



NORWEGIAN CHURCH AID
actalliance

Concept Note 2011-2015

Western Sahara

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1. CONTEXT ANALYSIS

1.1 Analysis of Main Rights Deficits

Participation

Western Sahara was occupied by Morocco in 1976, after the previous colonial power Spain ceased its colonization. The Moroccan occupation was followed by war between the Polisario liberation movement and Moroccan forces. In 1991 a UN brokered cease fire was agreed upon under conditions of a referendum to be held the following year. The referendum was meant to let the population of Western Sahara decide whether to become an independent country or be a part of Morocco. Due to disagreement about who was eligible voters the referendum has not been conducted, and Morocco has stated that they will not accept any other solution that integration of the territory into Morocco, thereby denying the people of Western Sahara their right to self-determination.

The refugee camps are governed by the exile government of Western Sahara, and Algeria has de jure given full authority and jurisdiction of the territory to the exile government. Thus, unlike most other refugee camps, the camps have a complete administration system run by the refugees themselves. As a result of the war and the stale mate between the parties, 165.000 refugees are now living in refugee camps in south-western Algeria where they have lived for more than 35 years.

Natural resources

Western Sahara possesses one of the world's largest phosphate deposits and perhaps the coastline in Africa with the richest fishing grounds. In addition, there are considerable reserves of oil and gas along the coast. The natural resources have always been a major driving force behind Morocco's occupation and contribute to financing it. The resource plundering undermines the wishes and interests of the Sahrawi population, and is therefore also in violation of international law. A large number of UN resolutions and international conventions define such activity as illegal.

Protection

The refugees live under harsh desert conditions, with temperatures reaching 50 degrees in the summer, and little possibilities for farming, cultivation of land and other livelihood strategies. The refugee population lacks vegetables, nutritious food and medicines. Basic life (incl. food, nutrition and health) cannot be sustained in this environment, and the camps are completely dependent on foreign aid. WFP and UNHCR are providing food aid together with ECHO and different NGOs. The Sahrawi refugees are hence chronically in a vulnerable situation where their right to a life in dignity depends on the outside world.

In 2006 the precarious situation of the refugees worsened, as donor fatigue led to cuts in food aid. In November 2006 WFP warned of the refugees' critical food insecurity and pointed out that almost two thirds of Sahrawi women in the camps suffer from anemia and one in three children less than five years of age from chronic malnutrition.

In fact, several nutritional surveys that have been carried out since 1997 have all revealed serious nutritional problems among the refugees. NCA conducted in 2008 a survey of the nutrition status among children and women, with the following findings:

- The prevalence of acute malnutrition was found to be 18 %, whereas the prevalence of severe acute malnutrition was found to be 5 %. If more than 15 % of children less than 5 years are found acute malnourished, this is considered as very high.
- The prevalence of chronic malnutrition was 32 % with 9 % of the cases being severely stunted. There were no significant differences between genders. This is a decrease compared to the findings in 2005 where the prevalence was 39 %. When the prevalence is between 30 and 39.9 % this is considered as high.
- The prevalence of underweight was 32 % with 9 % of the cases being severely underweight. This is an increase when comparing to the survey conducted in 2005 when the prevalence was 29 %. Prevalence of underweight 30 % or higher is considered as very high.
- 55 % of the non-pregnant women were anaemic out of which 11 % were severe. Compared with the survey performed last year there is an increase in the prevalence. In pregnant women the prevalence of anaemia was 66 % with 15 % of the cases being severely anaemic

Neglect of the needs and rights of the Sahrawi people by the UN and the international community risks destabilization of the entire region, further war, displacement and migration.

1.2 NCA's comparative advantages in country

NCA's implementing partner is the Ministry of Health the Saharawi exile government. The day to day management lies with the director of cooperation in the Ministry and resource persons at the hospitals. The Ministry of Health has been NCA's implementing partner since the start of the project in 1999.

Even though there are other NGOs active in the nutrition sector in the camps, NCA is the only one working with nutrition at the hospitals and health stations. NCA's long term commitment and intervention in the camps has given a deep understanding of the challenges as well as a

deeply rooted relationship to the partner, authorities as well as the right holders.

Due to the overall dependence on humanitarian aid, the exile government will in the foreseeable future not be able to fund and follow up the project without the contribution from NCA. There are no other NGOs present in the area that have the capacity to replace NCA, neither on financial nor professional levels. It is thus essential that NCA continue its involvement in the camps.

NCA has since the start of the project been in close cooperation with the Akershus University College (HiAk) in Norway. HiAk's nutritional expertise is a strong added value to the project and is essential for the professional follow up and development of the project. HiAk also benefits from the cooperation as a number of master degree students have conducted research studies in the refugee camps for their theses. These studies have been an essential part of the quality assurance and development of the project and in particular the nutritional strategy component.

NCA's competence and history has given the opportunity to work in close cooperation with the Ministry of Health for developing a nutrition strategy for the exile government covering fields of nutrition, food security and health sectors. This intervention provides the exile government with tools to improve and maintain their competence of the above mentioned sectors, as well as strengthen their independence of external aid.

The nutrition strategy is widely used and accepted by other NGOs working with health, WASH, nutrition and food security like Medicos del Mundo, OXFAM, Solidarité and Spanish Red Cross as well as relevant UN bodies like UNHCR, WFP, WHO and UNCIEF.

2. MAIN INTERVENTION STRATEGIES

2.1 Strategic Priorities and Programmes

The main strategic priority for the planning period 2011 - 2015 will be a continued focus on the right to water and health for the Saharawi refugees in Algeria. From the start of the project in 1999, until 2008, NCA focused mainly on providing food and balanced diet to the hospitals as well as capacity building of local nutritionists working on the programme. Since 2008, NCA has expanded involvement to also include developing nutritional strategies both at local as well as national levels.

In his periodical report to the UN Security Council as of 6th April 2010, the General Secretary underlines the continued need for intervention in the sectors of health and nutrition. Even though there have been certain improvements the last few years, there are still a high demand for

assistance and in particular for vulnerable groups like diseased, pregnant women and children.

NCA will continue providing food and capacity building of nutritionists at the hospitals, but at the same time increase its engagement in the development of a holistic nutritional strategy for the exile government.

Programme: Access to quality health care

- Purchase and distribute fresh food to hospitals and health centres
- Provide nutritional treatment to patients (especially mothers and children) with particular nutritional needs
- Strengthen capacity of Saharawi health institutions to offer a nutritionally balanced diet to the refugees, with particular emphasis on vocational training and capacity building of women
- Contribute to developing a national nutritional strategy for the exile government and the NGO community
- Link Akershus University College to the Saharawi health institutions, in view of mutual capacity development

Duty bearers

The duty bearers is the exile government of Western Sahara represented by the Ministry of Health, other NGOs present in the area as well as UN organizations.

Right holders

The right holders of the project are the refugees in the four refugee camps situated around Tindouf, Algeria, with focus on:

- Patients at the 9 hospitals in the camps
- Staff at the hospitals
- Patients at two refugee health centres in Algiers for long term patients receiving treatment in Algiers
- Through increased sensitivity about nutrition issues as well as the nutrition strategy the whole refugee population will benefit from the project by increased knowledge and holistic approach in the Health Ministry's strategies and policy in nutrition, food security and health sectors.

2.2 Strategies for strengthening local civil society from a rights based approach

The programme aims to cover the whole refugee population of 165.000 through an overall improved health and nutrition status as well as increased consciousness around nutrition. The ongoing intervention for a holistic nutritional strategy is an important part of capacity building and strengthening the civil society. NCA in cooperation with the Ministry of

Health, other NGOs as well as the relevant UN bodies develops a holistic approach on nutrition, and this contributes to raise the consciousness the right holders as well as other NGOs and the UN organisations about the importance of coordinated nutritional projects and responsibilities of them.

A part of the project’s training is capacity development with an eye to a possible return of the refugees as a result of a solution of the conflict. The exile government emphasises the need for a population that is as well prepared and equipped as possible for a future return. In this respect, it’s essential to continue the training of health and nutritional staff at hospitals in particular and in the health sector in general and through that prepare the population for a sustainable livelihood after a return.

2.2.1 Gender equality

NCA focus on include as many women as possible in the training of nutritionists. This will strengthen and empower the trained women as the nutritionists are a part of the hospitals administration, and often act as the hospital director’s deputy.

2.3 NCA Integrated approach

NCA’s main approach will be as an emergency response improving access to health care for the refugees. As the refugees now have resided in the camps for more than 35 years, and as there are no solution in sight to end the conflict the need will continue in the foreseeable future. The need to strengthen the civil society and infrastructure will be present for many years, and with NCA’s already long term commitment, the programme also focuses on long term development building infrastructure and civil society. In this respect, an essential part will also be advocacy work directed towards Norwegian authorities and UN bodies in order to ensure continued funding for humanitarian aid as well as underlining the Saharawi population right to self determination through a referendum as stated in various UN resolutions.

3. FUNDING STRATEGY

The project has since the start in 1999 been totally funded by the Norwegian Ministry of Foreign Affairs. MFA signals that they will continue supporting NCA’s project in the coming years.

3.1 Resource Frames 2011-2015

Programme Area	Funding Source	Expected funding for the planned years 2011-2015 (Million NOK)				
		2011	2012	2013	2014	2015
Access to quality health care	MFA	4	5	6	6	6
GRAND TOTAL		4	5	6	6	6

