

MICRONUTRIENT SUPPLEMENTATION PROGRAMME

Saharawi Refugee Camps
Tindouf, South Algeria



Background

The Saharawi refugee camps are situated in Tindouf, in the western south of Algeria, 2000 km far from the Capital Algiers.

The displacement of the saharawi refugees, from the Western Sahara to Tindouf, started in 1975.

UNHCR intervention started in 1985, and WFP a year after.

The Western Sahara authorities/refugee leadership and the host Government estimate the number of refugees at 165,000.

In the impossibility of doing the registration exercise, UNHCR is providing assistance to 90 000 most vulnerable persons, while WFP is providing an average of 125 000 food rations/month.

The Saharawi refugees depend totally of the international aid, but there are some small income generating activities (family gardens,, market, small shops...).

There are 04 major camps: Laayoun, Smara, Awserd , Dajla, and 01 small camp Bujador. Each camp is divided into small districts called Daira (29 in total) and each district is divided into 04 small units called BARRIO (116 barrios in total)

ALGERIA Refugee Camps





Nutritional Status

Period	Anaemia In Children (6-59 months)		Anaemia In Non pregnant Women (18-45 years)		Acute Malnutrition		Global Chronic malnutrition: Height- for-Age Z score < -2 SD
	Severe (Hb <7 g/dL)	Total (Hb <10.9 g/dL)	Severe (Hb <7 g/dL)	Total (Hb <11.9 g/dL)	SAM: Weight-for-Height Z score < -3 SD	GAM: Weight-for-Height Z score < -2 SD	
May 1997	14.4% (8.0- 20.1)	71.1% (C.I NA)	8.7% (4.6-12.8)	62.4 (C.I NA)	2.3% (0.4-4.1)	10.5% (6.1-14.9)	49.1 % (44.2-54.1)
September- October 2001	3.5% (2.2-4.8)	44.1% (C.I NA)	2.3% (0.8-3.8)	48.4% (C.I NA)	4.5% (2.4-6.5)	13.2% (9.9-16.4)	35.5% (30.0-41.1)
September 2002	0%	35.3% (26.7 - 43.9)	4.4% (1.2 - 7.6)	47.6% (38.6 - 56.5)	2.2% (1.3-3.1)	10.6% (7.7-13.5)	32.8% (29.7- 36.1)
February- March 2005 ¹¹	7.5 (5.4-9.7)	68.5% (64.4-72.5)	12.9 (10.1-15.7)	66.4% (60.5-72.3)	2.3% (0.7-4.0)	7.7% (4.1-11.2)	39.1% (34.4- 43.8)
March 2008	6% (C.I NA)	62% (C.I NA)	11% (C.I NA)	54% (C.I NA)	5.4 % (3.7 - 7.1)	18.2 % (14.7 - 21.7)	31.6 % (28.2 – 35.0)
October-November 2010	2,4% (1.1 - 3.6)	52,8% (49.1 - 56.6)	6,7% (5.3 - 8.0)	49,8% (45.3 - 52.5)	1.3% (0.8 - 1.8)	7.9% (6.5 - 9.3)	29,7 (26.9 - 32.5)



The existing nutritional interventions

GFD: CSB+

TSFP: - MAM : CSB+ (200g), Sugar (15g) and Oil (20g) per day.

- SAM: Plumpy'Nut.

PFD: for PLW : CSB+ (200g), Sugar (15g) and Oil (20g).

Micronutrient Supplementation

During the **2009 JAM**, it was recommended to start the micronutrient supplementation program.

The products selected were: Nutributter and MNP.

Why micronutrients:

- High Prevalence of stunting and anemia.
- The saharawi refugees depend totally of the international aid
- Poor food basket : quantity and quality
- The iron tablets and drops are culturally non accepted in the saharawi community.

Acceptability test

* Acceptability test in the camps

* Three groups.

* Results:

- Adherence (78% - 98%)
- Product sharing is problem
- Side effects reported (dark stools)
- Improvement in the beneficiaries activity level
- Many suggestion regarding packaging.

* Recommendations:

- Flexible distribution for children and PLW
- Modifications in the composition (without Iodine, less vitA)
- Use a specific design and packaging (inspired from the local culture)

Design



محتويات: معجون الفول السوداني , السكر , دهون نباتية , مسحوق الحليب الجاف منزوع الدسم , مالتو ديكسترين maltodextrin , ومصل الحليب , معادن وفيتامينات معدنة , مستحلب : الليسيثين Lecithin غزاله (نيوترباتر) لا يحتوي على منتج من أصل حيواني باستثناء منتجات الحليب, أيضا لا يحتوي على مادة البيود لا يحتوي على مشتقات الخنزير

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الغزالة

تغذية تكميلية تركز على الدهون

36-6 أشهر

الاغذية التكميلية المقوية

كيس واحد في اليوم

الغزالة ليسرت بدلا عن نظام غذائي متوازن يفضل الاحتفاظ بالمنتج غزاله (نيوترباتر) في مكان بارد وجاف عند درجة حرارة أقل من 30 درجة مئوية طريقة الاستخدام والقيمة الغذائية: انظر ورقة البيانات التقنية المرفقة

رقم الدفعة / يستهلك قبل: براءة الاختراع IRD - نوتريس

الغزالة

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ZONE N° LOT / DLUO

Specifications

Design conception: adapted to the local culture.

- MNP: “Chaila”, symbol of healing of any disease.
- Nutributter: “Ghazala”: represents vitality, agility and beauty.

Composition: Adapted to the context, “Risk assessment”

- No Iodine : high concentration of iodine in the water & milk
- Less vitamin A: some fortified product are distributed.

Other Activities

- New staff was recruited to implement the project (108, so 04 in each dispensary)
- Arrangement with the local authorities and other Ip's regarding the storage of product and the distribution channel.
- Coordination with the other stakeholders in the nutrition sector: date of launching, training, BCC activities, finalized action plan, monitoring, reporting ...
- Nutrition survey : baseline to monitor the program after two year implementation.

Distribution

- * Distribution system and storage.
- * Target population and frequency of use.
- * Estimation of the target population (inscription).
- * Data collection
- * M&E system

Distributions

Distribution system :

The product are stocked in the WSRC storages (ref containers).

WSRC storages – Dispensaries : 2nd of each month

Dispensary – beneficiaries: First week of each month

Logistics:

*using the existing distribution pipeline for the MAM program

Organization

* Monthly distribution: during the growth monitoring

* Duration: 02-04 days in each dispensary

* Each dispensary cover 04 barrios, so one barrio per day.

* Disposal of used sachets: program of waste management, UNHCR

Target population and frequency of use

- * Children aged 6 – 35 months: 15 sachets/month of Ghazala
- * Children aged 36 – 59 months: 15 sachets/month of Chaila
- * Pregnant women (12 weeks gestation and above): 30 sachets/month of Chaila
- * Lactating women (first three months post-partum): 30 sachets/month of Chaila

Exclusion criteria

For children:

- * Age less than 6 months or greater than 60 months
- * Being currently receiving MAM or SAM programme care
- * Presenting severe anaemia

For Women:

- * Not being pregnant
- * Being greater than 3 months post-partum ???..... “not applicable”
- * Presenting severe anaemia



Data collection

Every month +++

Done by the local coordinators of the program (local, regional, national) and Compiled by ARC

Data base: in progress.

tools:

- * Beneficiary card: part of the Health carnet, PLW Card
- * Assistance Sheet.
- * Storage conditions sheet (dispensary level)
- * Consolidated data sheet (Report): local, regional and global.

Producto: Chaila

Fecha de la distribución:/...../20....

Assistance sheet

Wilaya:

Daira:

Barrio:

Población derechohabiente esperada:

5	10	15	20	25	30
35	40	45	50	55	60
65	70	75	80	85	90
95	100	105	110	115	120
125	130	135	140	145	150
155	160	165	170	175	180
185	190	195	200	205	210
215	220	225	230	235	240
245	250	255	260	265	270
275	280	285	290	295	300

Asistencia total:

Porcentaje de asistencia:

Consolidated data sheet

Hoja mensual de consolidación de datos PISIS por daira	MC&A	الورقة الشهرية لدعم المعلومات لبرنامج بيسيس للدائرة
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	الشهر Mes	السنة Año	الدائرة Daira	wilaya
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	Jefe de dispensario	secretaria
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BENEFICIARIOS AL FINAL DEL MES المستفيدين في نهاية الشهر	TOTAL DE SALIDAS DURANTE EL MES مجموع الذين خرجوا خلال الشهر	Salidas الخروج			TOTAL DE ENTRADAS DURANTE EL MES مجموع الذين دخلوا خلال الشهر	Nuevas admisiones المقبولون الجدد		BENEFICIARIOS AL INICIO DEL MES المستفيدين في بداية الشهر	Sexo الجنس	categoría
		Muerte الوفاة	Abandono الذين تخفوا عن البرنامج	Criterio de salida معيير الخروج		Otros آخرون	Criterio de entrada معيير الدخول			
D=A+B-C	C= d+e+f	f	e	d	B=b+c	c	b	A	Guía de calculo	
									Niños الاولاد	اقل من 3 سنوات
									Niñas البنات	< 3
									Niños الاولاد	بين 3 و 5 سنوات
									Niñas البنات	De 3 a 5
									الحوامل	embarzadas
									المرضعات	lactantes
									مجموع المستفيدين TOTAL beneficiarios	

producto al inicio de mes

Ghazala

Chaila

Producto recibido este mes

Ghazala

Chaila

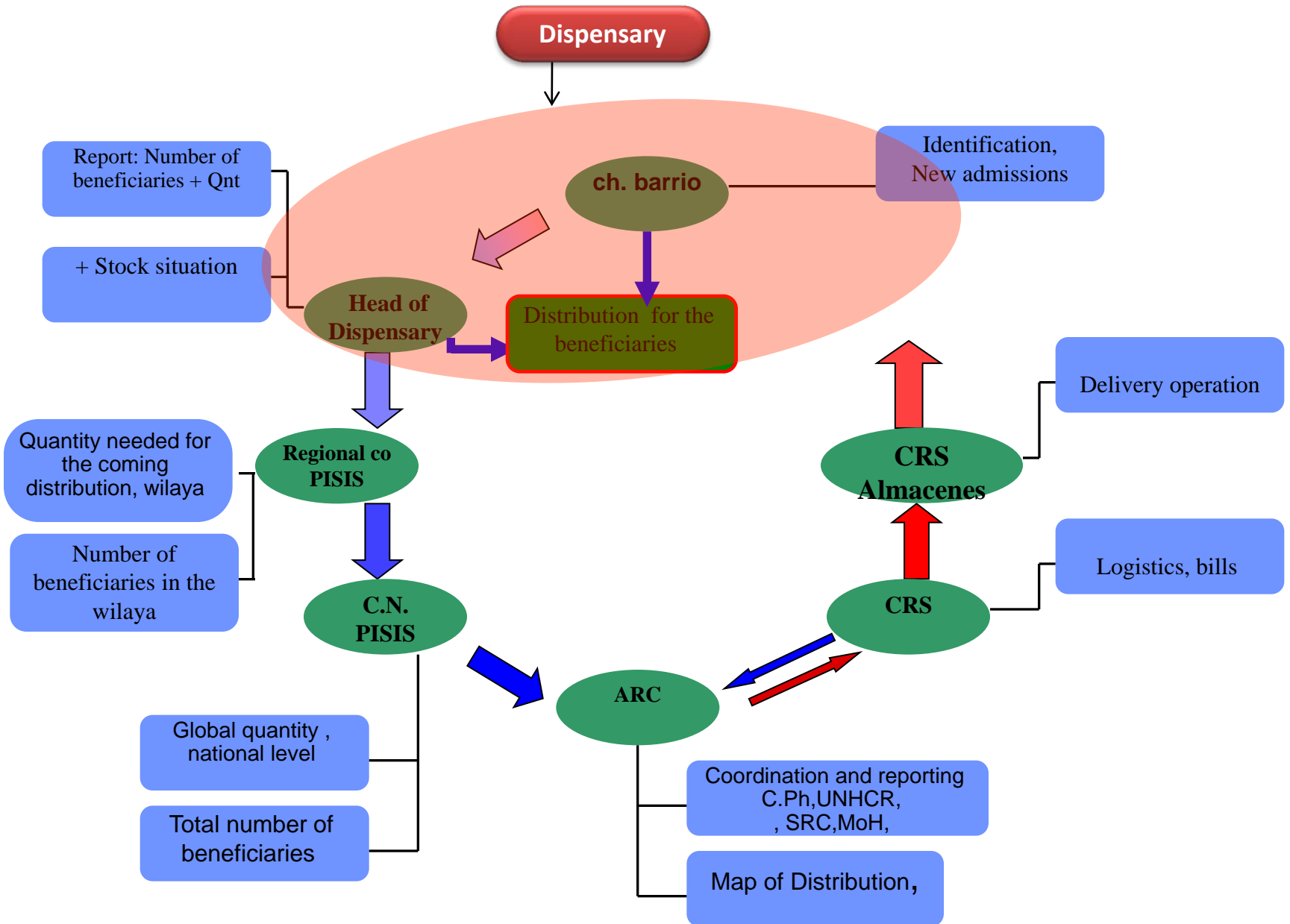
Producto al final de mes

Ghazala

Chaila



Distribution/information flow



BCC activities

medical Staff : 04 training sessions were organized :

“one before the commencing of the programme”:

- The objective of the program, the target population, how to use the product, the possible side effects, the organization of distributions, key messages to the beneficiaries, monthly report ...

“03 months later “:

- Consolidation training
- Evaluation

-Population:

- Radio, TV,
- Posters, flyers
- Tee sessions (word of mouth)
- Workshops in the dispensaries (every week)
- Public meetings (every month)
- Clown show in the kinder gardens (not yet)



Monitoring & Evaluation

Evaluation	Activities & outputs	Outcomes
<p>UNHCR</p> <p>Impact (Survey & monitoring)</p> <p>Process Evaluation</p>	<p>Implementing Partner (ARC) : <i>“at the dispensary level “</i></p> <ul style="list-style-type: none"> - Product (stock, sufficiency, lose of product) -Storage conditions (T°, hygiene) -Distributions (respect of the dates, assistance) -Training sessions -BCC activities - Coverage 	<p>Third organization (CISP) “At the HH level”:</p> <ul style="list-style-type: none"> -Adherence -The beneficiaries knowledge. -Storage at the HH,

Monitoring Team

UNHCR monitoring team:

- MAM, SAM and Anemia program, in addition to the GFD monitoring.
- 15 dispensaries/month.
- Lack of qualified personnel
- Lack of coordination with the local authorities.

ARC monitoring team :

- Only 02 monitors for 27 center of distribution.
- Lack of coordination and planning.
- Lack of logistics.

CISP : New project is not applicable till now

- working only in monitoring.
- Big team, more then 400 families are covered per month.

Key success

- ❑ Large acceptance of the product Ghazala
- ❑ BCC activities (ongoing)
- ❑ More attendance during the growth monitoring sessions
- ❑ Capacity building among the staff, one month training session was organized in March 2010, Dic 2010, Mar 2011, Dic 2011, Oct 2012.
- ❑ High level of Technical support (ENN)
- ❑ Joint Monitoring and evaluation Team (HCR, Ip, MoH)

Challenges

Product:

Storage

Quantities vs Expiration date

Transit from NB to MNP for children from 35 months to 59 months

Monitoring : Access to the data,

No HIS in place

GRACIAS

