEF	13-CEF-047	Education	100,002
TOTAL			2,984,040

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,457,076
Funds forwarded to NGOs for implementation	526,964
Funds forwarded to government partners	0
TOTAL	2,984,040

HUMANITARIAN NEEDS

In 1975, thousands of people fled the conflict over the control of the Western Sahara territory and sought refuge in Algeria. The Government of Algeria granted them refugee status, provided them access to the desert areas of South-West Algeria near the town of Tindouf, and supported them until 1986 when it requested the United Nations to take over the provision of humanitarian assistance until a durable solution was reached. The political impasse persists despite the efforts of the Personal Envoy and Special Representative of the Secretary-General for Western Sahara. In the absence of a political solution to the dispute over the status of Western Sahara, the prospect for a durable solution to the plight of Saharan refugees remains remote.

Pending a registration of refugees, World Food Program (WFP) and United Nations High Commission for Refugees (UNHCR) have agreed to use a planning figure of 90,000 of vulnerable refugees (including men, women, youth and children) located in Awserd,

Boujdour, Dakhla, Layoune and Smara camps, between 30 and 180 km from the south-western Algerian town of Tindouf. These camps are situated in a harsh, isolated desert environment which offers no agricultural production capacity, no easy access to water or sanitation, nor access to economic opportunities leaving opportunities for self-reliance extremely limited. The majority of refugees remain chronically food-insecure and, despite assistance, malnutrition levels remain a concern. This second oldest refugee situation worldwide is creating a range of significant humanitarian issues, with a population by necessity almost 100 percent reliant on external aid for its daily survival. As a result, the UN (WFP, UNHCR, UNICEF, and UNDSS) and other aid stakeholders' assistance continue to be the lifeline for the Saharan population on a day to day basis.

With time, however, donor fatigue slowly developed around the response to the crisis, and it is today estimated that current financial aid levels meet but 36 percent of the humanitarian needs of the Saharan refugees' response requirements. The Saharan refugee population may suffer further significant decline in their living conditions as a result of underfunded programs and the deterioration of the security situation. Such factors, if not addressed may impact, inter alia, refugee's access to food, water and shelter. In addition, essential programs addressing, basic health coverage, security, child mortality, immunization, education and psychosocial support to children and youths may be seriously curtailed.

II. FOCUS AREAS AND PRIORITIZATION

The role of WFP's food assistance is to meet the basic food and nutritional needs of the most vulnerable refugees and support their livelihoods. With the exception of households receiving remittances from relatives overseas, most refugees remain highly dependent on humanitarian aid for their survival. WFP continues to supply basic food commodities to the refugees through General Food Distribution (GFD), while UNHCR supplies yeast and tea and other humanitarian organizations provide complementary fresh fruits and vegetables. An average of 2,046 kcal per day was provided through the GFD activity in 2012. This signifies that on average, the refugees did not receive the minimum requirement of 2,166 kcal per day, throughout the year. Considering that WFP's commodities, on average, represent 52 percent of the Food Consumption Score, and the fact that this percentage increases for families in the lower percentiles, the lower than required average kcal per day is of concern. While 2013 initial funding seemed promising, given donor restrictions, the food pipeline was facing a severe cereal pipeline shortfall starting March 2013.

The overall health situation in the camps continues to be a critical concern for aid stakeholders. The last comprehensive immunization coverage data, which was conducted by UNICEF in January 2014, estimated that only 74 percent of under two year old children were adequately immunized (against over 95 percent coverage for the rest of Algeria) which could lead to serious public health issues in case of general outbreaks. Similarly, whilst specific statistics remain difficult to obtain, spot check visits in a range of health clinics by WHO, UNICEF, Medico del Mundo (MdM) and other health aid partners have raised significant concerns around maternal and neo-natal fatalities, with a range of urgent critical gaps in equipment, training and basic health care. Concerning day to day access to basic health care, only 60 percent of expressed primary health services such as laboratory, radiology and dental care are being met. Furthermore, only five Medical Doctors in the camps cover the medical needs of the refugees. The gap in medical services is somewhat compensated by regular missions of doctors to Tindouf, however adequate health coverage for the general population is lacking. Critical gaps to date in the health sector relate to effective immunization coverage due to lack of funding for vaccines as well as critical equipment and know how amongst Saharan health workers regarding immunization and maternal and infant health.

The continued implementation of humanitarian programs cannot be assured without investment in improved security management. Heightened security risks, made evident by kidnapping of three humanitarian workers from within the Rabuni Camp in October 2011, and increased funding shortfalls have negatively affected critical humanitarian program delivery. The tragic events near In Amenas, Algeria in January 2013, the Mali crisis and the concern that the Western Sahara / POLISARIO-held territory (East of the Berm) become a safe haven for the terrorism, are an indicator of the likelihood of further attacks in the months and years to come. Any incident in the camps is certain to have a dramatic negative impact upon humanitarian program implementation if security management measures are considered insufficient.

UNHCR continued to support the implementation of multi-sector activities for the refugees in the five camps in Tindouf, focusing primarily on basic life-saving assistance in protection, water/sanitation, health/nutrition, shelter/Non Food Items, and monitoring the overall refugee situation. The main gaps identified for funding, at least partially under the CERF were in shelter/tents, water and health sectors. With a tent life-span of 4 to 5 years, UNHCR estimates an annual requirement for renewal of 3,600 tents to meet the basic demand. Only three organizations provide the tents in the camps: Spanish Red Cross, Oxfam and UNHCR. In 2012, a total of 1,300 tents were delivered and distributed. The current gap is some 11,000 tents for those refugee families/newly-weds that have been waiting to receive the tents during the past five years.

To meet a refugee family need of around 1,000 liters of water once every 10 days, at least, 28 trucks need to be operational in the camps every day, allowing also for preventive maintenance and breakdown repairs. However, the ageing water trucks fleet requires frequent repairs for major breakdowns. Out of 11 trucks scheduled for immediate replacement, 6 water trucks were procured by UNHCR in 2011 and 2012. Five more trucks are urgently required for the operation.

The situation of youths equally remains of grave concern. With extremely limited economic opportunities, Saharawi youths are at significant risks to engage in harmful practices, including consumption of drugs, smoking, violence, unprotected sexual relationships and other dangerous activities that they may see as preferable to daily inaction. Furthermore there is concern of youths being lured in joining lucrative Mali-based extremists groups.

III. CERF PROCESS

On the 19th of December 2012 the Emergency Relief Coordinator (ERC) announced the selection of Algeria for the 2013 first round of Underfunded emergencies. Following this selection the Humanitarian Country Team (HCT) working group - composed of WFP, UNHCR, UNICEF and UNDSS, as the only stakeholders working in support of the Western Saharan refugees, defined the strategy and prioritization of activities for the CERF funds. Each agency presented a proposal of their most urgent un-met needs and a rough budget; proposals were reviewed in light of the CERFs criteria and based on the discussion, the CERF prioritization strategy was prepared, reviewed by the RC and sent to the CERF secretariat. Following the review and discussions with the CERF secretariat, one of the original priorities was withdrawn as, while still a priority, it was not falling within the CERF funding criteria.

The priority humanitarian actions per sector identified by the humanitarian country team are the following:

1. Provision of complete food basket and distribution of the 2,166 kcal per person per day.
2. Provision of safe drinking water.
3. Provision of health services.
4. Provision of shelter / tents.
5. Provision of comprehensive immunization coverage to all children.
6. Provision of support around maternal and infant survival.
7. Provision of safe spaces, recreational activities and life-saving skills towards adolescents and youth.
8. Provision of additional security support to enable continued life-saving activities by humanitarian agencies' staff.

The HCT under the guidance of the RC was the coordinating structure. The UN humanitarian presence in the Saharan camps is very limited and consequently there is constant dialogue and coordination both at Tindouf level and in Algiers on ongoing activities, issues and shortfalls. WFP together with UNHCR and UNICEF organize yearly donor mission to the camps; thus the immediate shortfalls presented by each agency were clear to all, which facilitated the prioritization. The government and NGOs were not directly involved in the decision making process: the Algerian government involvement with the refugees is on a bilateral basis and not in relation with the UN; the NGOs did not participate as direct implementers of UN activities. However, inputs at Tindouf level were provided in consultation with the Western Sahara Red Crescent. Each sector presented and discussed a budget; staying within the limits of the funding that was available.

The UN presence in the camps is extremely small, roles and responsibilities clearly defined, dialogue is continuous with long term plans agreed and implemented. The prioritization process applied within the cluster and the criteria and parameters for inclusion in CERF submission based on dialogue and impact of the shortfall.

Role of gender in planning: Women are actively involved in the management of the camps and have an essential decision-making role in various aspects of the Saharawi society. The strong participation of women is a reflection of the Saharan society, where women have been traditionally influential. Women's role has become even more prominent during the first years of displacement, when most of the men were absent. Most heads of households are women (95 percent). During the Joint Assessment Mission (JAM) WFP and UNHCR visited schools in each camp. No gender gap was found in either enrolment or attendance in primary schools, largely because the Western Sahara refugees place a high value on education and because of the strong role played by women in their society.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 90,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	44,064	45,936	90,000
	Multi-sector	44,064	45,936	90,000
	Food	44,064	45,936	90,000
	Security	54	70	124
	Education	650	350	1000

BENEFICIARY ESTIMATION

The Government of Algeria estimates that there are 165,000 refugees from Western Sahara in the five camps in Tindouf. However, the number of refugees is a controversial and sensitive issue and so far no formal registration has been conducted. Pending a formal registration of refugees, WFP and UNHCR have agreed to use a planning figure of 90,000 of the vulnerable refugees located in Awserd, Boujdour, Dakhla, Layoune and Smara camps. In order to address problems of chronic malnutrition and anemia, 35,000 additional supplementary general food rations are being provided, bringing the total to 125,000 WFP food rations every month.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	44,064	44,064
Male	45,936	45,936
Total individuals (Female and male)	90,000	90,000
Of total, children under age 5	30,000	30,000

CERF RESULTS

In the health sector UNICEF had planned as first outcome to improve the quality and reliability of immunization services at the central and local level, and raise awareness and mobilize communities on appropriate immunization practices. This was achieved with improvement and support to immunization services for more than 30,000 refugee children through three main actions targeting capacity building for 62 health personnel including technical and manager staff, the procurement of adequate vaccination equipment for 10 health centers and a better awareness of communities through the use of local radios. The second planned outcome within the sector was the mitigation of maternal and infant mortality through strengthened technical capacity amongst health professionals complemented by the availability of a range of specialized equipment and drugs. With the CERF funds 4 resuscitation tables and drugs for safe delivery were purchased; 10 maternities, 10 health centers and more than 90 midwives received appropriate equipment and drugs to ensure a quality follow-up for pregnant women; and 120 professional and traditional midwives were trained. 34 500 children (30,000 younger than 5 years) benefit from these investments in the health sector and are thus beneficiaries of the CERF funds.

In the multi-sector UNHCR as part of its services to all Saharawi refugees had planned as first outcome that at least 10% of refugees live in adequate shelter through purchase and distribution of the materials for 1,000 tents to the most vulnerable families. With the funds received UNHCR made a request to the Supply Management System at HQ for purchase tent materials and accessories for 1,000 most

vulnerable refugee families to build adequate shelter. The tents have been purchased and the consignment will arrive in May 2014. According to an eligibility list, submitted by the Saharan Authorities, the materials will be distributed to families in the presence of UNHCR. Families are responsible for sewing the fabrics and assembling their own tents. UNHCR will monitor the process through its field teams visiting the families.

In the second outcome UNHCR planned for every refugee to receive 20 litres of water per day and a reduction in water borne diseases by 20%. With the funds provided by the CERF a water truck was procured through the Supply Unit in Geneva and Budapest from VOLVO Sweden using a framework agreement with the manufacturer. The truck's specifications was made by a Logistics and Fleet Management Consultant hired by UNHCR in 2011, with the aim to withstand the harsh desert environment while, at the same time, to adhere to a model that will be easy to service by the available local auto-mechanics and technicians. The truck arrived in the camps in October 2013 and was put to use for the distribution of safe drinking water to the refugee families in one of the camps (Bboujdour). UNHCR monitored the water distribution to the most vulnerable beneficiaries through its several Field staff. By the end of 2013 the average water received by refugees in all five camps was 17 liters per person per day, compared to 15 litres per person per day in 2012; therefore there was an increase of 2 liters per person per day between 2012 and 2013. The use of safe drinking water has greatly reduced the risk of communicable diseases in the camps; however figures of the percentage of reduction are not available.

The third outcome was to improve medical care in the camps and strengthen the capacity of local health structures through the establishment of functional diagnostic services with the needed means of testing and interpretation of clinical and par- medical check-ups. This has been achieved with CERF funds covering part of the 60% of the expressed needs related to the laboratory and X-ray equipment, reagents and consumables. All goods were delivered to Tindouf by December 2013. The distribution of these medical supplies was done through a regular bi-monthly distribution cycle throughout the year according to the assessed needs of each hospital and dispensaries. The need of the medical supplies was monitored by the Health Coordinator with the Partner Triangle Génération Humanitaire (TGH) on a monthly basis and distribution reports were submitted to UNHCR. UNHCR's Public Health Coordinator was responsible for the overall monitoring of the health activities.

The fourth outcome within this sector was to maintain functional the various auxiliary services and strengthen their capacity to care, and reduce transfer rates in the camps. During 2013, access to the first health care for refugees remained stable, with a good access and coverage in terms of health services (one health centre per 8,000 refugees) and one referral hospital for an average of 4,500 refugees. Furthermore, some improvements in the access to secondary health care has been reported, due mainly to the rehabilitation of the external specialized consultation ward in 2 regional hospitals within the camps, recruitment of 5 specialized medical doctors, and the procurement of new X ray machine and the repair one which was broken, and support to 5 dentistry units (staff, equipment, drugs). Monthly incentives were paid to 53 pharmacy staff in the hospitals to ensure uninterrupted services. Also, UNHCR funded 8 medical commissions' missions to the camps, covering many specialities, especially those of paediatrics, gynaecology, ENT, surgery, urology and ophthalmology. An average of 7,000 medical consultations was provided and some 600 surgical interventions were performed in the central hospital. UNHCR Partner TGH provided full support to the medical commissions who visited the camps each quarter. The numbers of visits, type of intervention, specialties covered were indicators carefully gathered by TGH and communicated to UNHCR after each commission. With the funding of CERF, UNHCR was able to continue its support in these sectors by maintaining the same lines of intervention and objectives; provided all hospitals with basic diagnostic tools needed for the most requested Para clinical disciplines

In the food sector the expected outcome for the General Food Distribution (GFD) activity was the distribution of commodities in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions. WFP had planned to use the proposed CERF funds to cover a well-defined food pipeline shortfall of the GFD activity for the period between March and May 2013. All distributions are channelled through health clinics as part of the comprehensive inter-agency strategy to address and reduce the high levels of malnutrition. Children with severe acute malnutrition were treated under the therapeutic feeding programme operated by Médecins du Monde (MdM), Spain.

The first outcome was to distribute a full food basket during this period (125,000 general food rations per month), this target was achieved with 124,960 complete food rations distributed under the GFD activity during the months of April and May. During the month of March, the ration was short by 3 gr/pp/day for the cereals and part of the wheat flour ration had to be replaced with barley. The second planned outcome was the procurement of 2,816 mt of wheat flour and 909 mt of barley, to complement the other available commodities and distribute the target of 2,138 mt per month for the GFD activity and 100 percent in line with the commodity ration size; 100 % of planned tonnage and commodity rations were expected to be distributed for the three months. The tonnage of food distributed was 100 per-cent in line with the commodity ration size target for the months of April and May, while in March there was a decrease in the wheat flour ration (from 300 gr/pp/day to 263 gr/pp/day) partially compensated with an increase in barley ration (from 33 gr/pp/day to 67 gr/pp/day); this resulted in a reduced overall cereal distribution in March (397 gr/pp/day in lieu of 400/gr/pp/day). Over the three months, the food basket distributed covered 99% of the planned needs. In outcome 3 WFP planned to improve the household food consumption score (FCS) over the assistance period, with a target of at least 80 percent of the households maintain a borderline consumption of 28.5. During the reporting period, at least 80% of the beneficiaries maintained an acceptable FCS which is above the 42 % threshold; the results of the FCS average over the period March and May 2013 are: Acceptable 92.20%, Borderline 3.42% and Poor 4.38%. The

monitoring during the period determined that the reason for the high acceptable FCS was the pipeline stability and the inclusion under the GFD additional commodities received in kind, on top of the dry ration (gofio, a toasted maize meal) and the diversified cereals as well as the distribution of fresh food and canned mackerel.

An average of 2,046 kcal per day was provided through the GFD activity in 2012. This signifies that on average, the refugees did not receive the minimum requirement of 2,166 kcal per day, throughout the year. Considering that WFPs commodities, on average, represent 52 percent of the Food Consumption Score, and the fact that this percentage increases for families in the lower percentiles, the lower than required average kcal per day is of concern. The WFP pipeline gaps over the next 3 months are: wheat flour and barley representing 54 percent of the daily kcal requirements. The shortfall continues for the rest of the year and should be covered by contributions expected from other donors. The WFP cereal pipeline shortfall is the result of donor preferences on what to purchase with their contributions as well as a strategic prioritization where commodities that have a long lead-time are programmed first while waiting for other contributions to be confirmed to affect an immediate local purchase. WFP will continue to provide mid-morning snacks to primary school students in the form of fortified date bars. These snacks aim to improve enrolment and attendance. Under a complementary intervention to the school feeding, WFP will start a de-worming activity with the support of its cooperating partners.

In the security sector the overall objective of CERF funds was to enhance the safety and security of all UN and other humanitarian organizations operating in the Saharawi camps. The 'Saving Lives Together' program is a joint UN-INGO effort funded by Spain and ECHO undertaken to secure humanitarian space in the Saharan refugee camps which was approved by means of the Security Risk Assessment for Algeria of 1 June 2012, by UNDSS New York on 1 July 2012. It is designed with the express purpose of allowing humanitarian actors to maintain their presence in the field through more effective risk management (e.g. 'How to Stay'). It further aspires to enable its beneficiaries to avoid overly prescriptive forms of security that would distance them from the Saharan community, and thus increase their vulnerability to potential threats. The beneficiaries of these funds were UN and INGO humanitarian staff members, and security personnel from the authorities directly responsible to ensure the security of humanitarian workers. The first planned outcome was to maintain full time UNDSS presence within the refugee camps, which led to the establishment of secure UN offices with an established guard force; the establishment of a tactically sound and efficient escort security system by Saharawi authorities; and realistic simulation exercises for staff (SSAFE Security Awareness Week). The continued presence of a UNDSS officer in the camps throughout and after the CERF period permitted the establishment of improved coordination mechanisms based upon regular and formal high level (once per month) and technical level (once every two weeks) interaction with the relevant security authorities in addition to the informal daily interaction between the DSS officer in the camps and the Sahrawi Gendarmerie Nationale. The latter was a level of security interaction never before achieved by UN security in the Tindouf camps. The second outcome was Sahel/Sahara SSAFE style training for all UN personnel in the camps in order to communicate, test and validate current security plans and procedures. This was achieved through the five day Sahara specific SSAFE training for over 90 participants (INGO, UN, Polisario security staff). In addition a security guard force was organized and trained for the Rabuni protocol facility where humanitarian workers are accommodated and an additional SSAFE certified instructor was certified to provide security training to humanitarian workers in the camps during 2014. Thus the Objectives set on the CERF Applications were achieved.

The overall objective of UNICEF within the education sector was to provide 1,000 Saharawi youths with safe spaces in each refugee camp where they are taught life-saving skills and afforded the opportunity to engage in safe, constructive recreational activities. The first planned outcome was to improve the attractiveness and safety of youth centres in the 5 camps. This was achieved with a slight change from the planned outcome: the proposal to renovate and refurbish the youth centres per camp (five in total) was reviewed, after a depth assessment carried out by UNICEF's partner Association des femmes Algérienne pour le développement (AFAD) and the Saharawi Ministry of Youth and Sports (MYS). It was decided to focus on the rehabilitation of the youth centre of Layoune, given that the building was heavily used and becoming unsafe. The four other youth spaces and centres were judged to be in good shape and, for the time being, not in need of any light rehabilitation. The Saharawi MYS requested to use the funds originally allocated for the 5 rehabilitation of the youth centers, for the installation of 5 additional football stadiums and 10 volleyball courts (in total 39 sports areas were installed) in all 5 camps. This proved to be an excellent choice as it corresponded with the actual needs of Saharawi youths. UNICEF in collaboration with its partner AFAD, renovated the youth centre of the largest refugee camp; furthermore 10 football stadiums and 29 volleyball courts in all 5 camps were installed; equipment for two cineclubs was provided; the delivery of sets of mixed recreational material to promote sports and leisure activities (ping pong material, professional football balls, chess equipment, etc.); 500 items of sportswear were procured for the benefit of 500 youths, half of whom are girls. These materials were used for an inter-camps sport tournament which attracted more than 250 young Saharawis. The second planned outcome was to provide life-saving skills' training to approximately 800-1,000 youths. This outcome was achieved with the training of 830 youths Saharawi from the 5 refugees camps who have acquired the necessary competencies in management and project leadership, have learnt how to manage stress and conflicts, and how to actively participate in the life of their community. A training of trainers was conducted for a key group of 25 youth leaders coming from all the 5 camps in order to ensure full representation. This was followed by a set of training sessions where more than 125 youths were identified in order to be peer educators.

Overall the planned targets and outcomes as stated in the CERF proposal have been achieved. More than 90,000 Saharawi refugees have benefitted from the CERF funds, a population that for more than 30 years has been highly dependent on external aid and the assistance by the Algerian government, NGOs, international donors and the UN humanitarian agencies: UNHCR, WFP and UNICEF.

Due to the drastic reduction in funds to this forgotten crisis the CERF was highly beneficial since it provided funds for vital on-going activities. When considering the results of the CERF funds and the changes in the humanitarian situation it has led to; one needs to bear in mind that the Saharawi refugee situation is one of the most protracted and the second longest lasting in the world.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The CERF allowed the continuation of fast delivery of assistance to the Saharawi people living in the camps of Tindouf. The funds were mainly used to keep on-going operations and activities running, thus covering some gaps in the critical needs identified by the agencies.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

Due to the reduction in donor funding and the resulting funding gap the Saharawi refugee situation is experiencing since 2012, the CERF funding was able to cover the gaps in some identified critical needs in food, shelter, water and health, security and education. The provision of some services supported by the CERF like water distribution is vital for the survival of the Saharawi refugees however these actions are not time-limited since this is one of the most protracted and second longest lasting refugee situations in the world.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Although CERF was key to filling a gap in funding of the overall humanitarian assistance to the refugees in the Tindouf camps, funds are received from other donors on a yearly basis due to the critical situation of the Sahrawi population (especially children, women and young people) and the necessity for UN agencies to ensure a minimum funding to support vital programmes. However, funding is always a challenge especially since the life of the Saharawi people depends on it, which led UN agencies to seek the assistance of CERF when it comes to support vital programmes.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF, as a common framework, helps to ensure a minimum coordination between UN agencies in the planning, the implementation and the evaluation stages of the project. It provides a clear overview of the outcomes of the UN assistance to the refugee, all UN CERF actors had improved coordination with regards to the provision of services to the Sahrawi refugees in food security with WFP, youth and education with UNICEF and Security enhancement and training with UNDSS, as well as within the multi-sector with UNHCR.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF contribution has added value to the humanitarian response since it was received by the refugees as additional support from the UN system and international community to one of the most forgotten humanitarian crisis. In terms of the security cluster the improved security management which was a direct result of the CERF fund increased the resiliency of the joint UN and INGO delivery effort against security threats that could interrupt the delivery of critical humanitarian programming.

The CERF fund closed a funding gap that all humanitarian agencies are facing due to the overall reduction in funding of the Saharawi refugees (according to today's estimations the current financial aid levels meet but 36 percent of the humanitarian needs of the Saharan refugees' response requirements).

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The CERF contribution was useful in that it covered some gaps in the critical needs identified by the agency, especially within the protracted refugee situation.	CERF criteria for selection of projects, especially for protracted refugee situation should be more flexible	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Health sector: Strengthening capacities of community health staff increases significantly the coverage of target groups in the expended immunization programme.	Make proposals for longer durations with substantial amounts in order to have time for a good quality implementation and guarantee to obtain long and mid-term results programs that will impact on the population health	UN Agencies/UNOCHA
Education sector: The involvement of local youth authorities led to a better ownership and responsibilities which will contribute in the sustainability of the action.	Improve monitoring of youth's activities and knowledge on their expectations in the camps. Implement capacity building for youth leaders and authorities in the 5 refugee camps focusing on leadership, management skills and participation. Carry-out a joint evaluation with all partners and youth themselves.	UNICEF/UNHCR/NGOs

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	02 April 2013 - 31 December 2013
2. CERF project code:	13-CEF-046	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency health support towards Sahrawi refugee children and mothers		
7. Funding	a. Total project budget:	US\$ 530, 000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 250,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 133,609	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	19 500	19 500	N/A
b. Male	15 000	15 000	
c. Total individuals (female + male):	34 500	34 500	
d. Of total, children <u>under</u> age 5	30 0000	30 000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Reinforce the immunization program capacity through community mobilization around appropriate immunization practices and critical capacity building of health staff and programme supervisors around immunisation knowhow and practices. Reduce maternal and infant mortality through provision of critical specialized equipment and drugs to pregnant and lactating women as well as new-borns. 			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1: Quality and reliability of immunization services are improved at central and local level, and communities are mobilized and aware of appropriate immunization practices.</p> <ul style="list-style-type: none"> 62 technical and manager staff have received specialized training around increased knowhow and skills towards immunization practices, latest by end November 2013. 10 health centers are equipped with quality vaccination equipment and supplies by end of November 5 staff media are capable to mobilize communities using appropriate messages and tools around vaccination practices by end of August. community awareness campaigns on importance of children's immunization are organized by end of September <p>Outcome 2: Maternal and infant mortality is mitigated through strengthened technical capacity amongst health professionals complemented by the availability of a range of specialized equipment and drugs.</p> <ul style="list-style-type: none"> 6 resuscitations tables are made available to 5 regional hospitals and 1 central hospital, latest by end October 2013. 100 midwife kits including essential drugs and specialised medication (Oxytocin, silver nitrate, antibiotic collyre , vitamin K1 and anti-D serum) are made available by end October with sufficient quantities to support 4,500 pregnant 			

and lactating women throughout 2013.

- A minimum of three (3) specialized maternal nutrition kits are made available in each maternity and health delivery site latest by end October 2013.

11. Actual outcomes achieved with CERF funds

Outcome 1: Quality and reliability of immunization services are improved at central and local level, and communities are mobilized and aware of appropriate immunization practices.

Immunization services for more than 30,000 refugees' children were supported and improved through three main actions targeting capacity building for health personnel, the procurement of adequate vaccination equipment and a bettered awareness of communities. Specifically:

- 20 vaccination staff and managers were reached through a training session around increased immunization practices knowhow and skills.
- 10 health centres were provided with appropriate equipment in order to optimise the storage of vaccination supplies and also to facilitate the organisation of immunisation sessions (the items procured include trolleys, freezers, cabinet instruments, basins, receptacles etc).

05 personnel working in the local radios were trained around the use of appropriate messages developed by UNICEF on good vaccination practices and calendar. Thanks to the knowledge acquired through this training, communities, and particularly mothers, become more aware over the importance of respecting the immunization schedule and the need to monitor pregnancies.

Outcome 2: Maternal and infant mortality is reduced through strengthened technical capacity amongst health professionals. This is complemented by the availability of a range of specialized equipment and drugs

Maternal and new born mortality is still very high in Sahrawi refugee camps due to the weakness of staff training, the lack of medical equipment and essential drugs in health centers and maternities. UNICEF's Maternal, New born and Child Health programme has being ongoing for the last two years and in 2013 it was also supported by CERF's funding.

Through the CERF's supported activities the medical structures in the camps have received :

- 4 of the hospitals in the camps of Awsserd, Layoune, Smara and Dakhla were provided with 04 resuscitation tables. This equipment serve to take care of newborns in delivery rooms;
- 8 maternities were supported with essential drugs for safety delivery, including specialised medication (Oxytocin, antibiotic drops) in sufficient quantities to cover more than 4,000 pregnant and lactating women.
- 10 maternities, 10 health centres and more than 90 midwives received appropriate equipment and drugs to ensure a quality follow-up for pregnant women mainly to facilitate the detection of anemia and pregnancy diabetes. This was done through the procurement of 30 maternal nutrition kits including medical equipment and supplies (hemocue for anaemia and hemocue for diabetes) for the nearly 100 birth-attendance personnel.
- 2 training sessions on safe delivery and the prevention of disabilities (which may occur during the birth process) supported and strengthened the technical capacities of 120 professional and traditional midwives.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

UNICEF procured 4 resuscitation tables instead of the 06 planned in the original proposal. The slight difference in the quantity of supplies is due to the fact that the price forecasted was much higher than the budget planned for this procurement. However, it is worth to be noticed that the remaining 2 items/ resuscitations tables were procured through additional UNICEF funds, which complemented the CERF contribution.

Two of the drugs that were supposed to be procured through the CERF funded project were not found available; notably Anti-D for preventing neonatal disabilities and the Silver Nitrate, an ocular antiseptic used in the new born at birth. UNICEF has launched an order through its purchasing office in Copenhagen but unfortunately the item is not included anymore in the standard catalogue of essential drugs. The national market was then explored but again the products were not available. The Algerian ministry of health was also involved in looking for a solution but none was found. Meanwhile, an international medical NGO (Medico Del Mundo) succeeded in providing these two products (most likely through the Spanish market) in sufficient quantity to cover all the year's

needs. The budget dedicated to the purchase of these items was quite insignificant (approximately 400 USD) and served to cover the cost of the resuscitations table, which, as above mentioned were more expensive than what estimated.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'NO' (or if GM score is 1 or 0):

Code 1 – the sensibilisation activities target parents, women and men, are equally addressed in order for them to equally engage in safe practices addressing infant and children health.

14. M&E: Has this project been evaluated? YES NO

A comprehensive evaluation of the impact on maternal and new born health and the immunisation coverage as such was not planned in the CERF project because of its relatively brief duration. The CERF supported project comes to strengthen the routine UNICEF health care program for Saharawi refugees targeting maternal and new born health. The latter will undergo a thorough evaluation program by the end of 2014 and will include the CERF supported activities (training of midwives, equipment). UNICEF has been supporting the Saharawi immunization program for a long time and used to evaluate and monitor the achievement of results every two years. In December 2013, the activities of the program with a contribution from CERF funds were evaluated. UNICEF conducted a survey of immunization coverage in December 2013 - January 2014 the results of which are represented in the graphics below which shows a global immunization coverage of 74% . This represents an improvement with respect to the coverage of previous years, but still remains below the acceptable international standards of 80%.

UNICEF immunization coverage survey (in %) December 2013 – January 2014

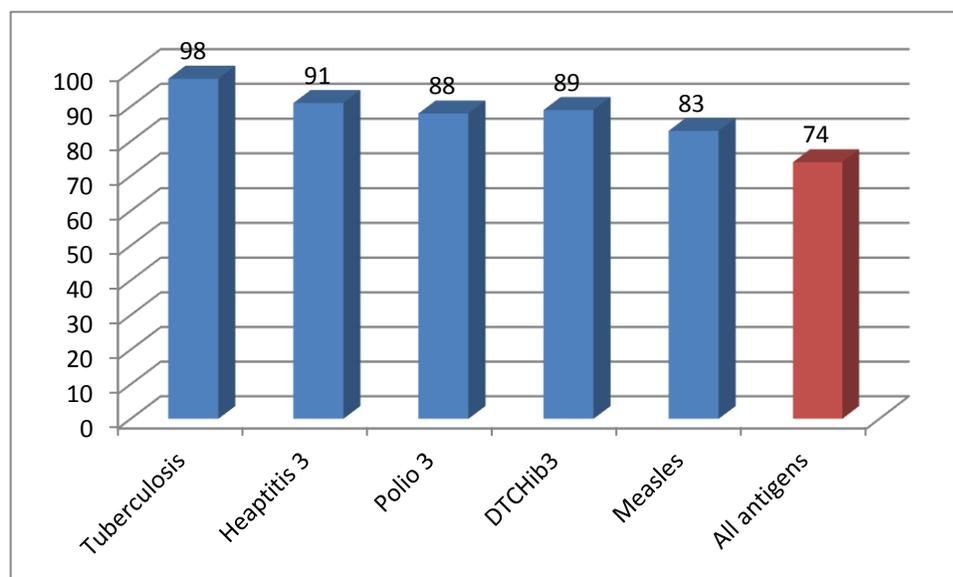


TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	27 March 2013 – 31 December, 2013
2. CERF project code:	13-HCR-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector		
4. Project title:	Assistance to Sahrawi Refugees		
7. Funding	a. Total project budget:	US\$28,168,656	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$10,700,000	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$164,068 ▪ <i>Government Partners:</i> US\$ 0
	c. Amount received from CERF:	US\$627,093	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	44,064	44,064	N/A
b. Male	45,936	45,936	
c. Total individuals (female + male):	90,000	90,000	
d. Of total, children <u>under</u> age 5	30,000	30,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Materials for emergency shelter provided to 1,000 most vulnerable refugee families. • Timely provision of the drinking water and water for personal hygiene to the refugee population in the Saharan camps. • Improve access to basic health care, laboratory and radiology. • Improve conditions of specialized medical care in the camps and reduce complications generated by the transfer of critical cases. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • At least 10% of refugees will live in adequate shelter through purchase and distribution of the materials for 1,000 tents to the most vulnerable families. • Every refugee receives 20 litres of water per day. • Reduction in water borne diseases by 20%. • Improve medical care in the camps and strengthen the capacity of local health structures through the establishment of functional diagnostic services with the needed means of testing and interpretation of clinical and para medical check-ups. • Maintain functional the various auxiliary services and strengthen their capacity to care, and reduce the transfer rate to Tindouf. 			
11. Actual outcomes achieved with CERF funds			
Outcome 1: Shelter - 1000 vulnerable refugee families receive the material to sew and build their tents			

With the funds received from CERF, UNHCR made a request to the Supply Management System at HQ for purchase tent materials and accessories for 1000 most vulnerable refugee families to build adequate shelter.

The specification of the materials was according to the standard established by all humanitarian actors in the camps and the Saharan Authorities. One set consists of one roll of 70 x 1.5m cotton canvas, one roll of 70 x 1.5m blended cloth, 120 m of cotton rope, 2 bamboo poles and 12 iron pegs. The specifications also describe the weight, length and processing of the cotton. Due to quality control procedures, the Invitation to Bid for the Supply and Delivery of Tent Materials and Accessories in Second-hand Containers for UNHCR Tindouf, Algeria' was launched on 11 June 2013. The deadline for submission of offers was 6 September 2013. Based on the combined results of the technical evaluations, PMCS then proceeded to make the financial evaluation of offers from three bidders that were deemed technically compliant by both of the technical teams. As a result of the financial evaluation, the company National Tent House (NTH) in Pakistan was identified as the supplier.

The 1,000 tents have been purchased and the consignment will arrive in May 2014. The Algerian Red Crescent will facilitate the customs process and internal transport of the material to Rabouni camp for the eventual distribution. The second-hand containers used for the delivery of the material will remain in the camp to be utilized for storage purposes.

According to an eligibility list, submitted by the Saharan Authorities, the materials will be distributed to families in the presence of UNHCR. Families are responsible for sewing the fabrics and assembling their own tents. UNHCR will monitor the process through its field teams visiting the families.

Outcome 2: Water - Reduction in water borne diseases by 20%; every refugee receives 20 litres of water per day

UNHCR procured a water truck through the Supply Unit in Geneva and Budapest from VOLVO Sweden using a framework agreement with the manufacturer. The truck's specifications were made by a Logistics and Fleet Management Consultant hired by UNHCR in 2011, with the aim to withstand the harsh desert environment while, at the same time, to adhere to a model that will be easy to service by the available local auto-mechanics and technicians. The truck arrived in the camps in October 2013 and was put to use for the distribution of safe drinking water to the refugee families in one of the camps (Bboujdour). UNHCR monitored the water distribution to the most vulnerable beneficiaries through its several Field staff. By the end of 2013 the average water received by refugees in all five camps was 17 liters per person per day, compared to 15 litres per person per day in 2012, therefore there was an increase of 2 liters per person per day. The use of safe drinking water has greatly reduced the risk of communicable diseases in the camps; however figures of the percentage of reduction are not available.

Outcome 3: Improve medical care in the camps and strengthen the capacity of local health structures through the establishment of functional diagnostic services with the needed means of testing and interpretation of clinical and par-medical check-ups

With the funds received from CERF UNHCR covered part of the 60% of the expressed needs related to the laboratory and X-ray equipment, reagents and consumables. The procurement of the supply of reagents and medical equipment was made locally from Algiers, through a competitive tendering by UNHCR Partner Triangle (TGH). All the goods were delivered to Tindouf by December 2013. The distribution of these medical supplies was done through a regular bi-monthly distribution cycle according to the assessed needs of each hospital and dispensaries. The need of the medical supplies was monitored by the Health Coordinator with the Partner TGH on a monthly basis and distribution reports were submitted to UNCHR. UNHCR's Public Health Coordinator was responsible for the overall monitoring of the health activities.

Outcome 4: Maintain functional the various auxiliary services and strengthen their capacity to care, and reduce the transfer rate to Tindouf

During 2013, access to the first health care for refugees remains stable, with a good access and coverage in terms of health services (one health centre per 8,000 refugees) and one referral hospital for an average of 4,500 refugees. Furthermore, Some improvements in the access to secondary health care has been reported, due mainly to the rehabilitation of the external specialized consultation ward in 2 regional hospitals within the camps, recruitment of 5 specialized medical doctors, and the procurement of new x-ray machine and the repair one which was broken, support to 5 dentistry units (staff, equipment, drugs). Monthly Incentives were paid to 53 pharmacy staff in the hospitals to ensure uninterrupted services. Also, UNHCR funded 8 medical commissions' missions to the camps, covering many specialities, especially those of paediatrics, gynaecology, ENT, surgery, urology and ophthalmology. An average of 7,000 medical consultations was provided and some 600 surgical interventions were performed in the central hospital. UNHCR Partner TGH provided full support to the medical commissions who visited the camps each quarter. The numbers of visits, type of intervention, specialties covered were indicators carefully gathered by TGH and communicated to

UNHCR after each commission.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned and actual outcomes are well aligned.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'NO' (or if GM score is 1 or 0): Sahrawi refugee Women's strong participation in the social life is a reflection of the Saharan society, where women have been traditionally influential. The majority of heads of households are women. The distribution of water to families is done regardless of whether the family is headed by a male or female. Women, being the water custodians in their families, assure that children's needs in water (boys and girls) are properly addressed The same applies to health services, where 61% of staff are female.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
UNHCR has developed monitoring and response mechanism to address the protection concerns of refugees which included prompt intervention with the relevant authorities and partners, and refugee communities and families. In addition UNHCR received a number of technical missions during 2013, such as the Fleet/workshop evaluation in August 2013 through Triangle and ECHO Feasibility Study on Streamlining mechanical workshops/fleet management in the Sahrawi Camps in June 2013WFP/UNHCR. A joint evaluation called the "Joint Assessment Mission" (JAM) between WFP/UNHCR JAM was conducted in November 2013. In addition Water production assessments have been conducted by the partner Solidalidas.	

TABLE 8: PROJECT RESULTS

CERF project information																					
1. Agency:	WFP	5. CERF grant period:	02 April 2013 – 31 December 2013																		
2. CERF project code:	13-WFP-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing																		
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded																		
4. Project title:	Support to Sahrawi Refugees in Algeria																				
7. Funding	a. Total project budget:	US\$ 66,369,081*	d. CERF funds forwarded to implementing partners:																		
	b. Total funding received for the project:	US\$ 38,698,797*	▪ NGO partners and Red Cross/Crescent: US\$ 316,896																		
	c. Amount received from CERF: <i>*after budget revision</i>	US\$ 2,073,336	▪ Government Partners: US\$ 0																		
Results																					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).																					
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>																		
a. Female	75,806	75,806	The planning figure of UNHCR and WFP is 90,000, however WFP provides an additional 35,000 rations every month for the most vulnerable.																		
b. Male	49,154	49,154																			
c. Total individuals (female + male):	90,000	90,000																			
d. Of total, children <u>under</u> age 5	30,000	30,000																			
9. Original project objective from approved CERF proposal																					
<p>With the purchase of wheat flour and barley, the CERF funds will allow the distribution to the refugees of a complete food basket under the GFD activity for the months from March to May 2013. The specific objectives of the GFD activity are to improve food consumption for the most vulnerable refugees who are almost completely dependent on external support. Within this context, given the persistence of high levels of acute and chronic malnutrition, anaemia and celiac disease, WFP's general food ration includes fortified wheat flour and super-cereal. The GFD food basket is detailed in below table.</p> <table border="1"> <thead> <tr> <th>Commodities for the General Food Distribution Activity</th> <th>General Food Distribution Ration (gr/pp/day)</th> </tr> </thead> <tbody> <tr> <td>Cereals (wheat flour 266 gr, barley 67 gr and rice 67 gr)</td> <td>400</td> </tr> <tr> <td>Pulses (beans, lentils and chickpeas)</td> <td>67</td> </tr> <tr> <td>Vegetable oil</td> <td>31</td> </tr> <tr> <td>Sugar</td> <td>33</td> </tr> <tr> <td>Supercereal (CSB+)</td> <td>33</td> </tr> <tr> <td>Total</td> <td>564</td> </tr> <tr> <td>Kcal</td> <td>2,166</td> </tr> <tr> <td>% kcal from protein</td> <td>12</td> </tr> </tbody> </table>				Commodities for the General Food Distribution Activity	General Food Distribution Ration (gr/pp/day)	Cereals (wheat flour 266 gr, barley 67 gr and rice 67 gr)	400	Pulses (beans, lentils and chickpeas)	67	Vegetable oil	31	Sugar	33	Supercereal (CSB+)	33	Total	564	Kcal	2,166	% kcal from protein	12
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Sugar	33																				
Supercereal (CSB+)	33																				
Total	564																				
Kcal	2,166																				
% kcal from protein	12																				

% kcal from fat	16
Number of feeding days per year	365

The CERF funding will ensure that the complete food basket with all the commodities will be distributed during the months from March to May 2013; planned purchases are 2,816 mt of wheat flour and 909 mt of barley, all other commodities in the food basket are available at the camps, purchased with or received in kind from contributions from other donors.

10. Original expected outcomes from approved CERF proposal

The expected outcome for the GFD activity is the distribution of commodities in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions. The proposed use of the CERF funds is to cover a well-defined food pipeline shortfall (2,816 mt of wheat flour and 909) of the GFD activity for the period between March and May 2013. Once the CERF funding is confirmed, the expected distribution outcomes, that include quantity, quality and timeliness criteria, are as follows:

Outcome 1: The GFD activity is completed with the full food basket for the period from March to May 2013, with the distribution of 125,000 general food rations per month as a % of the planned figure; the output expected is 100% of planned rations are distributed.

Outcome 2: The tonnage of food distributed target is 2,138 mt per month for the GFD activity and 100 percent in line with the commodity ration size; the output expected is 100 % of planned tonnage and commodity rations are distributed for the three months.

Outcome 3: WFP will also improve the household food consumption score (FCS) over the assistance period, with a target of at least 80 percent of the households maintain a borderline consumption of 28.5.

11. Actual outcomes achieved with CERF funds

Outcome 1: 125,000 full food basket from March to May 2013 100% distributed

The CERF funds allowed the procurement of 1,120 mt of barley and 3,592 mt of wheat flour. The higher than planned tonnage purchased resulted from the very favourable market prices of the commodities, at the time of the purchase. During the period, 124,960 complete food rations were distributed under the GFD activity during the months of April and May. During the month of March, the ration was short by 3 gr/pp/day for the cereals and part of the wheat flour ration had to be replaced with barley.

Outcome 2: tonnage of food distributed target is 2,138 mt per month for the GFD activity and 100 percent in line with the commodity ration size, the output expected is 100 % of planned tonnage and commodity rations are distributed for the three months

The tonnage of food distributed was 100 per-cent in line with the commodity ration size target for the months of April and May, while in March there was a decrease in the wheat flour ration (from 300 gr/pp/day to 263 gr/pp/day) partially compensated with an increase in barley ration (from 33 gr/pp/day to 67 gr/pp/day); this resulted in a reduced overall cereal distribution in March (397 gr/pp/day in lieu of 400/gr/pp/day, equivalent to 2,102 mt). Over the three months, the food basket distributed covered 99% of the planned needs.

Outcome 3: Household Food consumption score (FCS) is improved over the assistance period, with a target of at least 80 percent of the households maintain a borderline consumption of 28.5

During the reporting period, at least 80% of the beneficiaries maintained an acceptable FCS which is above the 42 % threshold; the results of the FCS average over the period March and May 2013 are: Acceptable 92.20, Borderline 3.42 and Poor 4.38. The monitoring during the period determined that the reason for the high acceptable FCS was the pipeline stability and the inclusion under the GFD additional commodities received in kind, on top of the dry ration (gofio, a toasted maize meal) and the diversified cereals as well as the distribution of fresh food and canned mackerel.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The planned and actual outcomes are well aligned, however more funds (a total of US\$316,896) were given to the implementing partner the Algerian Red Crescent due to the increased tonnage purchased and the increase in transport rate used per mt (LTSH).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Women's role in various aspects of the society is a reflection of the Saharawi society, where women have been traditionally influential, with an important decision-making power. Women were deeply involved in the food distribution process as "Jefas de Grupo" (group leaders) and were responsible for coordinating GFD, managing the food dispatches and the deliveries at the final distribution points (FDP). WFP monitors that all the food entitlements are received by female heads of households. There are 116 distribution points (Bario) in the five camps, each committee in the Bario has eight members: all the 116 committees are headed by females and of the total 928 individuals around 300 are males and 600 are females received regular training on food management and handling. In the GFD there is a predominant presence of women at all levels.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>WFP and UNHCR carried out a Joint assessment Mission (JAM) in November 2013. The report is still in draft form; preliminary findings indicate that the refugees from Western Sahara are still largely dependent on humanitarian assistance to cover their basic food needs and while there seems to be room for some self-reliance activities, there are still groups of people who are extremely vulnerable to food insecurity and need more support than that which is currently provided. The JAM also indicated that there was a major improvement since 2011 with regards to the regular and systematic data collection and monitoring and that, based on the recommendations from the JAM 2011, the general food ration has been highly diversified and two-three types of cereals and two-three types of pulses included in the food basket distributed over the past years.</p> <p>WFP together with UNHCR carry out regular monthly post-distribution monitoring (PDM) visits asking the beneficiaries the same questions and compiling the information in a common data base. Due to security issues and consequent restrictions in movement the main monitoring carried out in the past years was PDM while it was not possible to carry out the dispatch and distribution monitoring. In 2013 WFP/UNHCR upgraded the common database to improve the quality of the data collection and increased the number of visits as follows: 40 in March, 64 in April and 92 in May 2013. Regular PDM reports are prepared, highlighting main findings as the appreciation of the diversified food basket or issues with food distributed (fresh food mainly) or requests for increased ration of rice or sugar. Feedback from these reports, when relevant, are immediately reflected in adjustments to the programme.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNDP	5. CERF grant period:	19 April 2013 – 31 December 2013
2. CERF project code:	13-UDP-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improving Humanitarian Security – Sahrawi Refugee Camps		
7. Funding	a. Total project budget:	US\$ 1,174,273	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,024,273	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 50,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	44	54	*Number of persons who participated in the CERF funded trainings. In fact there were more indirect beneficiaries to CERF funded measurers including UN and INGO humanitarian staff members, and security personnel from the authorities directly responsible to ensure the security of humanitarian workers.
b. Male	44	70	
c. Total individuals (female + male):	88*	124*	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>CERF funds shall be used to fund specific projects and trainings designed to enhance the safety and security of all UN and humanitarian agencies operating in the Saharan camps. The program responds to the CERF Underfunded emergencies provision for funding in support of common security measures for the safe delivery of humanitarian efforts.</p> <p><u>Specific Objectives:</u></p> <ul style="list-style-type: none"> • Maintain full time UNDSS presence within the refugee camps. <ul style="list-style-type: none"> ○ The achievement of this objective depends upon the provision of operational resources to the UNDSS Liaison Officer so that he may remain actively engaged within the camps, with the ability to move, communicate, coordinate with partners, and interact with management and the DO/SMT. The proposed CERF component of the program will make this possible. • Sahel/Sahara SSAFE style training for all UN personnel in the camps in order to communicate, test and validate current security plans and procedures. <ul style="list-style-type: none"> ○ Organization and conduct of a UNDSS Safe and Secure Approaches to Field Environments (SSAFE) style training adapted to the specific needs of the Sahara/Sahel operating environment that incorporates a realistic scenario based exercise t, tests, and validate the security plans and procedures for and UN humanitarian personnel working in the camps. This program will be implemented with the CERF component of the program. 			
10. Original expected outcomes from approved CERF proposal			
Outcome 1: Maintain full time UNDSS presence within the refugee camps			
<ul style="list-style-type: none"> • Presence of fully funded and operationally capable UNDSS Security officers in the Sahrawi camps through 31 December 2013 in order to provide technical security management assistance to UN humanitarian programs. 			

- The organization of secure UN offices in the camps, inclusive with fully developed access control procedures, and rehearsed emergency plans in order to maintain a secure place of work for UN humanitarian agencies.
- The organization of a tactically proficient system of security escorts for UN humanitarian workers moving within and between the Saharan Refugee camps that includes well-rehearsed emergency procedures known to all in order to permit UN and humanitarian agencies to maintain access to program beneficiaries in conditions of heightened risk.
- The establishment of improved coordination mechanisms with local security authorities and actors in order to enable the full implementation of live saving humanitarian programs.

Outcome 2: Sahel/Sahara SSAFE style training for all UN personnel in the camps in order to communicate, test and validate current security plans and procedures

- Preparation and conduct of 5 day SSAFE style training (divided into Spanish and non-Spanish courses of instruction) adapted to the Sahel/Sahara in order to train UN humanitarian personnel in essential security skills in order to enable humanitarian program delivery in conditions of heightened risk prior to 180 days of CERF approval.
- Inclusion of actual UN security plans and procedures for the Saharan Camps within the training in order to ensure that all UN humanitarian personnel are fully informed of the emergency plans and procedures that are in place for their security, in order that they may continue to deliver humanitarian programs in conditions of heightened risk.
- The organization of a realistic scenario-based field exercise to validate existing security plans and procedures in order to test and validate the emergency plans and procedures for UN humanitarian personnel that are in place to enable UN agencies to implement humanitarian programs in conditions of heightened risk.
- Conduct after action lessons learned exercise with participants in order to refine and improve existing security plans and procedures for UN agencies in the Saharan Camps in order to enable continued UN humanitarian program delivery in conditions of heightened risk.

11. Actual outcomes achieved with CERF funds

The Objectives set on the CERF Applications were achieved.

Outcome 1: Maintain full time UNDSS presence within the refugee camps

- The CERF enabled the continued operational engagement of UNDSS in the Tindouf camps through the end of 2013 as called for in the original Algeria underfunded emergency CERF application.
- Establishment of secure UN offices at Weatherhaven and in the Rabuni camp. The offices have an established guard force, and are fully trained in existing access control procedures.
- Sahrawi authority's concurrence to establish tactically sound and efficient escort security system in place of the existing arrangements. Due to delays in official concurrence work will now occur in 2014.
- Realistic scenario based exercises were conducted in the context of the SSAFE Security Awareness Week for all training participants. These exercises included an evacuation exercise organized by UN security management to test and validate their existing plans and procedures.
- The continued presence of a UNDSS officer in the camps for the entire 2013 permitted the establishment of improved coordination mechanisms based upon regular and formal high level (once per month) and technical level (once per every two weeks) interaction with the relevant security authorities in addition to the informal daily interaction between the DSS officer in the camps and the Sahrawi Gendarmerie Nationale. The later was a level of security interaction never before achieved by UN security in the Tindouf camps.
- Improved liaison between UNDSS Algeria and MINURSO for the management of the project

Outcome 2: Sahel/Sahara SSAFE style training for all UN personnel in the camps in order to communicate, test and validate current security plans and procedures

The CERF further enabled the conduct of security trainings as well as capacity building efforts to continue such activities in 2014 and after;

- A five day Sahara specific SSAFE training was conducted from 26 to 31 May 2013 in coordination with UNDSS MINURSO. The trained personnel figures were UN staff (60), INGO (18 international Staff) and Polisario Security Forces (46). This training increased the degree of security awareness among the intended recipients. In consequence Humanitarian Organizations and key elements of the Sahrawi authorities responsible to provide these entities security, are better managers of the security risks to the implementation of essential humanitarian programs supporting the refugee populations of the camps.
- Realistic scenario based exercises were conducted for humanitarian workers in the camps. These exercises included an evacuation drill overseen by the UN security manager responsible for the Tindouf camps.
- A security guard force was organized and trained for the Rabuni protocol facility where humanitarian workers are accommodated.
- The certification of an additional SSAFE certified instructor to provide security training to humanitarian workers in the camps during 2014.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Outcome consistent with plans envisioned in original proposal.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'NO' (or if GM score is 1 or 0): N/A	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
An evaluation of the project that served as basis for the continuation of the project post-CERF has been conducted, and is currently being finalized.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	02 April 2013 -December 2013
2. CERF project code:	13-CEF-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Safe spaces for Saharawi Youths		
7. Funding	a. Total project budget:	US\$ 200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 10,000	▪ NGO partners and Red Cross/Crescent: US\$ 46,000
	c. Amount received from CERF:	US\$ 100,002	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	400	650	N/A
b. Male	600	350	
c. Total individuals (female + male):	1000	1000	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
1,000 Saharawi youths are provided with safe spaces in each refugee camps where they are taught life-saving skills and afforded the opportunity to engage in safe, constructive recreational activities.			
10. Original expected outcomes from approved CERF proposal			
<p><u>Outcome 1: One location per camp is equipped to offer young Sahrawi a range of recreational opportunities by December 2013.</u></p> <ul style="list-style-type: none"> ○ Five locations effectively repaired/refurbished by end year. ○ A set mix of sport/recreational material is delivered at each location by end year. <p><u>Outcome 2: A total of 800-1,000 youths are trained around UNICEF life-saving skills curriculum by December 2013.</u></p> <ul style="list-style-type: none"> ○ A fist training of the implementing NGO is run by May 2013 around life skills curriculum ○ A core group of future peer to peer trainers is identified and trained around the peer to peer life skills training content and methodology by end June 2013. ○ A total tally of 800-1,000 youths has been reached by peer-to-peer and/or adults to youth trainings around the life-saving skill curriculum by Dec 2013. 			
11. Actual outcomes achieved with CERF funds			
Young Sahrawi refugees face serious challenges such as lack of social, cultural and leisure opportunities, coupled with dearth of prospects for the future, making them more vulnerable and causing a proliferation of risk behaviours, delinquency and potential violence in the camps. In this context, and in partnership with the Sahrawi Ministry of Youth and Sports, UNICEF wishes to break the idleness of youth and to strengthen their positive role in the community by providing alternative activities promoting healthy			

behaviours, as well as creating safe spaces where youths can meet and spend their free time in serenity and amongst peers.

Outcome 1:

In collaboration with its partner AFAD, UNICEF strives to make more attractive and safe the youth centres located in the 5 refugee camps. Specifically :

- The youth centre of the largest refugee camp, Laayoune, has been completely renovated and effectively repaired
- 10 football stadiums and 29 volleyball courts were created and installed in various neighbourhoods in the 5 camps (Smara, Laayoune, Boujdour, Aswerd and Dakhla)
- Two cine clubs were equipped with video materials for the youths to be able to both watch and produce videos and movies. The equipment provided include video-camera, photo camera, data show, large size screens, DVD players. The cine clubs are located in two camps: Dakhla, the most remote camp which generally offers less services to its scarce population and Layoune, which is the largest camp, especially in demographic terms.
- A set of mixed recreational material to promote sports and leisure activities has been delivered in the 5 camps including ping pong material, professional football balls, chess equipment, etc.
- 500 items of sportswear were procured for the benefit of 500 youths, half of whom are girls. This has considerably improved the participation of girls to recreational events, as they now feel that they are equipped with adequate outfits for performing sport activities.

A large inter-camps sports tournament bringing together more than 250 young Sahrawis was held. Different sports and activities were proposed such as chess games, table tennis, marathon, shot put, football and volleyball and the winners awarded. This kind of events are used to sensitize vulnerable and at risk youths against harmful behaviours such as drug and alcohol consumption and participation in illegal activities. The sporting activities were combined with drawing competitions whereby youths would illustrate messages on risky behaviours through sketches, cartoons etc. Visibility, sensitisation and information materials such as banners, flyers, posters, caps, T-shirts etc. were provided during the sport event, however they had been not been funded with the CERF.

Outcome 2:

UNICEF and its partners AFAD (supported by an International NGO- International Committee for the development of people (CISP) provided life-saving skills' training to approximately 800-1,000 youths

- A total of 830 youths Sahrawi from the 5 refugees camps were reached and trained on life-saving skills and have acquired the necessary competencies in management and project leadership, have learnt how to manage stress and conflicts, and how to actively participate in the life of their community.
Indeed, to reach the 830 youths, a training of trainers was conducted for a key group of 25 youth leaders coming from all the 5 camps in order to ensure full representation. This was followed by a set of training sessions where more than 125 youths were identified in order to be peer educators. The following self-explanatory graphics illustrate the participation to the life-saving training sessions, by gender, location, education, age group and youth organisation.

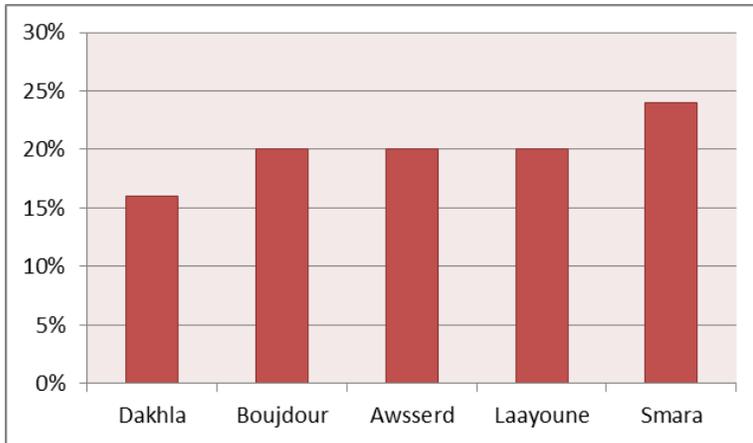


Fig 1: Participation rate of Youth to training session by location (in %)

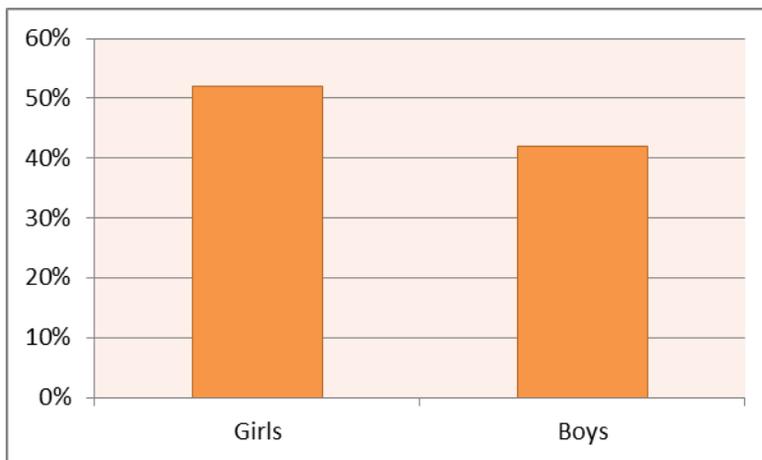


Fig 2: Participation rate of Youth to training session by gender (in %)

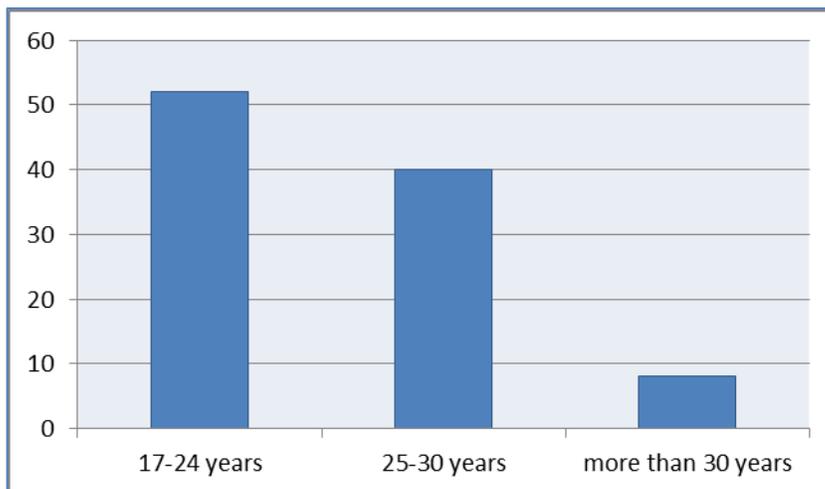


Fig 3: Participation rate of Youth to training session by age group (in %)

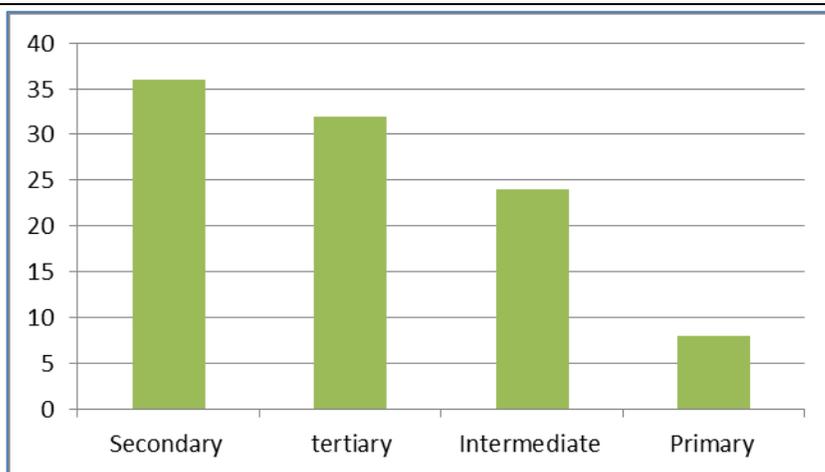


Fig 4: Participation rate of Youth to training session by education level (in %)

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There were two discrepancies between the planned and actual outcomes concerning the renovation of one youth center and the gender of participants of the life-saving skills' training.

The proposal to renovate and refurbish one (1) youth centre per camp (five in total) was reviewed, after a depth assessment carried out by UNICEF's partner (AFAD) and the Sahrawi Ministry of Youth and Sports. Based on which, it was decided to focus on the rehabilitation of the youth centre of Layoune, given that the building was heavily used and becoming unsafe enough for the users. While, the four other youth spaces and centres were judged to be in good shape and, for the time being, not in need of any light rehabilitation as anticipated within the CERF project. As far as the equipment, all centres benefited as planned.

Concerning the gender of youth participants for the life-saving skills training more female youths than male were reached even though the reverse was planned, which is due to the fact that the majority of the Saharawi population is female and thus female youth are more easily reached.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2A: The project activities were implemented taking into account gender. The project results (see above) show in fact an higher participation of girls in all project interventions

14. M&E: Has this project been evaluated?

YES NO

The project has not been evaluated due to its short duration, and the delays in the receipt of the final reports from the technical partners to carry out a joint evaluation. However, a rapid assessment of the short-term outcomes of the project could be planned in the current year. The data presented above has been taken from reports by our national partner Association des femmes Algérienne pour le développement (AFAD).

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-WFP-018	Food Assistance	WFP	Algerian Red Crescent (ARC)	RedC	\$316,896	6-Oct-13	1-Mar-13	WFP financial reporting is done through the Standardized Project Reports shared with all donors in March of each year. What included here is an approximate value; the details on installments cannot be provided as these are done to ARC for all the commodities and not the ones specific to ARC.
13-HCR-025	Multi-sector refugee assistance	UNHCR	Triangle Generation Humanitaire (TGH)	INGO	\$164,068	1-Apr-13	1-Apr-13	A one time payment was paid to the Partner to implement the health activities, which included 9 months incentive for 53 Pharmacists Head of project and driver; procurement of laboratory and X-Ray supplies for the main hospital in Tindouf refugee camp
13-CEF-047	Education	UNICEF	Association des femmes Algérienne pour le développement (AFAD)	NNGO	\$46,000	30-Sep-13	30-Sep-13	A one time payment was issued to the Partner- However, the PCA between AFAD and UNICEF was signed end of august.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFAD	Association des femmes Algérienne pour le développement/ Association of Algerian women for development
CERF	Central emergency response fund
CISP	Comitato Internazionale per lo Sviluppo dei Popoli/ The International Committee for the Development of People
ERC	Emergency Relief Coordinator
GFD	General Food Distribution
HCT	Humanitarian Country Team
INGO	International Non-governmental organizations
JAM	Joint Assessment Mission
LTSH	Land-side transport, storage and handling
MdM	Médecins du Monde/ Médicos del Mundo/ Doctor's of the world
mt	megatonne
MYS	Sahrawi Ministry of Youth and Sports
NGO	Non-governmental Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
RC	Resident Coordinator
TGH	Partner Triangle Génération Humanitaire
UNDP	United Nations Development Program
UNHCR	United Nation's High Commissioner for Refugees
UNICEF	United Nation Children Emergency Fund
WFP	World Food Programme