2019 Nutrition Survey
Sahrawi Refugee Camps, Tindouf, Algeria

Survey Conducted: April-May 2019

Report Finalised: October 4th, 2019

Last revision: December 18th, 2019

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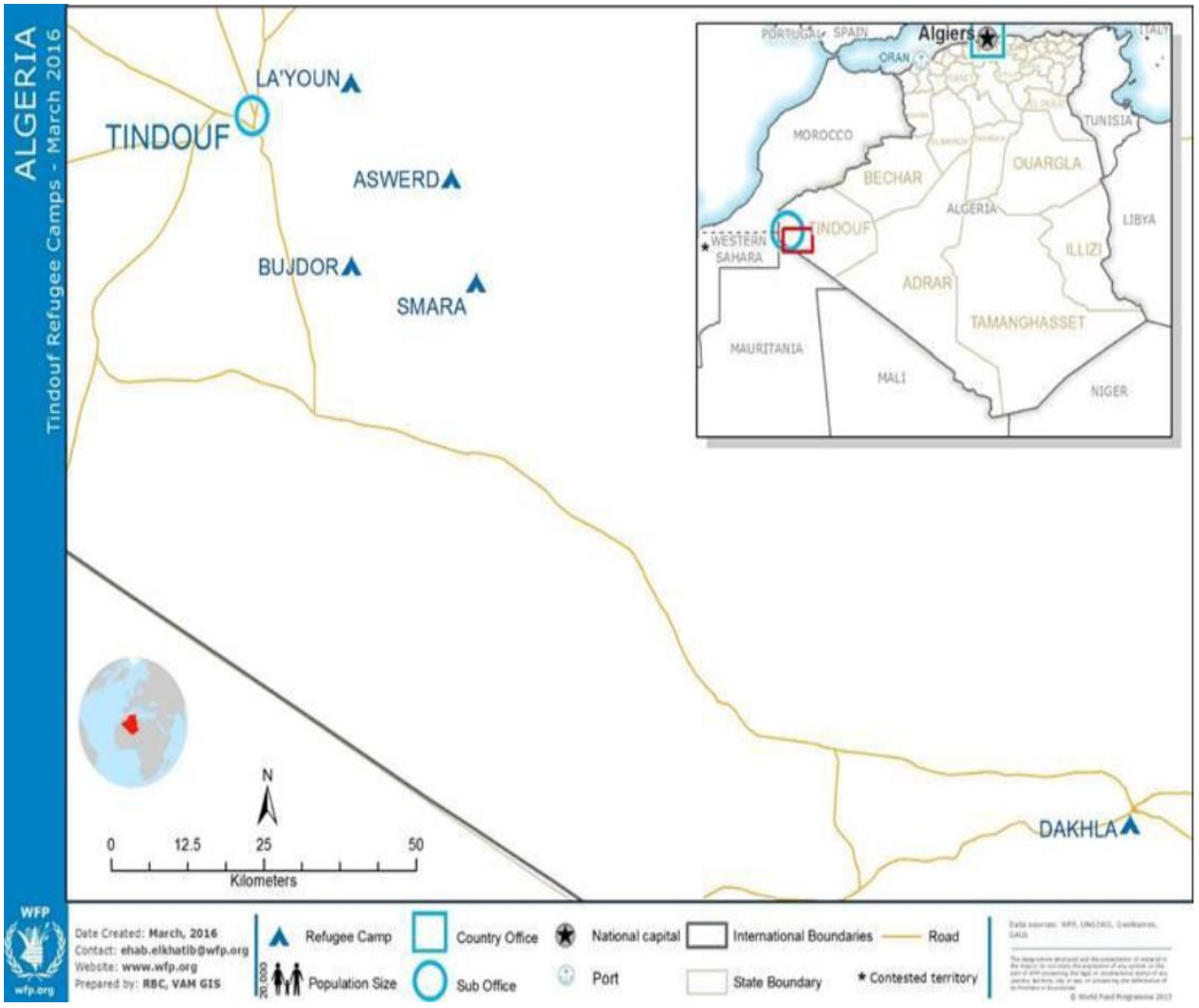
ALGERIA
Tindouf Refugee Camps - March 2016
LA'YOUN
TINDOUF
ASWERD
BUJDOR
SMARA
DAKHLA
N
0
12.5
25
50
Kilometers
Algiers
PORTUGAL
SPAIN
ITALY
ORAN
MOROCCO
TUNISIA
BECHAR
OUARGLA
ALGERIA
TINDOUF
WESTERN SAHARA
LIBYA
ILLIZI
ADRAR
TAMANGHASSET
MAURITANIA
MALI
NIGER
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Refugee Camp
Population Size
20,000
Country Office
Sub Office
National capital
Port
International Boundaries
State Boundary
Road
Contested territory

ACKNOWLEDGEMENTS

The author would like to acknowledge the involvement and support from the Sahrawi Refugee Health Authorities. Special thanks go to the Responsible of Health, Muhammad Lamine Ould Dadi, and to the Director of Cooperation for Health, Alien Abdulah Chej.

We are also grateful for the involvement and support from the Sahrawi Red Crescent. Special thanks go to the President of the Sahrawi Red Crescent Buhobeini Yahia, and all the Sahrawi Red Crescent teams who facilitated the work at the Wilaya level

We are grateful for all the logistical support we received from all the team at UNCHR Geneva, Algiers and Sub-Office Tindouf, especially Agostino Mulas, Abdel Halim Osman Ali Elfaki and Caroline Wilkinson for their encouragement and support to facilitate the implementation of the survey and for comments to this report. We also thank all the team at WFP Algiers and Sub-Office Tindouf, especially Armand Ndimurukundo for his support in the implementation of the survey. In addition, we acknowledge the support of UN agencies and NGOs.

We are grateful for the support of the Algeria Red Crescent for the successful completion of this work, especially the support of Mohammed Lamine Senouci, without which this work would not have been possible.

Without the dedication of the survey's team members, logistical support teams and drivers, the implementation of the survey would not have been possible (*see next page for the full list of the survey staff*); we fully thank them.

Finally, the author is extremely grateful to all the Sahrawi refugee families who took part in this Nutrition Survey and welcomed us into their homes.

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ACRONYMS AND ABBREVIATIONS

ARC	Algerian Red Crescent
BMI	Body Mass Index
BSF	Blanket Supplementary Feeding
CI	Confidence Interval
CISP	Comittato Internazionalle per lo Sviluppo dei poppoli
ENA	Emergency Nutrition Assessment
FCS	Food Consumption Score
GAM	Global Acute Malnutrition
HAZ	Length/Height-for-Age Z-score
HDDS	Household Dietary Diversity Score
IYCF	Infant and Young Child Feeding Practices
LNS	Lipid-based Nutrient Supplement
MAM	Moderate Acute Malnutrition
MDD-W	Minimum Dietary Diversity for Women
MNP	Micronutrient Powder
MUAC	Mid-Upper Arm Circumference
N/A	Not available
NCD	Non-Communicable Diseases
NCHS	National Centre for Health Statistics
NGO	Non-Governmental Organisation
OTP	Outpatient Treatment Program
PISIS	Integrated Sahrawi Child Health Programme
PLW	Pregnant and Lactating Women
rCSI	Reduced Coping Strategy Index
SAM	Severe Acute Malnutrition
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WAZ	Weight-for-Age Z-score
WFP	World Food Programme
WHO	World Health Organisation
WHZ	Weight-for-Length/Height Z-score

EXECUTIVE SUMMARY

INTRODUCTION

A stratified, cluster nutrition survey was conducted in the Sahrawi refugee camps (Wilayas: Laayoune, Awserd, Smara, Dakhla and Boujdour) located near Tindouf, Algeria. The survey took place in March to May 2019, with the overall aim of establishing a detailed mapping of the current nutritional profile of the population. Findings of the survey were used to produce recommendations to improve the nutritional status and health of the Sahrawi refugees.

METHODS

The surveyed used a stratified two-stage cluster sampling design. A total of 42[1] clusters were randomly allocated to each stratum using probability proportional to size based on available estimates used for humanitarian programming and using the quarter (barrio) as the sampling unit in this first stage. In the second stage, nine households[2] were randomly selected from within each cluster, following the updated EPI method of proximity selection.

Two population groups were included in each survey; children aged 0-59 months and women of childbearing age (15-49 years). For all children surveyed, standard anthropometric, measles vaccination status, presence of diarrhoea in the previous two weeks and feeding practices, as well as health-seeking behaviours, during diarrhoea episodes were collected. Infant and young child feeding indicators were collected for children 0-35 months. For women, Body Mass Index (BMI) was obtained to assess the risk of chronic metabolic diseases. Peripheral blood was obtained in children and women, to assess haemoglobin using a portable photometer (HemoCue® 201+). At the household level the Food Consumption Score (FCS) and the Household Dietary Diversity Score (HDDS) -both food security indicators-, as well as coping mechanisms, were obtained in all surveyed households. In addition, we obtained reported Non-Communicable Diseases (NCDs) and household water and sanitation data.

RESULTS

A total of 1,728 households were visited. Most households agreed to be surveyed 97.2% (1,944 children and 2,463 women). Key indicators obtained in these surveys are summarised in Table 1 below.

Nutritional status in children 6-59 months– Anthropometric indicators and anaemia

The overall prevalence of Global Acute Malnutrition (GAM), assessed using weight-for-length/height z-score (WHZ) <-2 and/or oedema, was 7.6%, ranging from 3.8% in Laayoune to 11.5% in Smara. The GAM prevalence in Smara was significantly higher than all other strata. Similar prevalence estimates were found when GAM was defined as Mid-Upper Arm Circumference (MUAC) <12.5 cm and/or oedema. GAM prevalence has significantly worsened since 2016. The stunting prevalence was 28.2%, ranging from 27.4% in Smara to 30% in Dakhla. Stunting prevalence has significantly worsened since 2016.

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