

EVALUATION OF DG ECHO'S ACTION IN THE SAHARAWI REFUGEE CAMPS, TINDOUF, ALGERIA (2006-2008)



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Maps

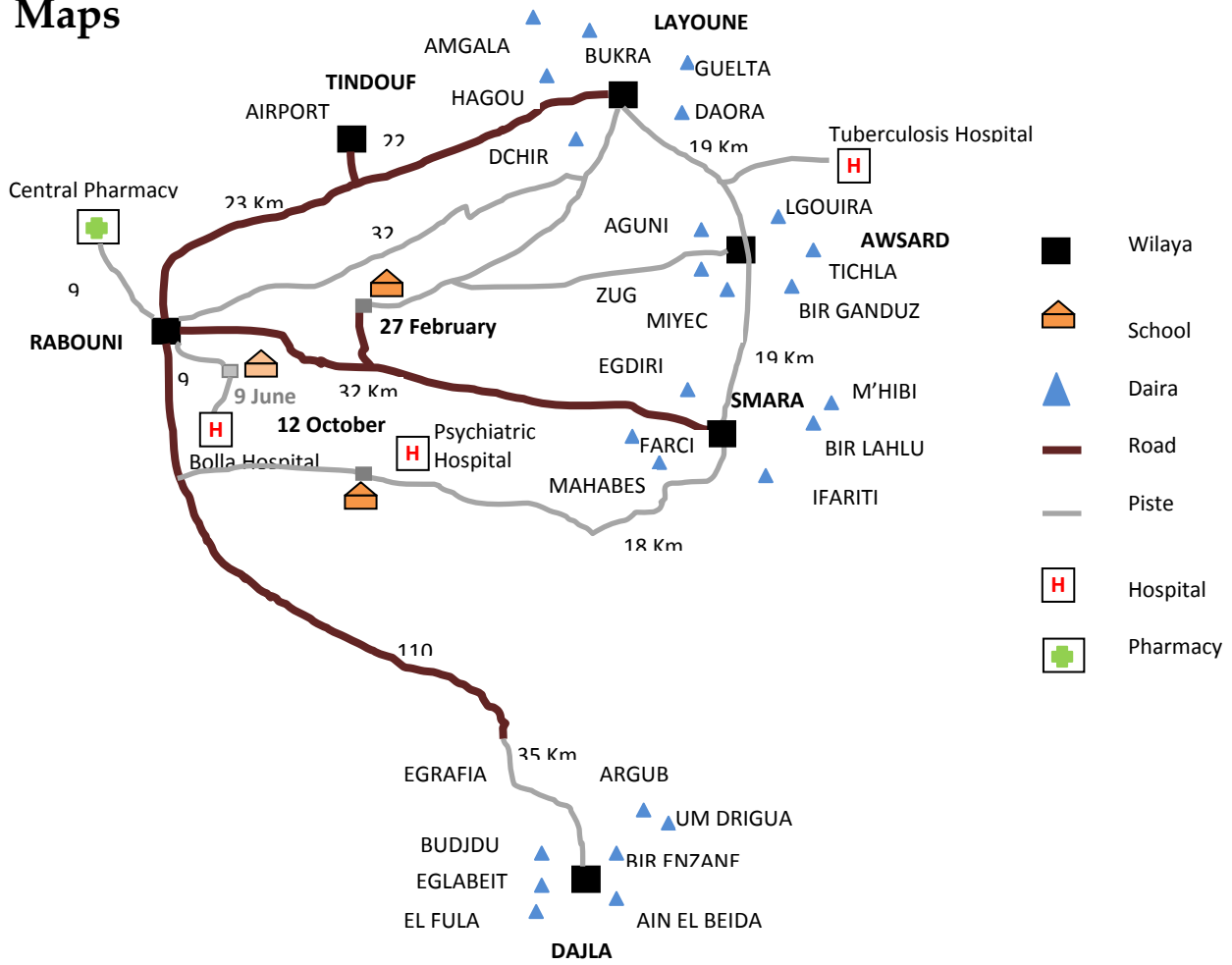


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Abbreviations and Acronyms

AAPS-E	Asociación Amigos Del Pueblo Saharaui Extremadura
AECID	Agencia Española de Cooperación Internacional para el Desarrollo
AFAD	Association des Femmes Algérienne pour le Développement (Algeria)
ARC	Algerian Red Crescent Society
ATTsF	Asociación de Técnicos y Trabajadores sin Fronteras
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
CRE	Cruz Roja Espanola / Spanish Red Cross
DD	Dietary diversity
DDS	Dietary Diversity Scorecard
DG ECHO	EC's Directorate-General for Humanitarian Aid
GoA	Government of Algeria
GFD	General Food Distribution
HEB	High Energy Biscuits
HFIAS	Household Food Insecurity Access Scale
MDM-Spain	Médicos Del Mundo
MDM-Greece	Médecins du Monde
MoH	Ministry of Health
MINURSO	Mission des Nations Unies pour l'organisation du référendum au Sahara Occidental
MPDL	Movimiento por la Paz el Desarme y la Libertad
NCA	Norwegian Church Aid
NFI	Non Food Item
PDM	Post Distribution Monitoring
PRRO	Protracted Relief and Recovery Operation
RMC	Regional Medical Coordinator
SF	Supplementary Feeding
SFP	Supplementary Feeding Programme
SI-A	Solidaridad Internacional Andalucía
SRC	Saharawi Red Crescent Society
TGH	Triangle Génération Humanitaire
UNHCR	United Nations High Commission for Refugees
WASH	Water and Sanitation Hygiene
WFP	World Food Programme
WSB	Wheat Soya Blend

Executive Summary

1. Introduction

1. This report summarises an independent evaluation of DG ECHO's actions in the Saharawi refugee camps which took place between April to May 2009, focussing on the funding provided through the 2006 through 2008 decisions. The aim of the evaluation is to advise DG ECHO on priorities, make specific recommendations for improving the impact of its humanitarian response and provide advice on its strategy for 2009 onwards.

Context

2. The Saharawi Refugee camps represent a unique protracted forgotten crisis with specificities and challenges. Located in a harsh desert region of Algeria, the refugee camps were established over thirty years ago in the wake of the conflict between the Polisario Front –the Saharawi liberation movement- and Morocco in 1976. Since then, residents in the refugee camps have remained heavily dependent on international humanitarian aid. Population estimates range between 90,000 and 200,000 people. The exact number of refugees is a sensitive issue with a political dimension and consequences. WFP has been providing rations for 158,000 people until 2006 and 125,000 after this date. It is important to highlight that politics around the numbers of people in need have negative consequences on humanitarian assistance. The low intensity conflict is at an impasse and with it there are few prospects for change in the humanitarian situation of refugees. The current stalemate in the political settlement of the dispute prevents any prospects of other actors investing in resettlement, recovery or development.
3. Major threats affecting the humanitarian situation include: food insecurity, occasional torrential rains, low food production technologies, and poor food and water and sanitation habits. Options for livelihood strategies are extremely limited in the desert. Working conditions are also difficult for humanitarian agencies that face multiple capacity constraints. Moreover, the health status in the camps is fragile and a dysfunctional health system lacks the basic functions of providing preventive and curative care in an effective manner. Water quality is inadequate, and sanitation and waste management precarious. The absence of beneficiary lists has raised a number of difficulties for agencies and resulted in the need for heightened and what some consider excessive monitoring or auditing to ensure additional layers of transparency and accountability.

The response

4. The current overall assistance to Saharawi refugees amounts to over USD 50 million a year. Of this, Spain provides approximately 20 million. DG ECHO has provided over 143 million euro since its inception in 1993. It now contributes approximately of 10 million euro a year in assistance. Overall, DG ECHO has been the largest donor in the Saharawi Refugee Camps. Its relative importance has diminished somewhat with the increased of aid provided by the Spanish government since 2005. Sectoral coverage has predominantly been food aid, with 51 percent of total aid, followed by water and sanitation with 13 percent and health sector assistance with 12 percent.
5. While NGOs were initially the European Commission's main partners for the response in the Saharawi refugee camps, since 2003 funding for UN agencies has been on the rise and levelled. UNHCR, WFP and, to a lesser extent, WHO and UNICEF are active in the camps. While UNHCR has the main mandate for the refugee camps, WFP is the most active agency with the

most robust programme. WFP's PRRO requires over US\$50 million for a two year period. UNHCR foresees a multi-sectorial assistance programme, including food, transport/logistics, domestic needs, water, sanitation, health, shelter, community services, education, income generation and protection. People living in the camps also receive humanitarian assistance from a number of bilateral donors, non-governmental organisations, other UN agencies, and from the Government of Algeria.

II. Main Findings and Analysis

An overall static humanitarian situation

6. DG ECHO has been involved in providing assistance in the Saharawi Refugee Camps for over 15 years and Saharawi refugees have been in the camps for over twice this period. It has been providing assistance since its very creation and has been the most significant donor. The expectation is that the situation can be improved or changed. Saharawi Refugees, however, as recognized in DG ECHO's most recent decision, remain dependant and vulnerable. After more than 30 years of exile, the reality is that basic needs have yet to be met and that, as sustainability of efforts is so limited in this context, the focus has to still be on the core basic sectors and meeting existing needs in terms of improving health and nutrition through better food intake, improved habits and hygiene. While there is some progress on certain fronts such as water and diversification of food supply, other sectors such as health and education suffer the consequences of a drain of professionals. Prospects for livelihood strategies are severely limited given the context and in many ways the humanitarian situation has not improved.

Minimal prospects for LRRD, recovery or development

7. In this protracted and forgotten emergency, DG ECHO feels trapped in the camps and, given its mandate, almost is. There are no real prospects for a political settlement that would lead to a change in the humanitarian situation and in other actors investing in resettlement, recovery or development efforts. For the EC Delegation in Algiers there are limited prospects for other EC instruments to engage in the camps. The European Union does not recognize the RASD and the Algerian government has no interest in integrating the camps into their structures. In practice, aside from humanitarian aid the EC is currently only funding one project in the camps for veterinary support.

DG ECHO in the camps: An appropriate and necessary involvement

8. The singularity of the situation should not be confused with it not falling within DG ECHO's mandate. The situation in the Saharawi Refugee camps very much does. Part of DG ECHO's mandate is to support refugees where they are in need of assistance and DG ECHO has adequately championed the need for involvement in forgotten crises. It is a file that is not very appealing especially in Brussels because a lot of lobbying is attached to it that requires response and administrative follow-up. If DG ECHO were to change its level of engagement it would only provoke a negative reaction, cause disarray and set the clock backwards in stabilizing programmes in the Saharawi refugee camps. DG ECHO's assistance driven by humanitarian concerns and partner presence on the ground is necessary in this context. The bulk of assistance channeled by other actors effectively undermines much of the progress that DG ECHO partners are striving to achieve as it is adhoc, often disregards local capacities and is not coherent with current programmed efforts.

Increased collaboration with local actors and the Saharawi Red Crescent

9. One of the recognized strengths of the Saharawi camps is the level of organization that helps enhance existing coping mechanisms. There have been ups and downs in relations with local

authorities that prove necessary for the effective implementation of programmes. The current period after 2006 is one of “cordial entente” with increasing collaboration namely through the Saharawi Red Crescent. The SRC is a good ally that has improved all of its processes and strategy. The SRC’s leadership recognizes the issues that are at stake and has persevered in professionalizing the organization. Increased engagement of local capacities and stakeholders is necessary to increase appropriateness, ownership, local capacity and responsibility.

Aid is context specific

10. While the humanitarian system increasingly recognizes that aid must be context specific, the situation in the Saharawi refugee camps exemplifies this fact. There is a great level of incomprehension regarding the situation in the camps especially by actors who have not been in the camps and do not have a full understanding of constraints, problems and pressures. At many levels guidelines are not useful in the Saharawi context because the context is so unique and most standards are designed for short term interventions and emergencies. This may call for different indicators and standards that prove more appropriate for such a chronic humanitarian intervention. Baselines have not been drawn against which progress can be measured as data is lacking or unreliable. UN agencies in particular behave differently due to political pressures.¹

Additional capacity and coordination for humanitarian intervention are crucial

11. Acting as a main constraint to the response is the limited capacity of aid actors on the ground. Lack of coordination, political pressure, donor fatigue and agency fatigue are present and very much related to this capacity issue. Implementation of projects is difficult and slow, as there are logistical challenges and working constraints caused by political and environmental factors. Recommendations resulting from assessments are repeated over time and often postponed or not implemented at all.
12. A key strength is DG ECHO’s technical capacity. It is however not used to its greatest and fullest potential. A lot of effort is spent managing internal differences on criteria and approach. Improving clarity in decision-making procedures and communication to the partners is suggested.

A coherent overall strategy focusing on core humanitarian needs

13. Strategy and concerted planning and action are lacking in the response. This is the case both within DG ECHO and to a greater extent in the camps. Given the limited capacity on the ground and existing problems and constraints, humanitarian assistance objectives should focus on fully covering basic core needs in the main sectors. Currently and after more than 30 years of exile the coverage of basic needs is not guaranteed. Greater overall vision and general coordination are needed before breaking down into sectors and sectoral strategies. Increased involvement in efforts that discuss and cover nutrition is desirable as this component enables DG ECHO to better define its intervention across sectors.

¹As an example, since the January 2007 JAM, no new JAMs have taken place for political reasons so as to avoid the agencies’ executive board. A nutrition mission was carried out in its place April 2009.

Main Findings & Conclusions	Specific Recommendations
Appropriateness	Appropriateness
<p>DG ECHO's intervention in the camps is appropriate. The context is unique in that it has been so long and that standards for coverage are designed for short term situations.</p> <p>Local needs are related to multidimensional problems that require a greater qualitative understanding of issues. Appropriateness involves further tailoring humanitarian activities to local needs.</p>	<p>Further medium term vision should be integrated into DG ECHO's actions in which needs are increasingly addressed in ways that prove more connected and involve further local participation and ownership. (see IV § 49)</p>
<p>DG ECHO is recognized worldwide as a donor that focuses on needs and responds appropriately based on constructive relationships with partners and beneficiaries.</p> <p>In the context of the Saharawi Refugee Camps however, both local actors and partners have questioned DG ECHO's response in this regard.</p>	<p><i>*What:</i> Consideration should be given to building trust with local actors, identifying and sharing common objectives and then using existing local capacity to its fullest potential.</p> <p><i>*How:</i> Centre efforts on sectors in which DG ECHO has majored and has a track record. Efforts and capacity must seek to secure and ensure coverage of needs in the basic sectors in which it is active. (see IV § 49)</p>
<p>The three main sectors of intervention – Food, Health and WatSan - and even Shelter are inextricably interrelated and require greater coherence.</p>	<p><i>*What:</i> The three main sectors have to be programmed in conjunction and based on identified problems.</p> <p><i>*How:</i> To have outside support to push and structure a process that will result in a coherent strategy and plan for addressing these multiple and interrelated challenges. This can be done through nutrition. (see IV, § 50)</p>
<p>The quality of partners needs assessment varied but is generally weak particularly in the nutrition and health sectors. While there has been an emphasis on the lack of quantitative data - which is scarce and often unreliable – fundamental limitations are due to insufficient understanding and qualitative analysis of refugees' situation in the camps.</p>	<p><i>*What:</i> The quality of partners' needs assessment efforts need to be improved <i>*How:</i> through further complementarity and support. (see IV, § 50)</p>
<p>DG ECHO's assistance in the Saharawi Refugee camps is in line with its mandate. At the heart of DG ECHO's presence in the camps is the definition of the Western Sahara conflict as a forgotten crisis.</p>	<p><i>*What:</i> Strategic and concerted joint planning and longer term intervention frameworks with clear responsibilities and results frameworks should be devised.</p> <p><i>*How:</i> further outside capacity and support could be sought in this area including expertise in joint planning and coordination which can be tailored to the needs of this operation. (see IV, § 51)</p>
Coverage – Findings & Conclusions	Coverage - Recommendations
<p>While the very fact of residing in the camps makes a refugee vulnerable, specific groups require additional assistance and are presently insufficiently covered. Current assistance covers mainly basic needs and while sustaining lives, proves insufficient to improve the living conditions of the Saharawi refugees.</p>	<p><i>*What:</i> DG ECHO efforts must focus on ensuring overall coverage of basic needs in the main sectors and try to scale up specific assistance for more vulnerable groups including elderly and children.</p> <p><i>*How:</i> Concentrating on priorities in main areas ensuring regular sustained efforts (including buffer). (see V, § 68)</p>
<p>Evolving partial assistance away from general distribution towards additional targeted support will require intensive awareness raising and negotiation. The benefits of targeting in this context should be ascertained and should outweigh the costs.</p>	<p><i>*What:</i> Participatory methods could be most useful as targeting criteria for additional coverage of the more vulnerable.</p> <p><i>*How:</i> Beneficiaries have the say in recipient selection, distribution or the monitoring of for instance additional food assistance. (see V, § 69)</p>
Effectiveness – Findings & Conclusions	Effectiveness - Recommendations
<p>The level of effectiveness is closely related with the level of partner capacity and has varied across sectors and projects. Overall capacity is lacking but also sector specific especially in terms of potential DG ECHO partners.</p>	<p><i>*What:</i> a specific strategy aimed at increasing existing capacity must be developed.</p> <p><i>*How:</i> a continued effort at headquarter and field level to bring in outside capacity in key sectors (see VI, § 90)</p>
<p>Coordination is required and lacking at all levels.</p> <p>Greater transparency is needed to understand what has proved ineffective and why and to take decisive action.</p>	<p><i>*What:</i> all attempts should be made to prompt coordination at all levels.</p> <p><i>*How:</i> DG ECHO can take a lead catalytic role in establishing increased coordination at the field level. Assuming a lead in coordination efforts, is not an uncommon role for DG ECHO in many other contexts (see</p>

	VI, § 92)
To ensure greater effectiveness in terms of improving the humanitarian situation, there is a need for developing greater understanding of the underlying causes of prevailing problems such as malnutrition. Further sensitization and outreach is needed to positively affect food intake and health status. Increased effectiveness requires mapping how problems are interrelated planning and taking joint action on these.	<p><i>*What:</i> Existing practices are a determining factor and goals should include more effective sensitization and outreach to positively affect certain issues such as food intake, hygiene and health status.</p> <p><i>*How:</i> As an immediate measure a group of partners could be tasked to develop a template of a standard approach for awareness raising. (see VI, § 93)</p>
Efficiency – Findings & Conclusions	Efficiency – Recommendations
<p>The amount of humanitarian funding provided for the operation is considered small in relation to the time refugees have spent in the camps and their deteriorating situation, challenges.</p> <p>Without coordination and joint information systems established for the different sectors, data collection is not complete or collated to provide feed-back for future analysis decision-making.</p> <p>In absence of performance frameworks, data gathered through monitoring systems is not sufficiently used to provide both quantitative and qualitative information that can track progress and inform decision-making.</p>	<p><i>*What:</i> Awareness raising and monitoring should be reconsidered to be more joint and monitoring made more efficient and complementarity sought with greater local participation.</p> <p><i>*How:</i> through promotional activities, training and facilitation of behavioural change, with methods that prove culturally acceptable and do not overburden the beneficiaries but reinforce their initiative and responsibility in processes. (see VII, § 107)</p>
There is a shortage of experienced human resources and limited capacity of partners and local actors. Greater efficiencies can be sought by sharing human resources across programmes particularly during distribution periods.	<p><i>*What:</i> Interventions need to employ a strategy that supports and builds capacity during planning exercises which take place during coordination efforts and field work.</p> <p><i>*How:</i> One key will be facilitated planning exercises with the SRC and local authorities prior to implementation. Other mechanisms can include training sessions for partner and local counterparts so they gain experience in results frameworks, project design and management. (see VII, § 108)</p>
Impact – Findings & Conclusions	Impact - Recommendations
A situation of mainly positive dependency is created in most sectors. The programme’s positive impact would increase with a strategic policy that aims to reduce the level of vulnerability and security through more stable programmes and the provision of buffer stocks.	<p><i>*What:</i> DG ECHO should continue to follow principles of good donorship in the camps, striving to meet existing needs. Its positive impact can be increased with greater strategic involvement.</p> <p><i>*How:</i> Official positions on key issues must be aligned across the organisation and DG ECHO’s presence no longer questioned until there is a real change in the situation. (see VIII, § 126)</p>
DG ECHO's intervention has had a continuous positive impact on the direct beneficiaries. It has helped support family and community life in difficult circumstances.	<p><i>*What:</i> The programme’s positive impact would increase with a strategic policy that aims to reduce the level of vulnerability and security through more stable programmes.</p> <p><i>*How:</i> taking account of people’s coping strategies and strengths. The programme can be more holistic in nature and with other efforts, create understanding and awareness and develop an integrated response to existing needs. (see VIII, § 124)</p>
Connectedness, coherence & LRRD – Findings & Conclusions	Connectedness, coherence & LRRD - Recommendations
At different levels, DG ECHO due to compressed timeframes, separate sectors and project scopes has a compartmentalized view of its actions that do not enable it to sufficiently take a step back and review performance and develop a coherent strategy. Different positions have been sustained by different staff within DG ECHO undermining its coherence.	<p><i>*What:</i> DG ECHO should develop a strategy to ensure that it has a coherent line of action that also facilitates future decision-making. The overall objective of meeting needs and improving humanitarian conditions should be the overriding prerogative.</p> <p><i>*How:</i> An exercise should use all available data and conduct a mapping exercise of causal relationships signalling out DG ECHO’s strengths and potential points of focus. This is the first step to progress, uphold positions with clarity and develop strategies with other stakeholders on the ground. (see Annex V and IX, § 137)</p>
The level of coherence and connectedness is greatly affected by the lack of proper coordination among actors. There is a risk that as	A concrete plan should be established which looks into training of stakeholder staff working in the camps on

<p>nutrition is affected by many sectors it effectively becomes no-one's responsibility. Although, nutrition involves longer term approaches it can prove an effective mechanism to connect the dots between the different projects implemented and give greater coherence to its overall action.</p>	<p>coordination functions, clarity of roles and responsibilities and accountability structure in respect of coordination for staff and the level of authority provided to the coordinating body and monitor amounts of information sharing and joint planning. DG ECHO should not be disengaged from the nutrition protocol or strategy. Nutrition should become a higher priority in which DG ECHO could be more engaged. (see IX, § 138)</p>
<p>There is room for developing greater links with the development of local capacities. SRC monitors and other staff such as social workers and health personnel should be involved and integrated into efforts as much as possible</p>	<p>It is recommended that local capacities and resources should be further identified to help anchor and connect projects, and this affects especially water and sanitation and health sector activities (see IX, § 139)</p>
<p>Visibility – Findings & Conclusions</p>	<p>Visibility - Recommendations</p>
<p>Visibility was assessed as far better in NGO partner projects than in UN agency projects. An exception to this was WFP.</p>	<p><i>*What:</i> Discuss visibility issues with UN agencies. <i>*How:</i> specifically raise key concerns such as the example of the lack of visibility on trucks. (see X, § 143)</p>
<p>There is some evidence that failure to display visibility can be the result of oversight and lack of capacity as opposed to deliberate concealment</p>	<p>Given the existing capacity at the RSO level, further input - once DG ECHO has a position and strategy- could cover visibility and delineate what partners could potentially include in their proposals. (see X, § 144)</p>

I. Introduction

14. This report summarises an independent evaluation of DG ECHO's actions in the Saharawi refugee camps which took place from April to May 2009. The evaluation was commissioned by DG ECHO with the primary aim of assessing the appropriateness, effectiveness, efficiency and outcomes of its actions, focusing on the funding provided through the 2006 through 2008 decisions. DG ECHO has been providing humanitarian assistance for the Saharawi refugees in Algeria since 1993 and has been the most significant donor during this period. Since 2006, it has sought to guide the main sectors of its assistance with further technical support. The last evaluation of DG ECHO's support in the Saharawi camps took place in 2001. These three factors, together with the continued scenario of a protracted response and continued humanitarian needs and engagement, reinforce the need for this evaluation. The focus of the evaluation will be on of three years of sectoral focus of DG ECHO Action Plans. The aim of the evaluation is to provide advice on priorities, make specific recommendations for improving the impact of DG ECHO's humanitarian response and inform its strategy for 2009 onwards.

II. Context

II.1 Displacement and the camps

15. Located in a harsh desert region of Algeria, the Tindouf refugee camps have a population which has ranged between 90,000 and 165,000 persons depending on estimates. The camps were established over thirty years ago by refugees who fled Moroccan forces as they advanced through Western Sahara into Algeria.² A low-intensity conflict continued until the UN brokered a ceasefire in 1991 and vowed to organise a referendum on self-determination within six months. While the ceasefire has held, the vote never took place and the two sides continue to wage a diplomatic war, accusing each other of human rights violations and of sabotaging the peace process. Residents in the refugee camps remain heavily dependent on international humanitarian aid.

16. The Polisario³ emerged in 1973 in opposition to Spanish rule. In 1976, the Front proclaimed the Sahrawi Arab Democratic Republic (SADR). With Algeria's cooperation, it administers the refugee camps around Tindouf as well as the sparsely populated strip of Western Sahara located south and east of the portion of the Western Sahara that is in effect under Morocco's control. Algeria has ceded administration of the camps to the Polisario, which has now governed the camps for more than a generation. The Polisario has full authority over the camps and its residents are subject to the SADR constitution and laws.

17. In addition to the six refugee camps it governs in the Algerian desert, the Polisario controls the sparsely populated 15 percent of Western Sahara that lies east of the "Berm" - a series of Moroccan defensive earthworks and fortifications more than 1,500 kilometers long that splits the territory. There are four main camps known as *wilayas*, - Auserd, Dakhla, Layoune, Smara -

² For a more complete background on the conflict see Annex X.

³ the Popular Front for the Liberation of Saguia el-Hamra and Rio de Oro

each composed of several *daira* or districts. The distance between each camp is a vestige of the difficult initial displacement. As a part of a survival strategy, fleeing Saharawis were initially separated into 11 different camps to ensure that the refugees survived the napalm, shelling and air raids. Auserd, Ayun and Smara are closer to the administrative centre, Rabouni, while Dahkla is located over 2 hours south by vehicle. There is also the 27 February camp which is equivalent in size to a *daira*. It became a camp as a result of the settlement process which took place around the 27 February female school and led many families to move there. It is densely populated and recognised as a camp that is better off, mainly because of the electricity available. Finally, there is an isolated complex known as 12 October, which has a secondary boarding school, psychiatric hospital and vocational training center located south of the Smara camp. Ministries, the Saharawi Red Crescent, the main hospital and the main NGOs are all located in Rabuni. There are governors, known as *wali* at the wilaya level. While the needs and conditions are similar, specific issues, such as access to water, vary from camp to camp and must be factored into strategies which seek to innovate to reduce vulnerability.

18. Saharawi literally means “desert people”. There is a reportedly high level of mobility between the camps and across borders to the so-called “liberated territories” that lie east of the Moroccan fortification, in Mauritania and parts of Mali. An assessment of the conditions of the Saharawi refugees and their prospects needs to factor in mobility, semi-nomadic traditions and cultures and calls for a broader understanding of the situation beyond the camps.

II.2 Conditions

19. The region of Tindouf may be one of the least hospitable places in the world. The harsh climate and desert, with daytime temperatures that can reach 60°C in the summer and gusts of the sirocco with speeds of almost 100 kilometers per hour cause dusty and dry conditions that disrupt normal life very often. The enormous variation in temperature between night and day conditions the type and amount of food and water people need to survive. Conditions are troublesome with regard to basic life which cannot be sustained in this environment. There is very little vegetation and the camps are completely dependent on foreign aid.
20. Based on information provided during evaluation interviews, major threats include: food insecurity, occasional torrential rains, low food production technologies, and poor food and water and sanitation habits. Working conditions for humanitarian agencies are difficult on account of the desert, living conditions and the level of micromanagement on administrative issues exerted by donors and authorities. Assets include the camps’ and authorities’ level of organisation, the Saharawi population’s coping mechanisms, which include sharing, and the high level of safety in the camps.
21. Health status in the camps is fragile. Malnutrition figures remain high: a review of the nutrition and micronutrient status surveys of the Saharawi Refugee camps reveals a high anemia rate among women of child bearing age, pregnant women and children under five (66.4 percent, 76.5 percent and 68.5 percent respectively). These results indicate a public health problem that requires a holistic solution. Moreover, the dysfunctional health system lacks the basic functions of providing preventive and curative care in an effective manner.
22. Tindouf is a military town that is heavily subsidised by the Algerian government. The area is also exposed to disasters caused by sudden torrential rain. In February 2006, the usually arid region of Tindouf was struck by torrential rains and there was widespread flooding. Disaster

23. The climatic conditions, with heat and dust, take their toll on the equipment, leading to high maintenance costs. The low or non-existing remuneration of staff makes it difficult to retain them, and frequent training of new staff is required.
24. Recognising that all attempts to depoliticise aid are necessary, it is important to highlight the negative consequences that politics have on humanitarian assistance and DG ECHO's actions in the camps. There is currently a "numbers game". The exact number of people living in the camps is disputed. At the beginning of 2006, the number of refugees receiving basic aid was 158,000. WFP and UNHCR currently use 125,000 as a planning figure for assistance in the camps. In September 2005, WFP revised the Tindouf "caseload" downward from 158,000 to 90,000 citing "the absence of a census" of camp residents." In 2008, the WFP stated that it would "provide 125,000 general food rations to the most vulnerable refugees in the camps in the Tindouf area." It should be highlighted that the 2008 figure did not comprise the total population, but only the "most vulnerable refugees" in the camps. Algeria's official figure for the number of refugees in the camps is 165,000. Morocco alleges that these numbers are inflated and urges the UN to conduct a new census and UN agencies to limit their assistance to 25,000 to 30,000 people, if anything.⁴ For the Saharawi authorities, the census should only take place as part of the overall peace settlement process. Recalling that this is MINURSO's main mandate, they condition the exercise to part of a solution to the conflict. Authorities currently only share beneficiary lists with the most trusted organisations. The absence of numbers and beneficiary lists has raised a number of difficulties for agencies and resulted in the need for heightened and what some consider excessive monitoring or auditing to ensure additional layers of transparency and accountability.

II.3 The response

- **UN agencies and mandates**

25. UNHCR, WFP and to a lesser extent, the World Health Organization (WHO) and the United Nations' Children's Fund (UNICEF) are active in the camps. While UNHCR has the main mandate for the refugee camps, WFP is the most active agency with the most robust programme.
26. Protection of uprooted or stateless people is the core mandate of UNHCR. To ensure the basic human rights of vulnerable people and prevent them from returning to a country where they could be prosecuted. In the longer term, the organization helps civilians repatriate to their homeland, integrate in countries of asylum or resettle in third countries. The UNHCR office in Tindouf assists in the legal documentation of refugees, provides legal advice and training with regard to sexual and gender-based violence, and, in 2007, began training the Polisario police on international refugee law and human rights law. Due to the long term nature of the Saharawi

⁴ M'hamed Hamrouch, "Le Maroc exige le recensement de la population de Tindouf, " Aujourd'hui le Maroc, August 10, 2008

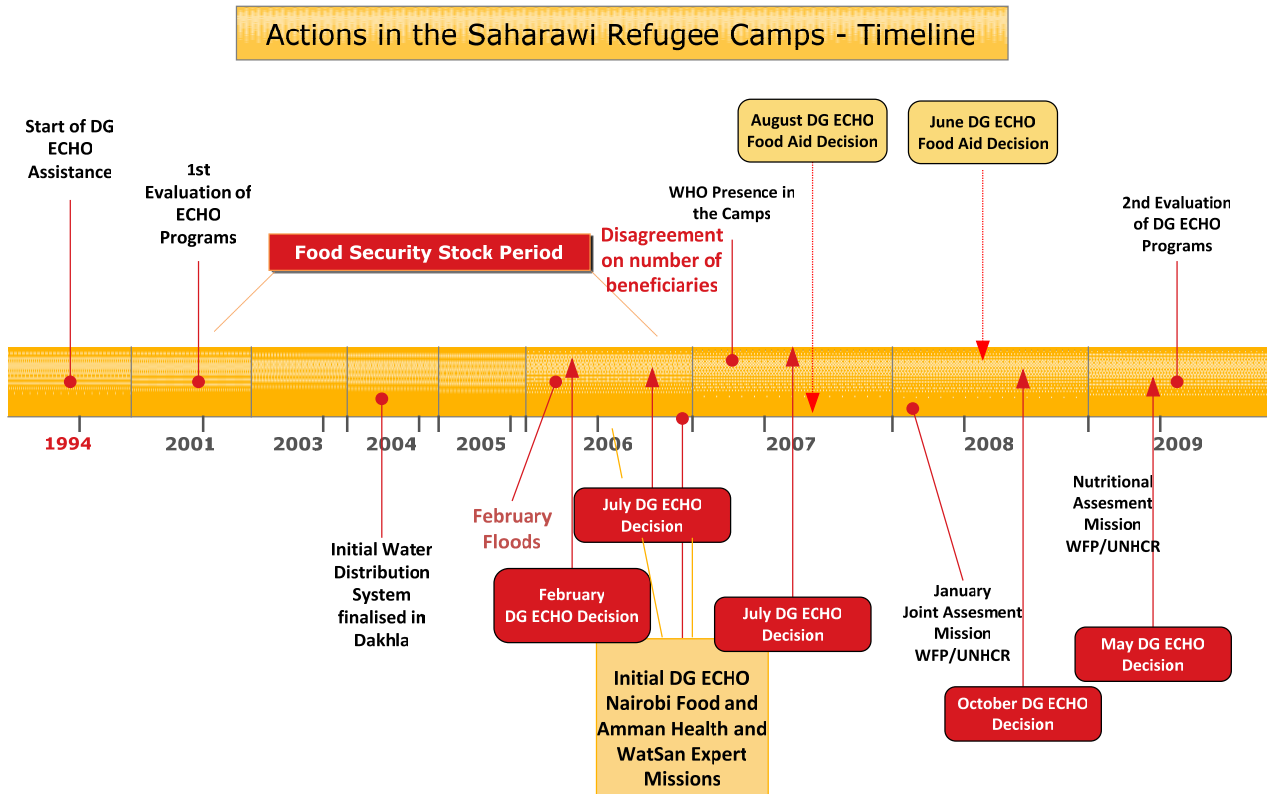
crisis, UNHCR implements a multi-sectorial assistance programme, including food, transport/logistics, domestic needs, water, sanitation, health, shelter, community services, education, income generation and protection. Since the initial idea was that it would be a temporary situation, no refugee registration per se has ever been conducted; therefore UNHCR has been using 158,000 as the working number of refugees in camps in Tindouf. UNHCR's programme for the Sahrawi refugees living in the camps in Tindouf through 2008 and 2009 "supplements" support for the refugees by governmental bodies and NGOs. The main activities within this programme include the provision of supplementary food, the distribution of butane cooking gas and support for health and nutrition services. As previously mentioned, in response to the DG ECHO query, UNHCR and WFP decided to distribute 125,000 rations to the most vulnerable refugees in November 2007.

27. In the water supply sector, most likely due to a realisation that there was no immediate prospect for the Saharawis to return, after 25 years of water trucking, the response increasingly shifted to providing distribution networks. An initial failed attempt was made in Layoune, which further raised scepticism for distribution networks, and a system was finalised in Dakhla in 2004. While water trucks are still used and necessary, distribution networks are now the objective and an integral part of the water supply strategy.
28. As the agency responsible for food aid in the UN system, WFP has assisted the Government of Algeria in meeting the basic food needs of the Western Sahara refugees living in the camps since 1986. To date, WFP assistance totals over US\$153 million. WFP's US\$50 million two-year relief operation provides a general food package to the most vulnerable refugees. People living in the camps also receive humanitarian assistance from a number of bilateral donors, non-governmental organisations, other UN agencies, as well as from the Government of Algeria. Because of the harsh, desert environment, the nutritional situation, remains fragile and needs to be monitored closely, particularly of vulnerable groups including women and children.
29. WFP moves food from the port of Oran which is then channeled by the Algerian Red Crescent to the Rabouni warehouses near Tindouf. From this point, it is collected by the Saharawi Red Crescent and refugee authorities who are responsible for dispatching. The food pipeline has been very fragile in past operations.
30. Although MINURSO was created as a mission to organize a referendum, it is now effectively considered a peacekeeping mission. Despite the impasse since 2000, it maintains 495 military and non-military personnel in the Moroccan-controlled area and in the Tindouf camps to monitor cease-fire violations and, together with UNHCR, operates the family visits program and additional confidence-building measures. The Security Council extended its mandate to 2010.

- **History of the response**

31. The timeline below illustrates some key dates of DG ECHO's intervention in the camps. It should be mentioned that throughout the evaluation, references have been made by all actors to explain issues regarding who has been responsible for the file in Brussels and the TA in Algiers. Coincidentally, many events took place in 2006, which is the first year under review within this evaluation. In addition to the floods, disagreements over the number of rations to distribute as part of the GFD and the liquidation of the emergency stock, in 2006, there was almost a breakdown in the relations between DG ECHO and local authorities, which affected partners' operations. In 2006, DG ECHO sectoral support was first provided in the camps and responsibilities changed for the file at the headquarters and field level. Now in 2009, authorities

view the reestablishment of stocks that would decrease the level of vulnerability of the population, as a final step in the process of normalising relations since the 2006 low.

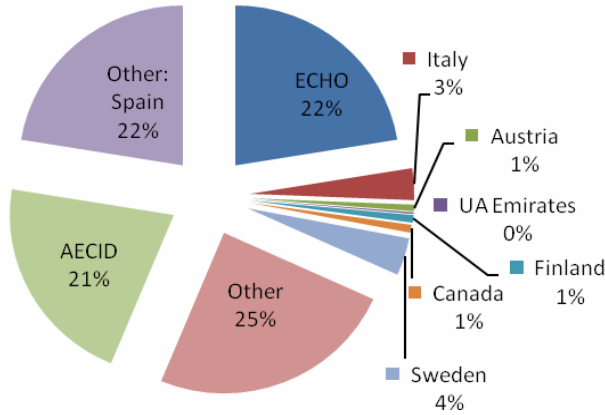


- **Donor involvement**

32. DG ECHO has been the most significant donor. Its relative importance has diminished somewhat with the increased aid provided by the Spanish government since 2005. Given the forgotten nature of the crisis, its aid is critical as aside from Spain, donor response in the camps is limited.
33. Over recent years, DG ECHO has been providing an average of 10 million euros of assistance in the camps. Overall unconfirmed estimates of aid point to roughly a figure of 62 million dollars a year. Amounts, even of official funding are seriously underreported in the FTS. The figures in the graph below are based on both known data and estimates to provide an overview of overall amounts of aid and sources. They are drawn from the following sources: For the EC, primarily direct knowledge of the decision of 10 million euro a year, further supported by data on commitments contained in HOPE, FTS and WFP PRRO resourcing information. For the Spanish funding, direct information from AECID on their own funding and the decentralised. Some of which is registered in the WFP resourcing update but not in the HOPE database or FTS. The third source, which is fully reliable, is the WFP PRRO from which data on other donors' contributions are drawn. As a fourth source, information in the FTS was used to obtain further insight into aid sources. As a bilateral donor, Spain has steadily increased its aid

in the camps since 2005, in line with the current government’s policy of increasing aid overall. The graph offers a view of the share of donors that are usually involved in the camps. While DG ECHO represents less than a fourth of the aid provided in volume, its role is considered far more important by UN agencies, NGOs and local authorities.

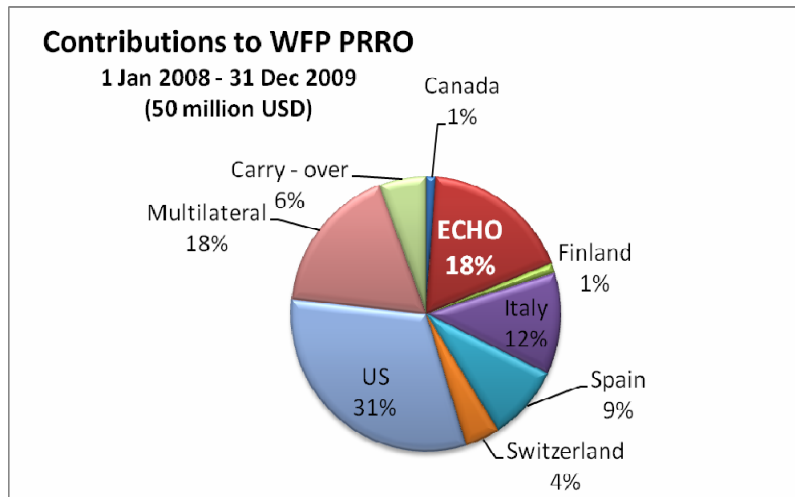
Estimated total assistance in Saharawi Refugee Camps per donor for 2008 in millions of USD



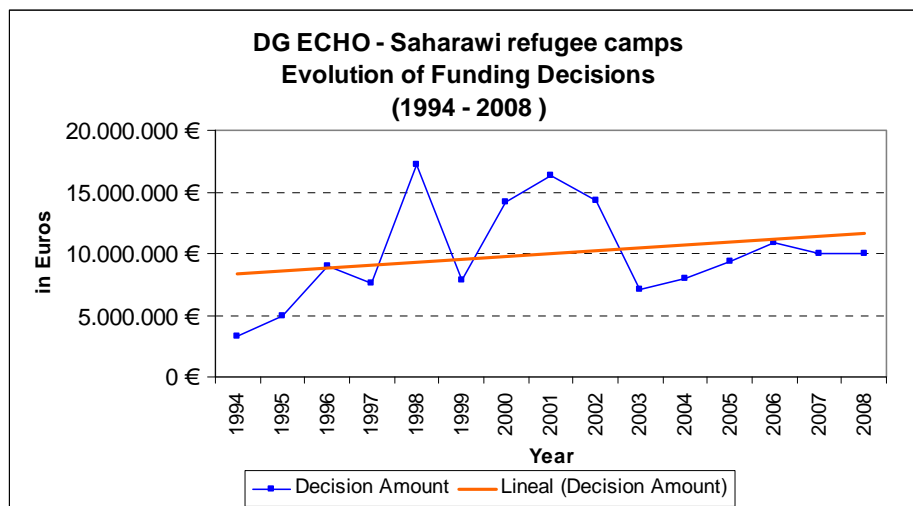
Donor	USD
ECHO	13.980.000,00
Italy	1.990.234,00
Austria	412.131,00
UA Emirates	100.000,00
Finland	473.186,00
Canada	493.583,00
Sweden	2.356.502,00
Other *	15.259.543,50
AECID	13.281.000,00
Other: Spain **	13.980.000,00
Total	62.326.179,50

*The category “Other” includes US funding in 2008 among other contributions.
 **AECID reported that decentralised Spanish aid totalled over 24 million euros, however not all of this was designated to the camps.

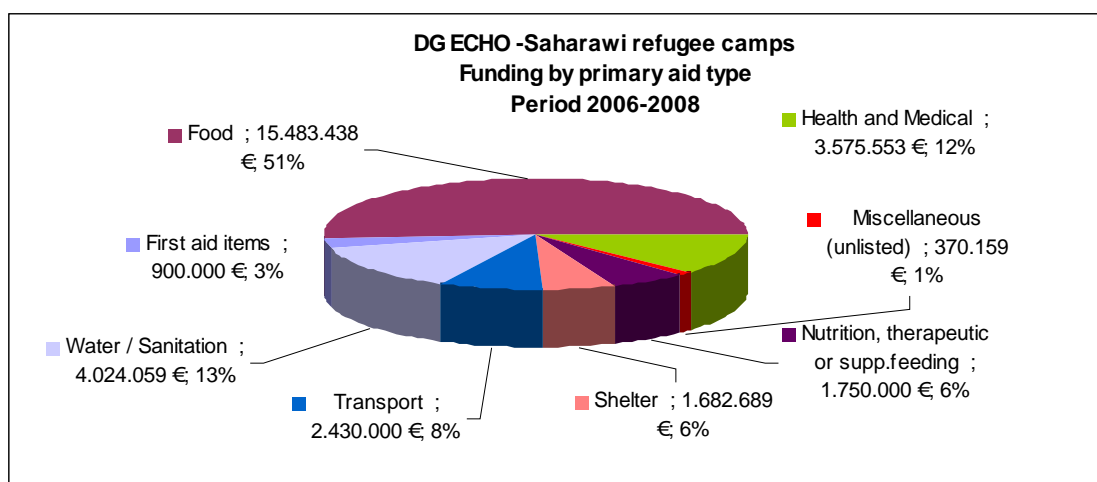
21. In absence of a UN joint appeal, which is not available for the camps, the figure below provides an overview of the current contributions to WFP’s program, which accounts for the majority of the funds required to meet basic needs and is currently over 80% covered. When considering current contributions to WFP’s PRRO, DG ECHO funding accounts for roughly a fourth of WFP’s contributions when including the amounts that are still foreseen to be committed this year.



22. DG ECHO's response has been important since the beginning in 1994 and has provided over 143 million euro. With the design of the global plan decision it has levelled at an average of 10 million euro a year (2006-2009) in practice. The programme peaked in 1998 with 17,200.000 euro and again in 2001 with 16,328.800 euro. Beneficiaries and authorities recall a positive (2001-2002) period in which they received far more aid.



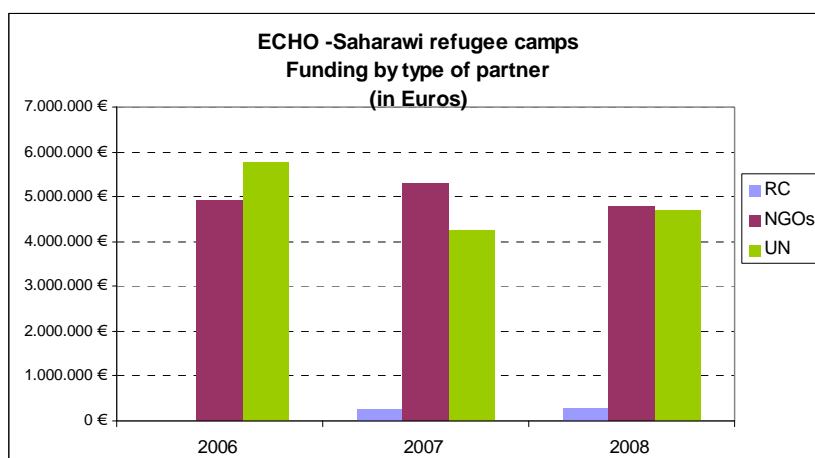
23. Sectoral coverage has predominantly been food aid with 51 percent, followed by water and sanitation with 13 percent and health sector assistance with 12 percent.



Source: Hope database

24. Technical support for three main sectors of intervention - health, water and sanitation and food aid – was provided for the first time in 2006, primarily from the Regional Sub-Office in Jordan. Input for the food aid sector was given by the RSO in Nairobi in the latter half of the year. Despite this additional expertise, it is only in the water and sanitation sector that DG ECHO has a sectoral strategy.

25. While NGOs were initially the European Commission’s main partners for the response in the Saharawi refugee camps, since 2003, funding for UN agencies has been on the rise and levelled.



- **Constraints on the response**

26. The main constraint to the response is the limited capacity of aid actors on the ground. Lack of coordination, politicisation of aid, donor fatigue and agency fatigue are present and very much related to the capacity issue. Due to the context, short term visions have been a dominant factor. These are characterised by a project focus, short financial cycles and lack of sectoral and overall aid strategies. Implementation of projects is difficult and slow, as there are logistical challenges and working constraints. Recommendations resulting from assessments are often postponed or not implemented on occasion. Despite the protracted nature of the conflict, only limited development interventions are foreseen and few efforts have led to sustainable improvements in peoples’ lives.

III. Purpose and Methods

III.1 Purpose

27. DG ECHO has been providing humanitarian assistance to Saharawi refugees since 1993. The last evaluation of DG ECHO's support in the Saharawi camps took place in 2001. During this period, DG ECHO has been the most significant donor in terms of volume of aid. Continued humanitarian needs and engagement on the part of DG ECHO is due to the current impasse in terms of providing a political solution to the Western Saharan conflict. In this context, the evaluation focuses on the validity, effectiveness, efficiency and outcomes of three years of actions that have, in principle, benefitted from additional technical sectoral support from the regional office in Amman. The aim of the evaluation is to provide advice on future priorities, inform the new decision in terms of selection and intervention logic of actions, and enlighten the strategy from 2009 onwards.

III.2 Desk review

28. *Document review against a structured checklist* – A checklist was used to help analyse the content of key documents such as policies, strategies and evaluation reports. Checklists help to ensure comprehensive coverage against the evaluation questions and a consistent approach to document review. The data collection and information gathering process relied on all potential and accessible sources of information. The first phase of the evaluation focused on a document review of DG ECHO decisions, strategies, partner project documentation (contracts, operational reports, etc.), strategies and other secondary sources.

III.3 Interviews

29. *Topic-list and semi-structured interviews* – Topic guides were developed prior to interviews to help ensure systematic coverage of questions and issues by team members working individually. The topics were developed around the evaluation questions, but grouped and targeted according to the organisation or individual being interviewed.

30. The evaluation team also gathered information from random household visits. Surveys were conducted of 45 women in households to compare findings with pre-existing surveys and gather additional information directly from beneficiaries. The questionnaire covers household food insecurity and dietary diversity, together with water and sanitation issues. Findings have been used by the evaluation and are included in the Annex.

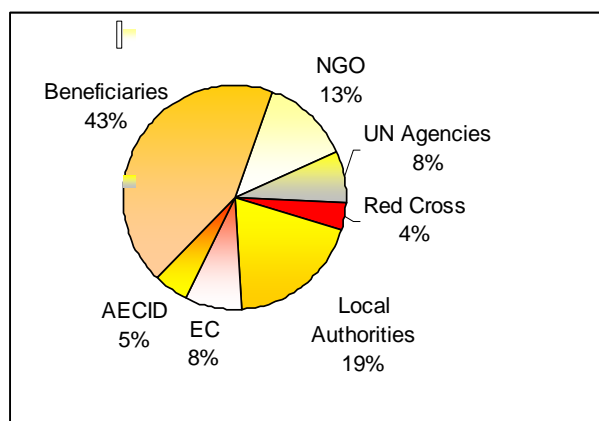
31. Focus groups and informal group interviews were carried out in the health,⁵ food and WASH sectors. An Adapted Nominal Groups technique was undertaken with 12 health professionals from different backgrounds, wilayas and positions.⁶

⁵ An informal group discussion with women in Dakhla focused on perceptions and ideas related to sexual and reproductive health (pregnancy, deliveries), health services acceptability, accessibility and utilisation; and nutrition and hygienic patterns and habits.

⁶ The results are provided in the Health annex.

People interviewed during the evaluation ⁷

	HQ		Field		Total	%
NGO Humanitarian workers	1	19	20		20	13%
UN Agency personnel		12	12		24	8%
RC Movement	1	5	6		6	4%
Local Authorities and GoA			30	30	60	19%
EC personnel	7	6	13		13	8%
Spanish Cooperation (AECID)	7	1	8		8	5%
Beneficiaries			68	68	136	43%
Total	16	141	157		173	100%



III.4 Observation

32. Direct observation was used as a primary tool to gather qualitative data, identify how processes are implemented, collect information on inputs, outputs, behaviour patterns and physical conditions, cross-check responses to questions, and see whether interview methods are eliciting information adequately. Information was contrasted with DG ECHO staff and partners as appropriate to control possible observer bias. Observation was also used for other purposes, including market analysis to gauge availability and value of items/price (food and non-food) in local markets (in all four camps and in Tindouf).⁸

III.5 Constraints

33. There were far less limitations in conducting the evaluation than could have been foreseen. There was unhindered access to beneficiaries and data, with the exception of population figures and neonatal mortality data. The interest and focus was on 2009 and future period vs. 2006 to 2008. The lack of reliability of data prompted evaluators to gather additional data from primary sources. The apparent high level of mobility of segments of the population⁹ was of interest, but the need to focus exclusively on the camps limits appreciation for the full range of existing options and the overall situation. Possible bias was offset by the different tools used and internal findings' review mechanisms.

⁷ For the full list of persons interviewed refer to agenda in Annex.

⁸ Prices are included in Annex.

⁹ See point 5. Saharawis literally means "desert people". There is reportedly a high level of mobility between the camps and across borders to the so-called "liberated territories" east of the Moroccan fortification, Mauritania and parts of Mali. An assessment of conditions of Saharawi refugees and their prospects, needs to factor in mobility, semi-nomadic traditions and cultures and calls for a broader understanding of the situation beyond the camps.

IV. Appropriateness

IV.1 General

34. The objectives of the European Commission's funding have been to improve the living conditions of refugees by ensuring adequate access to basic services and respond to the needs of most vulnerable refugees by providing them with food aid and essential non food items. DG ECHO's assistance in the Saharawi Refugee camps is in line with its mandate. Vulnerability is considerable with elevated levels of malnutrition and anemia, and a high rate of disability within the camp population. After 33 years of exile, the population in the camps faces a situation of chronic vulnerability and is exposed to the harsh living conditions of the Algerian hamada. Sahrawi refugees remain largely dependent on international aid for their survival, notably for securing basic food, tackling nutritional problems, ensuring access to water, sanitation and health, and covering other needs such as shelter and education.
35. The quality of partners' needs assessments varied, but is generally weak, particularly in the nutrition and health sectors. While there has been an emphasis on the lack of quantitative data - which is scarce and often unreliable - fundamental limitations are due to insufficient understanding and qualitative analysis of refugees' situation in the camps. Variation also depends on the level of specific expertise of partner staff and the means deployed to understand needs. Oxfam Solidarités' studies provide good examples of how quality assessments can be carried out in the Saharawi refugee camps and how these and subsequent monitoring efforts can inform future programming. The specific context and working conditions of organisations also affects the level of knowledge of partners and their capacity to carry out proper assessments.
36. At the heart of DG ECHO's presence in the camps is the definition of the Western Sahara conflict as a forgotten crisis. As recognised in DG ECHO policy documents, often long-running conflicts are forgotten or neglected from the start. There is less pressure on governments and aid agencies to act, inevitably skewing the relief system towards high profile emergencies. Redressing the imbalance so needs and vulnerability matter more has been part of DG ECHO's strategy and the philosophy behind the Forgotten Crisis Assessment (FCA). Minimal donor presence and withering agency action have been an issue in the context of the Saharawi refugee crisis especially owing to the protracted and low intensity nature of the conflict. The European Commission's the focus on forgotten or neglected emergencies is in line with its commitment to help the most vulnerable.
37. DG ECHO has been providing assistance in the camps for 15 years, since its very inception. Saharawi refugees have been in the camps for over twice that period. The situation is unique and not without its level of challenges. Specific to the Saharawi refugee camp context is that DG ECHO's approach, as a needs based donor with actions based on constructive relationships with partners and beneficiaries, has been negatively affected. Both local actors and partners express concerns regarding institutional mistrust for this particular operation.

IV.2 Food

38. The Saharawi refugee population is chronically food insecure. The level of food insecurity in the camps is high, as much of the population largely depends on the food aid it receives. Food aid remains a primary concern and diversification efforts are very relevant in relation to the needs. While high rates of acute malnutrition found in recent studies are questionable, there are nevertheless important nutritional problems, mainly in terms of chronic malnutrition (stunting measures) and considerable deficiencies in the child nutrition. Food availability and intake is one of many potential causal factors for malnutrition. Problems linked to childhood stunting include impaired development, lower intelligence, difficulties in school and lower capacity for work in adulthood. The prevalence of anemia is a main concern, particularly among pregnant women. These deficiencies call for specific interventions. There is also ample evidence of poor and inappropriate eating habits which are difficult to address but require continuous awareness raising efforts.
39. Throughout the period under review (2006 to 2008), the level of appropriateness of planned food aid improved as beneficiaries were increasingly consulted on the acceptability, familiarity and appropriateness of food items, and results were factored into the decision-making process and selection of commodities. Examples of this include the diversification in the GFD, with the inclusion of barley and WFP's consultation with the SRC on the type of pulses to be distributed. The latter tends to be a sensitive commodity and decisions are to be based on acceptability and palatability problems, as well as requirements for soaking and cooking times. Instructions on food preparation are also provided to beneficiaries and these tend to have sufficient access cooking fuel¹⁰ and water. The distribution of fresh foods, while relevant, requires greater effort and input to ensure that food can be efficiently used at the household level.

IV.3 Health Sector

40. The health status of population is poor and deficient, mainly due to nutrition and water related problems, as well as to environmental conditions and the low performance of the basic health care system. In that respect, DG ECHO's intervention in the refugee camps during the evaluated period is in line with DG ECHO financial decisions and coherent with DG ECHO's mandate. DG ECHO's most important intervention in the health sector has been the provision and management of essential medicines according to the essential drug list¹¹; including the rehabilitation of the central pharmacy and wilaya pharmacies. A 4 months buffer stock of essential medicines has been recently established, guaranteeing an ongoing security stock and preventing supply ruptures for different uncontrolled variables. In addition, incinerators for medical wastes are operational in the 4 wilaya hospitals and Rabouni hospital.

IV.4 Water and sanitation

41. Sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic use is understandably a priority in the camps and DG ECHO has been the main donor

¹⁰ Butane gas is provided by the Algerian government and UNHCR.

¹¹ The essential drug list has been developed by the MoH based on WHO's essential drug list.

intervening in this sector. The activities supporting the increased and more stable provision of water to the Saharawi refugees are relevant. Considering that the imminent return of the refugees is unlikely, the strategy of implementing piped distribution networks for most of the population is very pertinent - and should indeed have been initiated years ago. The water supply interventions are supported by an DG ECHO strategy, which is appropriate with the focus on transitioning from water trucking to distribution networks. The strategy needs to be updated to reflect the changing situation on the ground.

42. The interventions to support sanitation efforts in schools are very appropriate.¹² Access to adequate sanitation will contribute to improve the health status amongst students (and teachers), and improve the learning capability of the students. Targeting children is also important as they can act as change agents at home, and good practices amongst children are likely also to be maintained in adulthood.
43. The waste management interventions are appropriate, although not necessarily a priority for the refugees. A properly managed garbage disposal system will improve the health of the refugees and decrease the risk of environmental damage. There is a need to further assessment of the dump sites, both their location and environmental consequences. The hygiene kit distribution is appropriate, contributing to reducing hygiene-related diseases, primarily securing the availability of soap and contributing to beneficiary's dignity.

IV.5 Shelter

44. Shelter assistance in the camps mainly consists of the distribution of material and other inputs for *haimas*, the Saharawi tents. This form of shelter coexists alongside adobe construction which has become part of the camps' landscape. Families usually have some form of adobe construction units and a haima. Haimas are technically and culturally adapted to the Saharawi refugee situation. The adobe construction now coexists alongside haimas. The haima is the most appreciated form of shelter for refugees and the one they find best suited for their needs both because they can move them and because they feel haimas offer further protection from the heat and devastating rains. Sewing the haimas is an arduous process which can only take place during certain months of the year when the temperature is warm enough for sewing materials, but not so hot that activity stalls.¹³ The assistance presently distributed appropriately takes into account self-sufficiency and self management aspects, factoring in beneficiaries' important contribution to providing for their own shelter and items that can be recycled from previous haimas. With the exception of the immediate post-emergency response to the February 2006 rains in which tents distributed by UNHCR were considered inappropriate, actions have helped sustain family and community life in difficult circumstances. Questions remain regarding the composition of the material to ensure tents last an average 5 years as they are supposed to, but generally have not. A group of agencies involved in haima distribution – Oxfam (DG ECHO funded), Spanish Red Cross, UNHCR and MPDL – have discussed the issue and have initially detected that a percentage of nylon perhaps makes the material more resistant. Oxfam, however, has justifiably expressed caution on this matter as nylon could also make the shelter more hazardous as it can be hotter and more flammable. Oxfam will carry out an important in-

¹² Due to the low latrine coverage, students were forced to either go home or go to the surrounding areas to relieve themselves, posing both a health risk and potentially a protection issue.

¹³ While practically all women make the tent with the help of their female relatives and neighbours, at a cooperative in the 27 February camp the women were sewing another families tent –both the exterior and the lining – and in total paid an equivalent euro 100 for both. This gives an indication of the considerable work involved.

depth study of haimas in the latter half of 2009 which is expected to shed light on these issues. It is also expected to offer more information to make the assistance more timely, and better aligned to when beneficiaries can better make the tents. With this information and the existing waiting lists for haimas, shelter is a sector in which baselines can potentially be established more easily.

45. It is increasing relevant to improving the situation of the most vulnerable refugees by supplying appropriate shelter. Adobe brick constructions are of poor quality and erode quickly under the rain, but are well suited to the climate and lifestyle and now form part of the habitat. Heavy rainfall has become more frequent and improving building techniques and the design of housing is appropriate. The damage caused by the 2006 rains was also a product of the poor quality of the construction and the inappropriate location of housing and buildings. Dissemination of improved building techniques is appropriate and is well suited to existing needs. Current efforts take into account available materials and have the potential to offer solutions to problems in different sectors. These include infrastructure related issues, especially for the education sector (where DG ECHO again has contributed to basic improvements in specific schools through Oxfam) but also in health, where there is a need to foresee upgraded facilities to accommodate health personnel. At another level, it was observed that the gardens that had proven to be successful had protective walls, and there was a need for households to know how to build these. More importantly, however, shelter is also closely related to habits in the hygiene and food sector. Assessments and progress in the shelter sector could shed more light on existing practices and attempt to improve conditions and raise awareness on better food, health and hygiene habits.

IV.6 Conclusions

46. The sectors targeted by the European Commission's assistance are fundamental and can be considered the most relevant, considering DG ECHO's mandate. DG ECHO's actions are in line with local priorities and its internal policy.
47. Local needs are however, related to multidimensional problems that require greater qualitative understanding of issues. Appropriateness involves further tailoring humanitarian activities to local needs.
48. Needs assessments need to further identify, in a participatory fashion, the differentiated needs of the affected population, including how the aid intervention is expected to support coping and/or livelihood strategies. For example, given the coping mechanisms and habits of Saharawis, individual rations should not be considered the best solution.

IV.7 Recommendations

49. Actions can become more consistent in meeting basic needs. Further medium term vision should be integrated into DG ECHO's actions in which needs are increasingly addressed in ways that prove more connected and involve further local participation and ownership. DG ECHO's intervention should shift towards a more strategic and stable type of aid. After a close rupture or deterioration of relations between DG ECHO and several partners and local authorities in 2006, there has been a recent trend of improving the relationship with local actors. Given DG ECHO's mandate of supporting refugees and forgotten crises and the

likelihood of continued presence in the camps, consideration should be given to building trust with local actors, identifying and sharing common objectives and then using existing local capacity to its fullest potential. Efforts should be focused on sectors in which DG ECHO has played a leading role and has a track record. Efforts and capacity must seek to secure and ensure coverage of needs in the basic sectors in which it is active.

50. The three main sectors of intervention – food, health and water and sanitation - and even shelter are inextricably interrelated. These have to be programmed in conjunction and based on identified problems. For instance, based on the conclusions related to the health status, it appears to be clear that the most relevant health problems are closely inter-related. Therefore food intake, including supplementary feeding, therapeutic feeding and combating anaemia should be linked to water quality, water quality control programs, and hygiene conditions. The elements and awareness of problems are there. There is a need for outside support to push and structure a process that will result in a coherent strategy and plan for addressing these multiple and interrelated challenges. Necessary links among sectors should be identified and supported in efforts which seek to reduce vulnerability in more durable ways. These include recognising, using and strengthening local capacities. The quality of partners' needs assessment efforts needs to be improved through further complementarity and support. This recommendation is linked to coordination efforts, connectedness and coherence.
51. Joint strategic planning and longer-term intervention frameworks with clear responsibilities and results frameworks should be devised. Again, further outside capacity and support could be sought in this area, together with increased involvement from DG ECHO – including agency support provided by RedR, URD and OCHA, or similar expertise in joint planning and coordination which can be tailored to the needs of this operation. In the context of DIPECHO programmes, ongoing partner projects are foreseen to fund external assessments through private consultants at the country level and joint plans which involve stakeholders beyond those that are DG ECHO funded, culminating in national and regional programmes. Much learning by way of processes can be drawn from DIPECHO programmes for stable, protracted contexts.

V. Coverage

V.1 General

52. DG ECHO has 10 partners in the camps on average and three to four are involved in the three main sectors. UNHCR covers many sectors and feels that as lead agency, and given the absence or negligible presence of actors in many sectors, it needs to remain spread out. While the very fact of residing in the camps makes a refugee vulnerable, specific groups require additional assistance and are presently covered insufficiently. Current assistance mainly covers basic needs and while it serves to sustain lives, it proves insufficient to improve the living conditions of the Saharawi refugees.
53. For the time being, history, culture and practice have not favoured targeting in the camps. The evaluation evidenced stakeholders' concern that targeting would imply a decrease in aid when assistance in the camps is regarded as limited on many counts. Either out of concern that information will be used to decrease assistance, or for political reasons related to the refusal to conduct a census which is not part of a political settlement, targeting does not take place for most programmes. Exceptions to this are the shelter, SPF and handicapped programmes, among others. Aside from the assistance for disabled persons, partners no longer have access

to the beneficiary lists they used to have prior to the 2006 breakdown in trust between authorities and DG ECHO. Without population figures, the level of coverage cannot be ascertained.

V.2 Patterns of need¹⁴

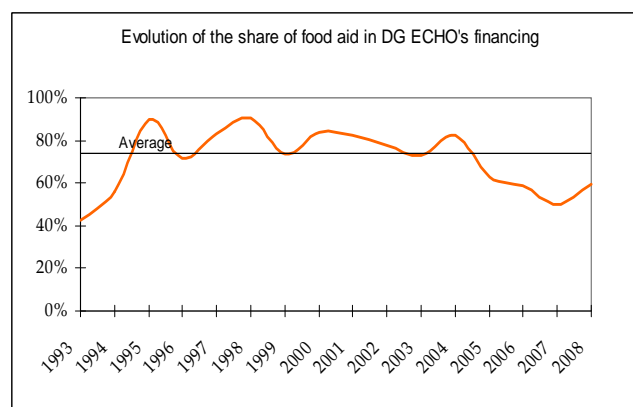
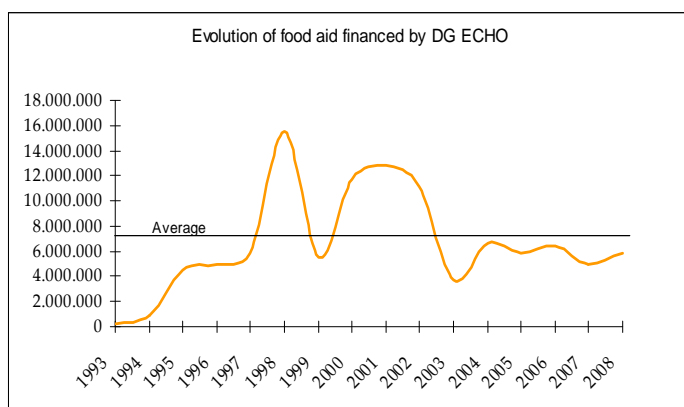
54. Assessments note differences in the level of vulnerability and resources of households in the camps. Female headed households were found to be particularly vulnerable and there were also differences in the levels of vulnerability among members of the same household. The most vulnerable households do not own any livestock and usually do not have a wage earner in the household. Additionally, families that have a member of the household who is disabled are all the more vulnerable. Both the disabled and the elderly are particularly vulnerable during the summer season when much of the population migrates and the heat becomes all the more unbearable and water needs are at their highest. The most vulnerable often rely on the generosity of their neighbours. Smaller families were also worse off in terms of their level of food insecurity. This is explained by the fact that GFD rations are individual and having fewer members with the same household offers less flexibility.
55. Households whose children are sponsored by mainly Spanish families during the summer generally receive in kind or cash support. This assistance is not often reliable, but having children between the ages of 8 and 12 is often a sign of less vulnerability. Families whose children had outgrown this age had additional household items, but were clearly worse off. Vulnerable households may also have a family member working inside or outside the camps, but work as volunteers receiving small incentives, or irregular wages. A marked trend conveyed to the team was the return of migrants to the camps as a result of the economic downturn or the disappearance of remittances. They usually own a few animals and domestic items, yet they have no means to sustain themselves by ensuring a regular income.
56. A small minority of refugees has a family member outside the camps or abroad and receives remittances. The current economic downturn has caused a portion of these refugees to either return from abroad or cease sending remittances. Out of the 45 families interviewed through surveys, two were not food insecure. One had several men in the household working in the administrative centre Rabouni and the other worked for the NGO Triangle. Their daily food consumption includes meat, fish or fruit.
57. Evidence suggests that people in the camps are extremely knowledgeable regarding vulnerability criteria and existing socio-economic differences.

V.3 Food

58. Food aid contributions from DG ECHO have been regular, but stagnant since 2006. Again, 2006 was the year in which DG ECHO ended the security stock. It was also the year in which beneficiary figures for the basic food ration were initially decreased by 40% and then settled at a 20% reduction to arrive at the 125,000 beneficiary planning figure. The GFD for all purposes is general and fresh foods cover 35,000 families. Due to traditional habits, children and women are more vulnerable due to lack of dietary diversity and poor food intake.

¹⁴ As mentioned in the methodology, this section is based on a document review, interviews and direct observation.

59. Based on existing assessments which refer to the HFIAS¹⁵ and evaluation interviews, the level of food insecurity is high. The amount and share of DG ECHO's food aid have decreased over time and are below the historical average. The number of rations also decreased in 2006 however; Spanish food aid increased in 2005 and the United States' food aid increased in 2008. Beneficiaries claim that in the past they were able to go to the *daira* when they ran out of food and that now they no longer have this option as no additional food is available. In practice the previous system offered a good natural targeting mechanism for additional assistance to those most in need.



V.4 Health

60. As estimated by the Ministry of Health (MoH) around 80% of essential needs in terms of medicines, are covered by DG ECHO through MDM-Greece. The rest comes from the Spanish Cooperation, other NGOs, medical commissions and rather irregular and uncontrolled donations.

61. The network of health facilities and the referral system is meant to ensure coverage of health services for the entire population. However, the health infrastructure seems to be excessive and disperse. Coverage is impaired by the state of disrepair of many facilities, the lack of utilities in some, the poor performance of health programmes, and the current shortage of qualified health staff. A total of 13 doctors and 60 nurses indicate a worrisome trend from the 88 doctors and 200 nurses reported in 2006 (RMC report, April 2006). Even by a very conservative estimate of the population, the ratio of staff/population would be very low and threaten adequate coverage. Moreover, low turnover of patients seeking assistance may infer low adequacy of the services provided to address health needs of the population and hence low coverage in meeting the needs of the refugees.

V.5 Water and sanitation

62. Most refugees felt they had access to sufficient quantities of water. The quality of water however is not up to standard in all locations, i.e. the water provided by trucks to family tanks

¹⁵ These include the MDM-E WFP sponsored assessments, the JAM and nutritional assessment report and information gathered by partners in the course of monitoring.

is potentially contaminated, or the water is contaminated during storage. The water in some locations is slightly saline and the content of fluoride, nitrate and iodine needs to be closely monitored, especially the boreholes in Layoune.

63. As mentioned earlier, support for sanitation efforts in schools is important. With a student/latrine ratio of 224 - i.e. 4 to 7 times below the recommended minimum ratio of 1 latrine/30 girls and 1 latrine/60 boys - the coverage achieved in each school is insufficient. Not all schools have been covered yet.

V.6 Shelter

64. The shelter sector is generally found to be insufficiently covered by donors. Criteria for obtaining tents include families who received tents 4 years ago and recently married couples. On average 82.5% of beneficiaries included in the Oxfam programme had received their former tent in 2001, at least 7 years ago. About 14 percent of beneficiaries receiving tents correspond to the latter, but were married in 2005, over three years ago. UNHCR plans to increase coverage in the future.

V.7 Conclusions

65. While all people living in the camps are vulnerable, there are different levels of need in the camps. Given the coping mechanisms and habits of Saharawis, individual rations should not be considered the best solution. The context is unique in that the conflict has going on for so long and that standards for coverage are designed for short term situations. In this instance it proves beneficial for refugees to positively depend on and receive the aid they need.
66. In the Western Saharan conflict, the provision of health, education, equality and protection for vulnerable Sahrawi children requires multifaceted, innovative and coordinated efforts from the international community, governments, and civil society. Coverage is also very much guaranteed by Saharawis themselves sharing across households. Coverage is a problem within households as certain groups, and often children, access less food. Increased targeting will require intensive awareness raising and negotiation.
67. Today, Saharawi children and women are of concern. The cultural and social consumption patterns within the household do not favour women or children in terms of dietary quantity or quality. The disabled and elderly are particularly at risk, especially during the summer season in which people migrate.

V.8 Recommendations

68. DG ECHO efforts must focus on ensuring overall coverage of basic needs in the main sectors and try to scale up specific assistance for more vulnerable groups including elderly and children. This includes efforts to increase safe water supply and the security of aid provided for basic items so that women do not have to worry as frequently about what they will feed their family. In addition, shelter needs should be addressed through the distribution of additional

tents.¹⁶ Rations should not be individualised without a proper assessment as it may negatively affect coverage of needs.

69. New programmes, which are in addition to the general assistance that is already provided, should be devised specifically for more vulnerable people. An example of this is the Oxfam project to provide additional tents to families that were more vulnerable was going to be tested in the latter half of 2008 but that did not take place due to problems ascertaining the amount of aid that was readily available. These new programmes would test targeting approaches and determine whether the methods are feasible and beneficial for the overall objectives of DG ECHO's strategy in the camps. For coverage and targeting in the Saharawi context, participatory methods could be most useful targeting criteria, where beneficiaries have a say in recipient selection, distribution or the monitoring of additional food assistance, for instance. Any future targeting methods should be appropriate and not use best practice for urban contexts as model as this would not be suitable for a refugee camp context.¹⁷

70. A health sector strategy must be devised and measures urgently undertaken to maintain health professionals and ensure health coverage. While not directly providing monetary incentives, DG ECHO could participate in urgently addressing staff motivation and foreseeing other incentives. While this is not a recommendation for DG ECHO to take specific action on, it could contribute to this, among other efforts, by supporting minor rehabilitation of accommodation facilities for professionals. The immediate professional conditions and quality of life of medical doctors and other health professionals (residential spaces in the hospitals) could be improved. The concept of providing some form of support to professionals in this context is not that different from supporting host families who provide accommodation to refugees in other contexts. Additional incentives can be identified locally and include further in-kind support¹⁸In addition, specific specialised medicines could be added to the current provision in the cases of contrasted needs, identified gaps and following the recommendations of the last "*mesa de concertación*". The vaccination coverage should be closely monitored and vaccines available on time. The coverage of nutritional activities and WHO support activities should be critically reassessed.

VI. Effectiveness

VI.1 General

71. The evaluation has attempted to measure the level of effectiveness of DG ECHO's intervention at two main levels: first, determining the extent to which the action achieved its overall declared purpose of "preserving and improving the humanitarian situation of refugees"; second, assessing whether goals can be achieved or expected to happen on the basis of outputs (the immediate results of actions). DG ECHO's actions have been effective in terms of

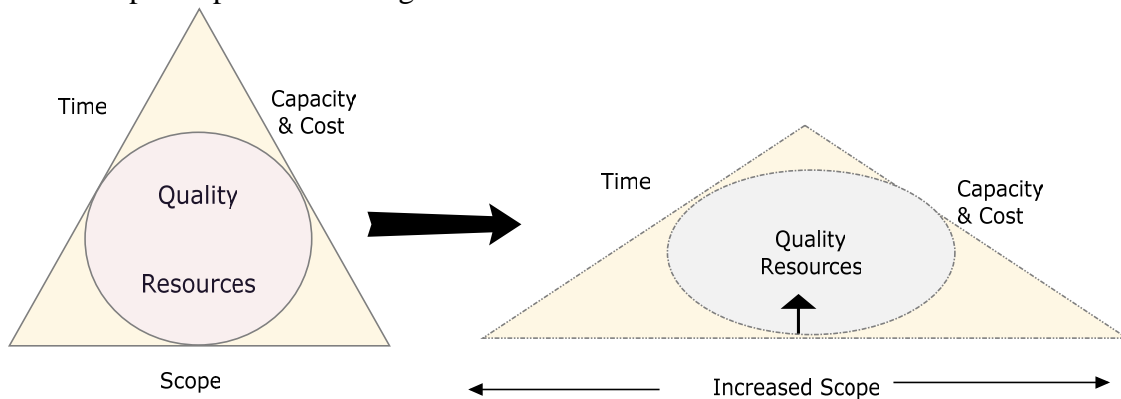
¹⁶ UNHCR has stated its intention to increase its supply of haimas.

¹⁷ Advantages and disadvantages of targeting approaches in urban emergencies were annexed to the RSO Food expert's latest report. For better guidance, it is preferable to refer to recent studies carried out by the Feinstein International Centre and commissioned by the World Food Programme (WFP) on targeting and management of humanitarian food assistance in complex emergencies.

¹⁸ Food and hygiene parcels have been provided in the past. This, however, is not in line with current practice which increasingly foresees aid in the form of vouchers or cash. However, in the context of the camps, aid in kind could still prove an effective measure.

preserving the humanitarian situation of refugees in certain key areas. Actions do help meet the refugees' basic needs for food aid, healthcare, clean water and proper sanitation and shelter. On the basis of the foreseen types of assistance (in terms of outputs) it is difficult, given current conditions, to provide assistance that will preserve, let alone improve, the humanitarian situation. This is due to the toll on refugees with every year that passes in the inhospitable Algerian desert hamada, and the effects of the flight of health and education personnel that affect both health coverage, education and the future of Saharawi children, which are not countered. The role of food assistance, supply of medicines and water supply is clear and these are key areas in which DG ECHO's assistance has been effective. However, the context poses many challenges which are exacerbated over time despite sustained DG ECHO progress since 2006. Mental health is an area of real need that has not been covered and cannot be effectively covered given current capacity constraints. Mental health problems are associated to many existing problems in the camps. There are many indications for example that maternal depression affects infant nutrition and growth.¹⁹

72. Given current fixed implementation periods and limited capacity, any increase in scope, in terms of the measure of work and foreseen goals may have a negative effect on quality and affects resources without additional actions taken to expand time, capacity and/or cost. This relationship is depicted in the figure below.



73. While there is pressure to increase the level of effectiveness and tackle more issues, efforts must go hand in hand with increased capacity and other factors that are less flexible. While capacity is limited, the evaluation has found that with the exception of WFP, UN agencies were ineffective. UNHCR is involved in too many sectors and has proven an ineffective partner for DG ECHO when it directly implements activities and does not rely on NGOs as implementing partners. One such example involves the foreseen purchase of three trucks. Two of the purchased trucks did not meet requirements and proved largely unsuitable and the third was never purchased resulting in a non expenditure of the funds foreseen for the operation. Similarly, UNICEF is mostly absent in the camps and WHO has not had the required public health expertise in place to carry out the foreseen programme.

74. When compared to other sources of funding, DG ECHO's level of effectiveness is greater. This is related to several factors:

1. Assistance has been most consistent throughout the period.
2. Most partners have constant presence on the ground which facilitates more timely, appropriate and effective aid.
3. DG ECHO has experience and monitors for accountability and results.

¹⁹ <http://fex.ennonline.net/34/maternal.aspx>

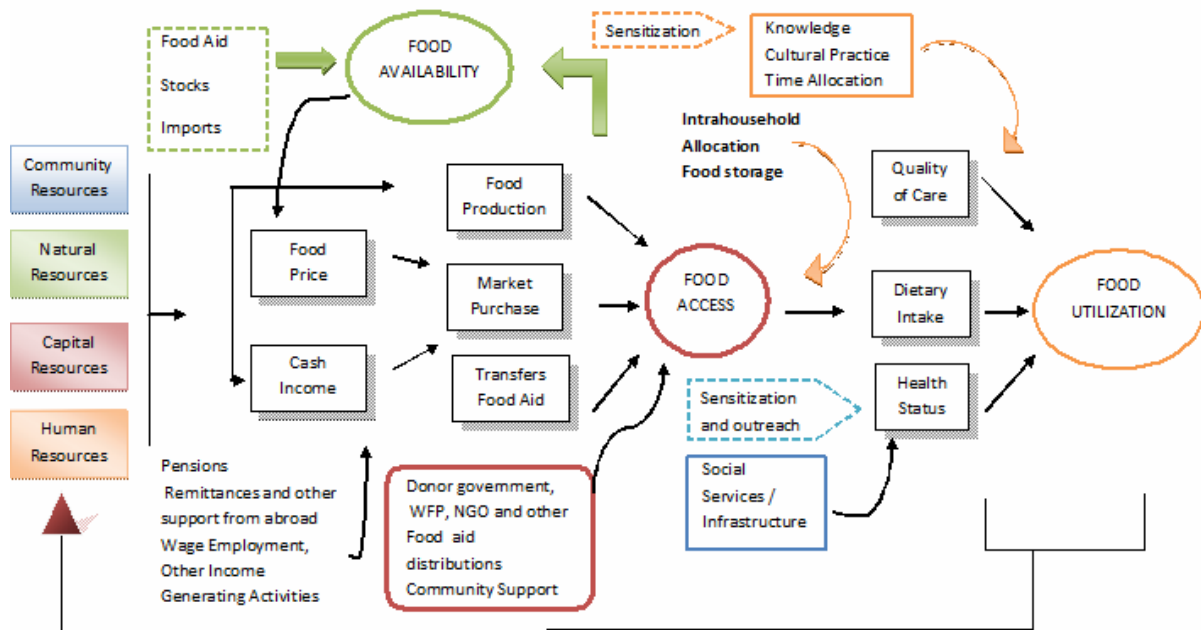
4. Private aid efforts often disrupt more than they assist. Ministry of Cooperation has a “the more the better approach” which runs contrary to aid effectiveness, undermines appropriate aid, creates additional burden on local capacities and causes coordination problems.
75. The large absence of coordination in the Saharawi refugee camp operation is unusual. It is a serious gap that has been highlighted in all assessment missions and by all actors. Aside from the bi-annual mesas de concertación supported by the Spanish Cooperation, which is really only functional and operational in the health sector, and the monthly food aid meetings that take place in Algiers in which WFP, UNHCR the SRC, the ARC, the Algerian Government and donor representatives participate, no other regular mechanisms aside from bilateral or adhoc meetings exist. Examples of the need for additional coordination are abundant. For the Ramadan programme to be effective, UNHCR has to distribute fresh foods as planned at the beginning of the Ramadan. Oxfam-Solidarités’ project foresaw the purchase of barley only to realise that WFP had started distributing this commodity right before their distribution. Specific recommendations have been defined for UNHCR to start overall coordination meetings and sectoral coordination efforts over two years ago. WFP has also been signalled to lead food aid coordination efforts at field level. However, measures are not taken up by UN agencies and the utility of these efforts is questioned by key UN agency staff on the ground.
76. Regarding its relations with other actors, DG ECHO is viewed as the donor with the most capacity that can provide information and recommendations to its peers. All actors consistently felt that the current DG ECHO team in Algiers contributes to the level of effectiveness of their interventions. Partners also mentioned coordination problems however between DG ECHO and AECID in bilateral interviews and again in the debriefing workshop held in Rabouni. The specific examples suggest a lack of coordination between the water supply, the AECID gardening efforts and the provision of fresh foods. Difficulties have been caused by the absence of an AECID coordinator in Algiers and HA staff in Tindouf (only one expert is present) and a similar situation for certain months on DG ECHO’s side due to the several months of sick leave of the key programme manager. Spanish Cooperation unfortunately missed two key Algiers Food Coordination meetings.

VI.2 Food

77. While DG ECHO has been intervening almost exclusively in the food aid sector,²⁰ food security requires a holistic intervention as depicted in the figure below.

²⁰ A poultry farm for egg production was funded until 2006 and is functioning.

Food Security Conceptual Framework

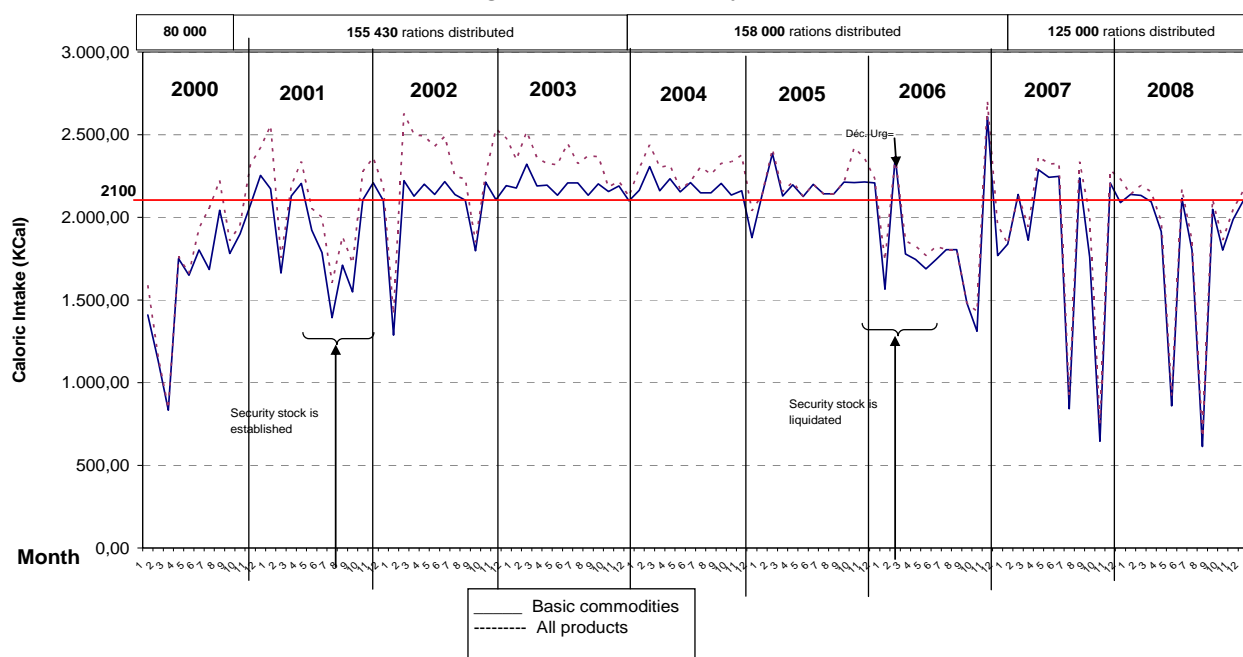


78. In this refugee context, food security is also dominated by the external food aid provided, as productive food capacity is negligible and faces multiple challenges. Under current conditions, despite three decades of exile in the camps, shortfalls and low food aid quantities are the main variables affecting food insecurity. A number of refugees own livestock, but rarely more than a couple of goats. Larger livestock breeding activities require availability of fodder and water which are not available in sufficient quantity. Plans commented by other donors for each household to have a small vegetable garden or engage in some form of minimum food production have not materialised. Food aid therefore has been a key source for effective food access.

79. In the context of food aid, the area that requires constant attention for greater effectiveness refers to food utilization. Existing practices are a determining factor and goals should include more effective awareness raising and outreach to positively affect food intake and health status.

80. DG ECHO has been a key donor towards the GFD. Its level of effectiveness decreased as of 2006 however with the liquidation of the food buffer stock. The graph below shows how the GFD became less effective after the liquidation of the stock in 2006.

Caloric intake of Saharawi refugees based on monthly rations distributed 2000 - 2008



Source: DG ECHO in Algiers based on WFP monthly distribution reports.

81. Although this is a protracted refugee situation and the second oldest refugee caseload in the world, most refugee households are completely dependent on international assistance due to the fact that they are located in a remote desert area with limited access to markets and opportunities to integrate into the local economy and host community. In view of the limited economic opportunities in the camps and the overall agro-ecological and climatic context, the prospects for income-generating and self-reliance activities are constrained. Expectations for a resolution are neither conducive to longer term settlement nor favourable to investments in economically viable activities.

VI.3 Health

82. The level of effectiveness of DG ECHO's projects in the health sector has to be improved. Except for those projects related with the provision of essential medicines, the objectives were only partially met and proved to not be realistic enough in some cases. The complementarity among DG ECHO partners is reasonable; but is not always the case in relation to other donors and actors. Malnutrition projects are a good example of the need for better synergies and complementarities with SFP and other child health programmes ("*niño sano*" for instance).

83. Nutrition and micronutrient status surveys of the Saharawi refugee camps reveal a high anemia rate among women of child bearing age, pregnant women and children under five (66.4 %, 76.5 % and 68.5 % respectively). Based on observations of the camp population and discussions with the health personnel at all levels, high rates of anemia among children and women (especially pregnant and lactating mothers) are still prevalent. These results are high and have constituted a public health problem that requires a holistic solution that has not been forthcoming.

VI.4 Water and sanitation

84. The intervention in the water and sanitation sector has been effective in the sense that the objectives have been achieved. However, this being said, the objectives are very broad, ranging from an objective of improving the refugees' quality of life through access to water, over improved access to school water & sanitation infrastructure and improvement of waste management systems to an objective of improving the hygienic conditions of women. There is no mention of what 'level' of improvements the projects are intended to achieve; and the lack of baseline data makes it difficult to ascertain to what extent the objectives have been achieved.
85. Synergies can only take place when projects are studied and planned together. Although the projects funded under the 2007 and 2008 decisions include coordinating agencies' activities in the water and sanitation sector for instance, no clear outcomes have been produced. A coordination meeting supposedly took place in October 2008, but there have been no follow-up meetings, something UNHCR would be expected to take the lead on.
86. As the distribution network is not designed for using water for gardening or other income generating activities, a forum for coordination and information-sharing is important in order to reduce the risk of other activities jeopardising the achievements. This would be a topic for DG ECHO and UNHCR to pursue further.

VI.5 Conclusions

87. Projects supported by DG ECHO have generally achieved the intended results. This is more the case in the food, WASH and shelter sectors. Aside from the supply project implemented by MDM Greece, health sector projects are largely ineffective. The level of effectiveness is closely related to the partners' capacity. Of the three partners considered the most effective, two are from countries that do not provide bilateral assistance in the camps and face problems increasing their activity given DG ECHO's 80% cap on funding projects. Overall capacity is lacking, but so is sector specific capacity, especially in terms of potential DG ECHO partners. In the EU Consensus on Humanitarian Aid²¹, implementing partners should be selected on the basis of professionalism, experience and capacity to respond to an identified need in order to ensure quality in the delivery of humanitarian aid. UN agencies, aside from WFP, have generally been ineffective. In comparison to the need there are also relatively few organisations that are DG ECHO partners in the camps. The level of humanitarian agency capacity in the camps is low and working conditions are difficult. Overall partner capacity is limited in comparison to the needs and objectives.
88. To ensure greater effectiveness in terms of improving the humanitarian situation, there is a need for developing greater understanding of the underlying causes of prevailing problems such as malnutrition.²² Further awareness raising and outreach is needed to positively affect

²¹ The EU Consensus on Humanitarian Aid http://ec.europa.eu/echo/files/media/publications/consensus_en.pdf

²² In the Saharawi Refugee Camps, nutrition surveys reveal a high prevalence of anaemia particularly among women and elevated rates of global chronic malnutrition (stunting).

food intake and health status. Increased effectiveness requires mapping how problems are interrelated, planning and taking joint action.

89. Coordination is required and lacking at all levels. Partners carrying out complementary food programmes need additional information from WFP and the coordination cell in Algiers. It is equally important that water supply activities be coordinated with the ongoing efforts to improve water and sanitation facilities at health centres and schools. Under current conditions, agencies also cite other priorities and point to their limited capacity. Greater transparency is needed to understand what has proved ineffective and why and to take decisive action. There have been some coordination gaps between DG ECHO and AECID which are also a product of the lack of AECID representative in Algiers.

VI.6 Recommendations

90. To gain in effectiveness, a specific strategy aimed at increasing existing capacity must be developed. Elements of this strategy must include: a continued effort at the headquarters and field level to bring in outside capacity. DG ECHO has been active in this sense, bringing in actors like MDM-Greece. Capacity is also lacking in key sectors like nutrition. Potential partners that could add value, considering the language issue, could be Irish NGOs that like Concern or Goal for example, who may be involved in nutrition and have worked not only in Africa but in Latin America. In forgotten emergencies, it is considered good practice to attract capacity even if the cost is high and this includes funding high administrative costs. DG ECHO should consider it part of its policy to create conditions for additional capacity in forgotten emergencies that engage efforts effectively at HQ level. A good example outside DG ECHO is the Central African Republic in which CERF funds were used to fund NGOs establishing their presence in the country in 2007 and 2008. The Humanitarian Coordinator sought to fully subsidise NGO presence.
91. Attracting capacity must go hand in hand with improving accommodation and professional and personal living conditions. The latter is similar to the recommendation foreseen as an incentive for health professionals to remain or return to the camps. This requires different actions at multiple levels. Support could be offered to the Ministry of Cooperation– with Oxfam’s trained staff or directly through the Algerian partner NGO - to assist in the construction process and/or ensure safety of new apartments built. The most effective and efficient use of the Weatherhaven camp should be sought. Algerian staff currently accommodated there could live in Tindouf. Prefabricated housing could be installed in the campsite to offer additional accommodation capacity. NGO personnel should be able to travel to Algiers every five weeks or so and take advantage of the time to contact suppliers, coordinate with UN agencies, meet with other potential donors including the EC Delegation, etc. In terms of attracting capacity, the 80% limit on DG ECHO funding for the cost of projects should be reconsidered in this instance. Alternatively, the value of in kind contributions from local counterparts, such as the SRC, could be factored into projects to decrease the 20% burden that certain NGOs face. Increased capacity is desperately needed in coordination, and efforts can be deployed in this sense both with additional outside capacity and greater use of DG ECHO capacity. An OCHA consultant to study coordination in the camps and create a system should be pursued. The demand for greater DG ECHO involvement for greater effectiveness also requires DG ECHO to have additional capacity in Algiers to further rotate and accompany efforts in Algiers. Training and consultancy to further assist partners in the field on technical issues and increase

their know-how and engage in joint planning should be pursued.²³ Options include RedR, URD and many private consultancies.²⁴

92. Specifically on coordination, all attempts should be made to prompt coordination at all levels. DG ECHO can take a lead catalytic role in establishing increased coordination at the field level. In the EU consensus, the Commission stresses the importance of good coordination among all the partners responsible for delivering humanitarian aid on the ground, including NGOs, the UN and the Red Cross Red Crescent Movement. DG ECHO should recognise OCHA's lead role and mandates in general, as it does, but coordination is by no means an exclusive UN driven affair. It is also an issue of accountability both to aid recipients and the European tax payer. Does the Commission do its utmost given it has the opportunity to do so without committing additional resources – to improve the effectiveness and impact of aid or does it stand back? Assuming a lead in coordination efforts is not an uncommon role for DG ECHO in many other contexts. In Colombia, for instance, DG ECHO took on a large role in coordinating efforts, which it passed on to OCHA when the latter established its presence. DG ECHO has throughout the period become increasingly at hand in the field and aspires to stabilise its presence. The potential future involvement of OCHA for the purpose of coordination –whether short term to kick off efforts or in the medium term to oversee them - could be positive as most UN agencies are weak in capacity in the camps, especially in knowing how to coordinate. For coordination efforts to be effective, as also foreseen under the cluster system, local authorities must be effectively involved, in addition to the SRC.
93. Finally, existing practices are a determining factor and goals should include more effective awareness raising and outreach to positively affect certain issues such as food intake, hygiene and health status. More comprehensive and effective awareness raising requires further use and strengthening of capacities which are complex to both conceive and implement but should be an integral part of projects. In certain sectors, distribution, availability or increased means in a specific area such as hygienic items or food storage capacity go hand in hand with efforts to prompt positive change. As an immediate measure, a group of partners could be tasked to develop a template, based on existing practice and in consultation with stakeholders, of a standard approach for awareness raising and the benefits in the specific context of joint and simple messaging. Again, Oxfam has studied communication outlets in the past and can provide much insight. Approaches however should further use local capacity – including social workers, women and youth groups and schools, etc. for dissemination. In the medium term, this should be part of an overall strategy that includes advocacy and measures results and outcomes in terms of an improved humanitarian situation. The elaborated strategy should be based on an exercise that has fully “connected the dots,” mapping problems and relations across sectors and regrouping measures and responses so that they gain in effectiveness.

VII. Efficiency

VII.1 General

94. The amount of humanitarian funding provided for the operation is considered small bearing in mind the amount of time refugees have spent in the camps and their deteriorating situation, the

²³ The DIPECHO programme foresees both training and external capacity to help partners increase their capacity and effectiveness and engage in joint planning.

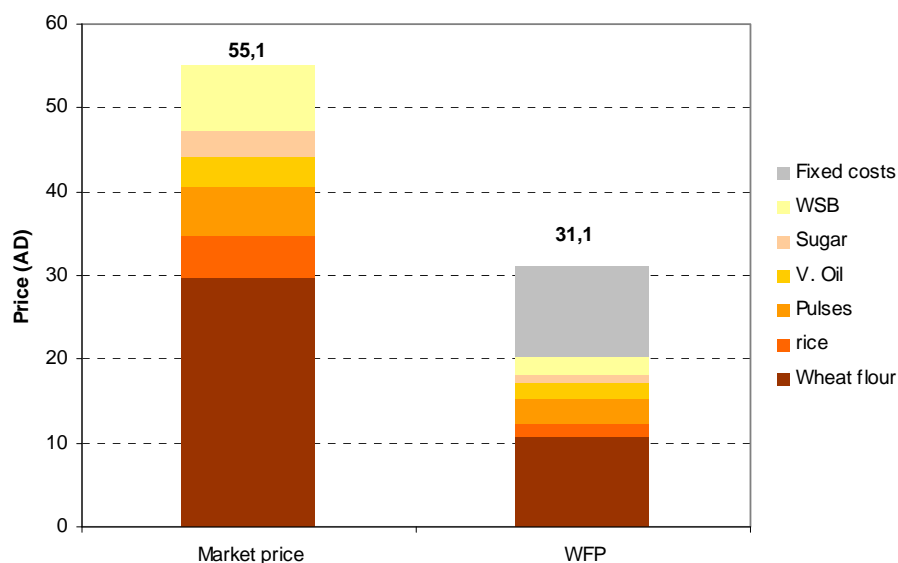
²⁴ These are also mentioned under the assessment of efficiency.

virtual absence of development aid and the numerous challenges posed by the inhospitable desert conditions. The estimated US\$50 million in assistance is the equivalent of between US\$250 to US\$500 per person per year, depending on population figures, or US\$21 to US\$41 per person per month and between 70 cents to USD 1.40 per person per day. DG ECHO contributes to roughly 1/5 of these costs. In terms of DG ECHO's action, the level of efficiency has again varied across sectors. While the level of efficiency in the food sector is satisfactory, there are differences across projects in the health sector, with the provision of essential medicines regarded as the most efficient.

95. With the concept of sharing responsibilities, the ultimate responsibility for practices –food, hygiene and other- lies with all members of the affected population. While the contribution of the local population to aid delivery is considerable, especially the Saharawi Red Crescent, further rationalized participation, without overburdening beneficiaries, is necessary. In the absence of performance frameworks, data gathered through monitoring systems is not sufficiently used to provide both quantitative and qualitative information that can track progress and inform decision-making. In this sense, the efforts put into post-distribution monitoring, which are above all geared toward satisfying accountability concerns for a particular distribution, are not efficient as they do not sufficiently involve local capacities or help provide a holistic view of related problems and efforts.
96. DG ECHO has introduced stringent monitoring guidelines in the distribution processes to compensate for the low level of beneficiary data. These include permanent presence of expatriates throughout the distribution process. Programme and project implementation could be more efficient with more rational guidelines on the need for expatriate personnel at distribution points throughout the entire distribution process. This proves a burden on NGOs who have to juggle to ensure that their personnel be present and not renewing their visas abroad for instance. In addition, knowing that international NGOs are not recognised by the Algerian government and that they will not receive tax exemptions, partners should not have to go through the process of requesting VAT exemption in person in the different administrative departments in Algiers, which in the end implies a further waste of resources. NGOs reported spending almost a week from one department to another to complete the request which has to be done in person. If the situation changes, which based on conversations with the GoA is not likely in the future, partners can be instructed to start requesting the exemption once again.

VII. 2 Food

97. Assistance in the food sector is efficient given the cost of products purchased, the limited operational losses and the contribution of the SRC. Food procurement proves efficient when comparing local prices to overall project budgets both in the case of WFP and for the fresh food distributions. The graph below compares local market prices with the last finalised contract between WFP and DG ECHO. Procurement gains in efficiency when WFP does not have to resort to local purchases as has been the case with vegetable oil.



98. Fresh food distributions are also efficient when compared to market prices. They are heavily dependent on the performance of suppliers however. The context in Algeria and Tindouf makes it difficult for partners to obtain reliable contractors, which are few. Partners involved in the provision of fresh food face greater losses.

99. The inputs that go into monitoring the GFD have slowly materialised. In addition to the foreseen WFP monitors, after two years, the two UNHCR monitors are now active in 2009. People are consulted during assessment or programme design on the acceptability, familiarity and appropriateness of food items, and results are factored into programme decisions on the choice of commodities. There are some difficulties with storing or preserving some foods in the household and this is especially a problem for the complementary food distribution. As in other operations, problems have arisen with respect to pulses, their cooking and palatability. The preparation of some basic items without any condiments was cited as a problem.

100. Supply chain management has greatly improved and monitoring efforts provide evidence that food aid resources reach the intended beneficiaries. Secondary distribution has improved as a result of the Spanish funded ATTSF logistics base to which DG ECHO has contributed trucking capacity. While at the level of Algiers and the food coordination cell, information on the performance of the supply chain is provided to all stakeholders monthly, insufficient information is passed on to actors at the level of the camps leading to some inefficiencies. Beyond the SRC, the level of timely information to stakeholders, including beneficiaries, is below optimal. As a result, inefficiencies were reported in the use of trucking capacity, which returned empty on occasion as commodities had not arrived on time for distribution. Despite the concern regarding inadequate warehousing capacity and plans for replacing containers as storage facilities, operational losses are low, as mentioned above. Care is taken to minimise any losses, and losses are accounted for.

VII.3 Health

101. Regarding the intervention in the Health sector, the essential medicine component of MDM-Greece provides for an efficient use of resources for the distribution of medicines. In

contrast, the rest of the interventions are not efficient. These include malnutrition activities implemented through MDM-Spain, preparedness, training, technical assistance and epidemiology through WHO; and vaccines through UNICEF. Value for money is questionable at the very least. Capacity and efficiency have proven a problem in the health sector and there is a lack of leadership on the part of WHO in the camps. While DG ECHO foresaw an expatriate expert with a public health background, WHO was unable to appropriately fill the position. The result is that the inputs that are provided, which do not remedy the lack of public health expertise or provide incentives to retain or attract health professionals, do not reach the qualitative outputs that are foreseen to achieve basic health sector coverage.

VII.4 Water and sanitation

102. The water supply has become more efficient with the construction of water distribution networks, as opposed to water trucks. The choice of reverse osmosis²⁵ for water treatment is expensive and requires highly-skilled staff to operate and manage the system. As it is already in place, however, it is probably not possible to stop using it. The selected distribution technology consisting of piped systems with tapstands, theoretically providing access to drinking water to those within 150m on a daily basis, is reasonable. However, the rotational system of providing drinking water on a daily basis is not yet fully implemented. Furthermore, for historical reasons, the refugees are using un-sanitary family tanks for storing water. The combination of these factors means that many refugees will continue to consume contaminated drinking water.

103. There is a need to develop a prioritised plan with costs for completing, operating and maintaining the water supply, and for developing the capacity of relevant actors to operate and maintain the facilities. Such a plan would clarify future costs, and could form the basis for a decision to consider if the support should be increased in the short-term in order to save resources on water trucking in the longer term. A plan with budgets would make the future requirements clear to donors and others. A plan with detailed operational costs would also highlight the resources required to maintain the reverse osmosis treatment plant. In case the reverse osmosis plant is found to be too expensive to maintain, household alternatives should be investigated.

VII.5 Conclusions

104. While sustaining lives in this context has proven efficient on the whole and interventions in the food sector and water sector have increased in efficiency, there is room for improvement. With incomplete information sharing and coordination at field level, data is limited on dates and items to be distributed prior to distributions. Aid mobilization processes have improved, although guaranteeing the quality of national suppliers has proven difficult for NGOs in the fresh foods sector for example in which there are few suppliers from which to choose.

²⁵ Reverse osmosis is a process used for reducing the content of salt by using pressure to force water through a membrane, retaining the solute on one side and allowing the desalinated water to pass to the other side.

105. In the health sector, outside the supply of medicines, with the flight of professionals, the cost of obtaining meagre results proves excessive. As DG ECHO has interpreted its mandate with cautiousness, as for example excluding direct support to local health professionals, insufficient measures have been adopted that would improve overall efficiency. The operational capacities of partners are limited and on average only a third of partners have mid-term strategies developed for their interventions in the camps. Recommendations from previous assessments are either not taken up or implemented late.
106. Oversight and monitoring systems are grounded on top-down, rather traditional accountability schemes that place greater trust on personnel based on their nationality. Monitoring and evaluation schemes are not fully established by partners and information is not utilised in an appropriate way to improve programming. Without coordination and joint information systems established for the different sectors, data collection is not complete or collated to provide feed-back for future analysis decision-making.

VII. 6 Recommendations

107. Awareness raising and monitoring should be reconsidered to be more cooperative, monitoring more efficient and complementarity should be sought with greater local participation. All actors responding in the camps should work to enable good healthy practices by ensuring that both knowledge and facilities are accessible, and should aspire to demonstrate that this has been achieved. As a part of this process, beneficiaries should participate in identifying risky practices and conditions and take responsibility for reducing these risks. This is an intensive process that has to be implemented over time but with results and progress that can be monitored annually. In terms of efficiency, beneficiaries and local capacity must be factored in as an input to improve results. This can be achieved through promotional activities, training and facilitation of behavioural change, with methods that prove culturally acceptable and do not overburden the beneficiaries but reinforce their initiative and responsibility in processes.
108. Less non-strategic burden should be imposed on NGOs, or corrective measures should be progressively introduced when DG ECHO considers that the conditions for change exist. This includes monitoring with permanent expatriate presence during post-distribution and the VAT exemption that NGOs have to pursue in Algiers, which interviewees report require them spending several days in Algiers. Given the shortage of experienced human resources and limited capacity of partners and local actors, interventions need to employ a strategy that supports and builds capacity during planning exercises, which take place during coordination efforts and field work. A key component will be the facilitated planning exercises with the SRC and local authorities prior to implementation. Other mechanisms can include training sessions for partner and local counterparts so they gain experience in results frameworks, project design and management. Partners in the camps have far less access to training and learning opportunities than in other contexts. Actors like Groupe URD provide training options that can be tailored to the Saharawi context and in this case, using the quality compass, strengthen project identification and develop a hypothetical model Memorandum of Understanding (MoU) in which responsibilities are defined and actions monitored. A training initiative on project cycle management was carried out by HEGOA in the camps for Saharawis. Trainings are not uncommon but the combination of practical training associated to specific project planning, implementation and monitoring could be explored. Additional

coordination, similar to the sharing that takes place in the framework of DIPECHO,²⁶ around DG ECHO processes and between DG ECHO partners – concept papers, pre-decision workshops, midterm assessment of implementation, external assessment - should be pursued.

109. Greater efficiencies can be sought by sharing human resources across programmes, particularly during distribution periods. A food stock should be established at the currently low prices to ensure timely distribution and avoid having to purchase local commodities at higher prices. Consideration should be given to all possible actions in the health sector that help motivate health professionals. Saharawi professionals are not only more appropriate, but less costly and therefore more efficient. In the current situation, it is necessary to also look at the overall objectives of the humanitarian action - preserving life, preventing and alleviating human suffering and maintaining human dignity²⁷ - and decide accordingly.

VIII. Impact and Results achieved

VIII.1 General

110. DG ECHO's intervention has had a continuous positive impact on the direct beneficiaries and sustained lives. It has helped support family and community life in difficult circumstances. The impact of food rations received in the Saharawi diet is important as all assessments demonstrate that refugees positively rely on the commodities provided. However, in the health sector, impact on a wider scale is limited to the availability of essential drugs. The overall impact of actions is difficult to gauge without reliable epidemiological and health status influenced by a number of factors, including food availability, adequate water and sanitation, healthy behaviour and education.

111. A situation of mainly positive dependency is created in most sectors. Dependency is understood as the inability to meet immediate needs without external assistance. Positive dependency entails “helping individuals, communities, institutions or organizations meet their needs when they otherwise could not.”²⁸ There is a clear case of positive dependency with most of the assistance provided. A causal link however –in some instances weak – can be established between assistance and the flight of health professionals and, to a lesser extent, teachers.

112. For all purposes, the special relationship that DG ECHO maintains with the SRC has had a positive impact in depoliticising assistance and improving accountability of aid at different levels. Assistance channelled in this manner has had a positive institutional impact in the camps where there is an effective voice expressed locally that shares humanitarian concerns. The SRC's role in facilitating effective aid is also an important impact that has taken place in the period under evaluation.

113. Looking at the wider effects of assistance and gender issues, it appears that the progressive inclusion of remuneration in certain areas including NGO staffing has, to a certain extent,

²⁶ Many similarities exist between a protracted situation like the Saharawi Refugee Camps and DIPECHO actions as they are both efforts that are scheduled to be repeated in the long term and face sustainability problems and limitations regarding implementation timeframes which should be longer.

²⁷ The EU Consensus on Humanitarian Aid http://ec.europa.eu/echo/files/media/publications/consensus_en.pdf

²⁸ See Lentz, Food Aid and Dependency: Implications for Emergency Food Security Assessments http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1142287

crowded out women. This trend started before 2006 but has been maintained. As money has become available in the camps and salaries have been established, positions as family breadwinners have been increasingly given to men. Saharawi women organise life in the camps and their position remains important but in relative decline.

VIII.2 Food

114. The impact of food aid on the lives of refugees is considerable as they rely on this assistance for their intake and overall food security. Refugees have been receiving food aid for over three decades. The impact of consuming food aid and few commodities on peoples' health status is unknown beyond existing data on malnutrition and anaemia. In this context, however protracted the situation may be, a positive dependency is established as there is evidence that food aid does not interfere with coping mechanisms. Under current conditions, food aid does not replace remittances or encourage beneficiaries to rely on assistance rather than help themselves. The majority of households are unable to engage in livelihood strategies and rely on food aid despite the fact that commodities, their quantities and timing, have proven unpredictable. There is also no negative dependency in the form of decreased domestic food production – as opportunities for production are negligible- or reduced work effort resulting from DG ECHO's food aid.

115. In the food sector, the impact of assistance may be undermined by practices and the fact that certain groups, especially children receive less food in quantity and quality within the household. The SPF may not sufficiently compensate for existing deficiencies.

VIII.3 Health

116. In terms of assuring the availability of medicines, the impact is undisputable in terms of the most vulnerable refugees' benefit from essential medicines, although little has been done in terms of rational use of drugs, probably one of the determinants that would link drug availability with improving health status. In addition, the evidenced limited capacity in terms of staff, technology and health programs' performance further limits the eventual impact of the current health system in the health status of the population.

117. Aside from securing the drug supply, the positive and sustained impact of the intervention is doubtful. No progress towards a definition of health policies or health system tools has been achieved. The impact of projects has been minimal both on account of capacity issues and poor assessments.

118. Aid has had a negative impact fostering dependency in the health sector and impairing local capacities. Coping mechanisms that were in place provided for Saharawi health professionals have been undermined. The recent introduction of small markets and incentives has changed practice in the camps. While not DG ECHO supported, the frequent presence of external medical missions, the relatively easy referral to Algiers and elsewhere and draining of staff further impairs local capacities. A now unavoidable dependency on external *ad hoc* interventions that are neither properly planned nor complementary, has a devastating impact on the current system.

VIII.4 Water and Sanitation

119. In water and sanitation, a positive impact is evident for the direct beneficiaries of the installed networks and less significant elsewhere. The absence of baselines prevents drawing any conclusions on many aspects of the impact of interventions. In the health sector, no major outbreaks of specific health problems have been reported. However the specific data provided by the MoH for this evaluation allows one to infer serious health problems related with complex factors which include habits and education, food habits, water and sanitation conditions, etc. The extent to which the situation is now worse or better than few years ago cannot be determined. Available data on chronic malnutrition, prevalence of anaemia and the incidence of some diseases are not significantly different from other similar geographical and physical contexts.
120. While water is a priority by all standards, the exact need for water in terms of volume is not very clear due to the lack of accurate population figures. DG ECHO supported projects have greatly contributed to securing water supply and the relatively recent move away from irregular water trucking to more reliable availability of larger quantities of water of better quality will further contribute to alleviating the suffering of the population. Based on interviews, the impact of the construction of water distribution networks has contributed to improving the health status of refugees. The water is available on a more regular basis and is overall of better quality than when water was previously delivered using water trucks. Water trucking however is still used in some locations (parts of Dakhla, in Layoune, and at the outskirts of the camps). Health data to support the importance and impact before and after interventions of providing water in sufficient quality and quantity, however, is not available. Nevertheless, data from other projects indicate for example that improved water supply, adequate school sanitation and improved hygiene indeed reduce the occurrence of sanitation-related diseases. The intervention is contributing to improving the health of students by improving the learning environment.
121. In terms of sustaining the benefits of efforts in the longer-term, considering that consumption often increases when supply increases, there is a need to address other uses of water, i.e. for income generating purposes or for gardening. It is likely that the demand will increase, exceeding the designed capacity of the distribution system. To address this, it is important that other organisations/donors are made fully aware of the limitations of the water supply system, so that new initiatives take into consideration the limited quantity of water available. If gardening is un-avoidable, a voucher system or similar rationing systems should be put in place, allowing for a basic amount of water to be obtained for free, whereas quantities above the basic amount would have to be paid for.

VIII. 5Conclusions

122. The evaluation has very much viewed and assessed DG ECHO within its traditional gap filler approach.²⁹ But DG ECHO can do more. It has the means in place and the motivation at field level and the conditions exist. In the EU Consensus, the Commission confirms its commitment to Good Humanitarian Donorship (GHD) and assesses its implementation of humanitarian aid in a GHD perspective. The letter and spirit of GHD and good donorship in general refers to donors committing “to strive”, which implies doing one’s utmost and making

²⁹ This is not to be confused with mandate creep.

every effort. It is in this light that the evaluation views DG ECHO's mandate, which is very broad in principle and is subject to interpretation and adaptation in practice.

123. DG ECHO actions make a difference ensuring that the most basic needs of refugees are mostly covered in the food, WASH, and shelter sectors and for the supply of medicines. Perceptions from beneficiaries define the assistance as vital. The level of insecurity, however, in relation to the aid has risen. There is little evidence that food aid causes negative dependency in the long term or reduces people's capacity to meet their future needs. Indeed, aside from loss of coping mechanisms in the health sector, claims regarding negative dependency of aid are not proven.³⁰
124. The programme's positive impact would increase with a strategic policy that aims to reduce the level of vulnerability and security through more stable programmes and the provision of buffer stocks. Responses that protect and support food security should be further based on a sound analysis, in consultation with the beneficiary population. Responses in the shelter sector take account of people's coping strategies and strengths. In the health sector, the number of actors involved undermines concerted action and efforts that seek to avoid negative impact. Actions that have involved joint action such as intervention in schools for repairs and water and sanitation have had additional impact. These, however, require greater information sharing and joint planning.
125. Providing students with sanitation facilities and information on the benefits of using these facilities might have a wider impact as students potentially will bring the knowledge back home, slowly changing the sanitation practices at home as well, and thus benefiting the whole household.

VIII. 6Recommendations

126. DG ECHO should continue to follow the principles of good donorship in the camps, striving to meet existing needs. Its positive impact can be increased with greater strategic involvement. Official positions on key issues must be aligned across the organisation and DG ECHO's presence no longer questioned until there is a real change in the situation.
127. The programme's positive impact would increase with a strategic policy that aims to reduce the level of vulnerability and security through more stable programmes and the provision of buffer stocks. Responses that protect and support food security should be further based on a sound analysis, in consultation with the beneficiary population. Responses in the shelter sector take account of people's coping strategies and strengths. A targeted shelter project - which has been viewed as feasible - that seeks to cover more vulnerable households can be more holistic in nature and pursued in conjunction with other efforts that would identify problems, create understanding and awareness and develop an integrated response to existing needs. Based on this pilot approach, if successful, a more complete and holistic response can be increasingly developed to be cross sector.
128. As mentioned when assessing effectiveness, the impacts of the food, water, sanitation and hygiene projects would benefit from enhanced focus on awareness campaigns. These have been initiated but are lagging behind and need to be coordinated.

³⁰ <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp100582.pdf>

129. In the health sector, aid dependency has to be minimized by stimulating and supporting local capacities and promoting responsible ownership. There is room for developing greater links with the development of local capacities. SRC monitors and other staff such as social workers, and health personnel should be involved and integrated into efforts as much as possible. Concerted action should be sought with AECID, a key actor in the health sector that could also rally communities and local entities in Spain behind a common position. The meetings that are foreseen in Spain and bilateral efforts that can be done at both the headquarters and field levels should be pursued.

IX. Connectedness, coherence and LRRD

IX.1 General

130. Connectedness refers to the need to assure that activities take into account longer term and connected problems. The level of connectedness has greatly increased over the past two years, since the end of 2006. Programmes have largely been culturally accepted and respected existing power structures from an institutional point of view. For better or for worse, this was not the case in 2006 and DG ECHO's programmes were affected. From an economic point of view, costs are recurrent and need to be covered in the future by external assistance. The level of ownership of programmes, while appropriate, may be increased through increased participation.

131. As mentioned in assessing the level of effectiveness, coordination is low, carried out mainly on a bilateral basis and, when conducted, done partially outside the camps both in Spain and in Algiers. This has a strong bearing on the level of coherence and connectedness. In the attempts to be made to prompt coordination at all levels, a concrete plan should be established which looks into training staff on coordination functions, clarifies roles and responsibilities, and establishes an accountability structure with staff coordination and the level of authority provided to the coordinating body and monitors information sharing and joint planning.

132. DG ECHO's level of coherence has been negatively affected by altered positions and the operation and approach being altered by changes in personnel at HQ and field level. The result is also a decrease in the level of confidence of stakeholders regarding DG ECHO's humanitarian and technical stance. One clear example is the food stock which all stakeholders thought DG ECHO would support, and this was in the JAM 2007, only to be publicly opposed in the Algiers food cell meeting. DG ECHO Algiers cannot help improve the situation alone, as it follows developments and has a full understanding of the context. It is effectively pushed back in time when there are contradictory positions within DG ECHO. The technical assistance provided by the RSO's is at times less connected to the existing situation and based on obsolete information. Again, as an example, the food aid expert reports use information that dates back to 2004 and 2005 to justify many positions but that are no longer evidenced.

133. For UN agencies and actors present, a phasing out strategy is dependent on a resolution to the conflict. There are no real development efforts undertaken in the camps. The other EC services for the time being are only funding one project –Africa 70- that supports veterinarian's efforts in the camps. The latter is dependent on successful NGO proposals in competitive international thematic budget lines. The link with development efforts (LRRD) is non-existent and difficult to envisage at this stage. Other EC services have mentioned the possibility of a future engagement of the Stability Instrument as the only viable option for other non-humanitarian interventions.

IX.2 Conclusions

134. At different levels, DG ECHO, due to compressed timeframes, separate sectors and project scopes, has a compartmentalized view of its actions that do not enable it to sufficiently take a step back to review performance and develop a coherent strategy. Different positions have been sustained by different staff within DG ECHO, undermining its coherence.
135. There are no tangible longer term scenarios available for envisaging LRRD or greater connectedness in terms of sustainability of efforts and assistance that would provide for decreased needs and eventual decreased support.
136. The absence of coordination, strategy and the ad hoc assistance of “uncontrolled” efforts negatively affect coherence. The AECID is very keen on increasing the overall coherence of its aid and aligning it with DG ECHO’s support.

IX.3 Recommendations

137. For increased coherence, overall humanitarian assistance should be coordinated around the same strategic objectives. At an initial stage, DG ECHO should develop its strategy to ensure that it has a coherent line of action that also facilitates future decision-making. An internal consensus building workshop within DG ECHO –facilitated by external professionals- would help establish a roadmap. The overall objective of meeting needs and improving humanitarian conditions should be the overriding prerogative of any DG ECHO exercise. The exercise should use all available data and conduct a mapping exercise of all the causal relationships, signalling out DG ECHO’s strengths and potential points of focus. The strategy should seek to build trust with partners and local structures. This is the first step which will provide for the necessary leverage and security to progress, uphold positions with the necessary clarity and develop strategies with other stakeholders on the ground. As recommended when assessing appropriateness, joint strategic planning and longer term intervention frameworks with clear responsibilities and results frameworks should be devised. These can be devised with DG ECHO support and further outside capacity as foreseen within DIPECHO planning and strategic processes.
138. For additional coherence, a concrete plan should be established which looks into training of stakeholder staff working in the camps on coordination functions, clarity of roles and responsibilities and accountability structure in respect of coordination for staff and the level of authority provided to the coordinating body and monitor amounts of information sharing and joint planning. DG ECHO should not be disengaged from the nutrition protocol or strategy³¹. Nutrition should become a higher priority in which DG ECHO could be more engaged. There is a risk that as it is affected by many sectors, it effectively becomes no one's responsibility. Although, nutrition involves longer term approaches, it can prove an effective mechanism to connect the dots between the different implemented projects and give greater coherence to its overall action. The reinforcement of the health system would as well address the main causes of

³¹ Recent research suggests that the EC and DFID spend relatively large amounts on healthcare, water supply and sanitation, social protection and food security but do not have a nutrition strategy or sufficient guidance on nutrition.

mortality, by facilitating public health strategies to address prevention and treatment of acute respiratory infections and diarrhoea, based on a diagnosis of the real dimension of the problem (incidence, epidemiological profiles, etc). Only in the case of outbreaks with high numbers of cases or high mortality rates should resources be allocated specifically for these conditions.

139. Local capacities and resources should be further identified to help anchor and connect projects. As in the context of DIPECHO, where the best results are only achieved when there is effective co-operation among citizens, civil society groups and local, regional and national authorities, further collaboration should be sought among beneficiaries and the local levels and partner and donor. As an example, greater support is needed to develop the capacity of the Saharawi stakeholders to operate and maintain the water supply facilities. The support should not only build the capacity of higher levels such as DHS, but should also take into consideration lower levels, such as relevant people at *daira* and the neighbourhood or *barrio* level. It is also important to continue the work of raising awareness among users regarding the proper storage and use of water. This should include developing a detailed plan with costs. Concerted action between partners active in the sector and the DHS, supported, supervised by DG ECHO, will be required for this purpose.

X. Visibility

X.1 General

140. Visibility was assessed as far better in NGO partner projects than in UN agency projects. An exception to this was again WFP. Not only are all commodities marked, but information on DG ECHO's support and positive role as a donor is displayed on its website for this operation. One cause explaining this difference based on interviews is that as WFP is the only UN agency that does not have a presence in Morocco, it tends to have less difficulty in publicising its presence and aid in the camps. In contrast, the two trucks that were purchased by UNHCR with DG ECHO funding had no visibility except UNHCR's. This is particularly a shame as the trucks that are for use in the new Spanish funded logistics base would have shown greater joint donor engagement and efforts. Currently, the absence of visibility induces observers to believe that AECID and DG ECHO are supporting two different options, where DG ECHO supports another workshop for trucks implemented by TGH.
141. Some stickers were freshly posted immediately in advance of evaluators' visits. There is some evidence that failure to display visibility can be the result of oversight and lack of capacity as opposed to deliberate concealment. At the level of NGO partners, many NGOs were keen on respecting DG ECHO's new guidelines and appreciated taking the time to take photographs and document the look and feel of the assistance, which is important in those projects that cover distributions. One NGO, however, that was also funded by Spanish donors had less DG ECHO visibility. The amount of DG ECHO funding was proportionately less as well.
142. An NGO's communication programme under visibility involving visits from Spanish journalists was not funded as DG ECHO takes special care not to expose itself mixing political activism with visibility.

X.2 Recommendations

143. Discuss visibility issues with UN agencies and specifically raise key concerns such as the example of the lack of visibility on trucks.
144. Given the existing capacity at the RSO level, further input could cover visibility and delineate what partners could potentially include in their proposals once DG ECHO has a position and strategy.
145. In terms of DG ECHO's direct efforts, the map on the EC website that does not include the boundaries of Western Sahara should be changed.
http://ec.europa.eu/echo/aid/north_africa_mid_east/algeria_en.htm