

STAYING A LITTLE LONGER

Malian refugees in Mauritania



UNHCR/WFP Joint Assessment Mission, May 2013



EXECUTIVE SUMMARY

This report presents the findings of the **May 2013 UNHCR/WFP Joint Assessment Mission** that evaluated food and nutrition security conditions in the camp host communities one year after the outbreak of the crisis. The JAM exercise was intended to allow UNHCR and WFP to improve assistance programs and develop a **joint plan of action for 2013 –2014**. The JAM relied on a secondary data review, and primary data collection in Mbera camp and in host communities.

Although **assistance programs in Mbera have improved** — with global acute malnutrition rates dropping from an estimated 20% in early 2012 to 13.1% in January 2013 — **the nutrition situation remains serious**. Efforts that have made nutrition programs meet standards in terms of cure and dropout rates should continue. Surveys carried out in 2013 indicate that 4 of 5 households in Mbera are food secure. Although the food distribution system has improved, allowing beneficiaries to receive a higher share of their food entitlement, some beneficiaries still do not receive the full intended ration.

The JAM concludes that **vulnerability to food insecurity is heterogeneous** in Mbera. Spatial analysis shows that there are non-random concentrations of food insecurity within the camp. Vulnerability is correlated with poverty, education and social capital. Household food security status overlaps with the ethnic and socio-economic fault lines of northern Malian society, an issue that should be understood in order to tackle remaining reservoirs of vulnerability in Mbera camp. The JAM observed that **food aid is commonly found on the market**, as beneficiaries exchange part of the rations they receive to acquire complementary foods. Poor access to water and fuel in Mbera — a constraint to cooking pulses and fortified blended foods properly — explains why recipients commonly sell a share of the food assistance they receive.

The food security status of the local population is **better than expected**, with 13.9% of households assessed as food insecure in May 2013. The fact that livestock did not migrate to Mali has probably sustained access to meat and milk for hosts, some of whom also have access to assistance within the camp. Although the host community seems to be coping well for now, the presence of the refugee community has led to **widespread environmental impacts** that include deforestation, depletion of grazing and water resources that, if left unchecked, could affect the livelihoods of the local population.

The JAM offers some additional analysis of the causes of malnutrition in Mbera. While the factors identified in the qualitative study of malnutrition are confirmed as relevant, the quantitative model presented in the JAM suggests that a child's nutrition status in Mali is the most important predictor of nutrition status in Mbera.

The mission estimates that **humanitarian assistance will have to continue** in the medium term in Mbera, due to continuing insecurity in northern Mali. Assistance should increasingly support **self-reliance and livelihoods**. Considering the challenges in tracking refugee numbers with precision, a **beneficiary identification exercise** should take place before August to update the planning figures for food assistance; it's expected that final figures might be 15 to 20% below the current figure of 74,000. Further improvements to the food distribution system are required to reduce waiting times and ensure that beneficiaries receive 100% of the planned ration. Market monitoring will identify whether conditions are conducive for **cash and voucher transfers**. The high level of acute malnutrition argues for an **expansion of blanket feeding** to cover all children under 5 as well as lactating mothers. Introducing **school feeding** would improve the access to education in the camp. **Domestic energy programs** should be implemented in the camp to counteract the effects of refugees' presence on local natural resources and to ensure proper preparation of the food ration.

ACRONYMS

CSA: Commissariat a la Sécurité Alimentaire

CSB : Corn Soya Blend

CSI: Coping Strategies Index

CRENAM: Centre de Réhabilitation

Nutritionnelle Ambulatoire Modérée

CRENAS: Centre de Réhabilitation Nutritionnelle Ambulatoire Sévère

CRENI: Centre de Réhabilitation Nutritionnelle intensive

FSMS : Food Security Monitoring System

JAM : Joint Assessment Mission

GAM: Global Acute Malnutrition

MSF: Médecins Sans Frontières

MAM: Moderate Acute Malnutrition

MRO: Mauritanian Ouguiya

PDM: Post-distribution monitoring

SAM: Severe Acute Malnutrition

SMART (survey): Standardized Monitoring and Assessment of Relief and Transitions

UNFPA: United Nations Fund for Population Activities

UNHCR: United Nations High Commission for Refugees

UNICEF: United Nations Children Fund

WFP: World Food Programme

WHO: World Health Organization





“Staying a little longer” The refugee crisis in Mauritania, May 2013

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1. A YEAR OF HUMANITARIAN RESPONSE IN MBERA CAMP

DEMOGRAPHICS HAVE FLUCTUATED

Since January 2012, conflict in Northern Mali has driven tens of thousands Malians to seek refuge in Burkina Faso, Niger, Algeria and Mauritania. Refugees arriving in Mauritania are hosted at Mbera camp, located 50 Km from the border in south-eastern Mauritania. The Hodh Echargui region is remote, located over 1000km from the capital Nouakchott, it is a region exposed to high levels of food insecurity, acute malnutrition and poverty. As of May 2013, the camp was hosting over 74,000 refugees, according to UNHCR statistics. During a previous episode of civil unrest in Mali, the Mbera area had hosted Malian refugees in the 1990s; some refugee households are experiencing their second stay in the camp.

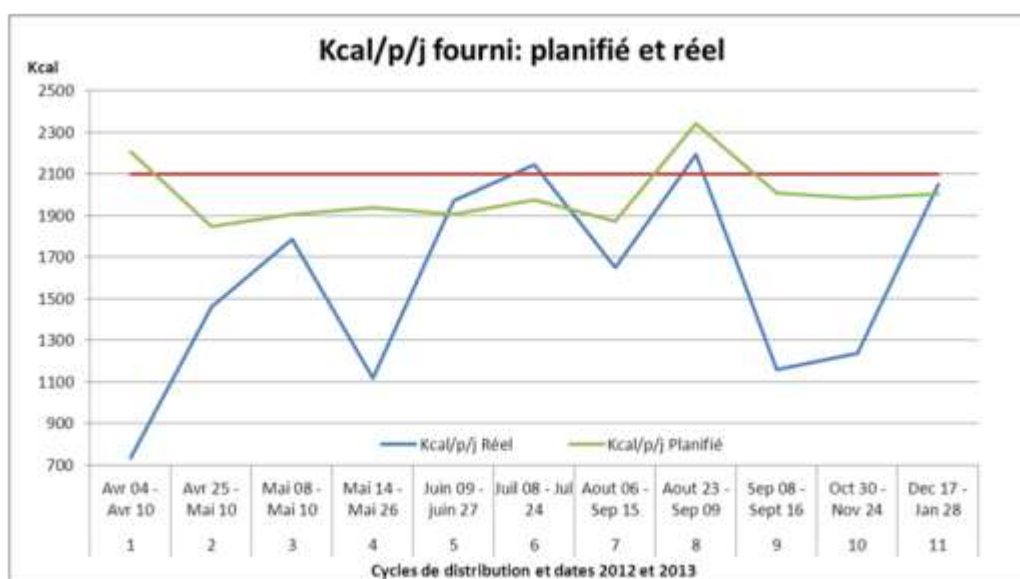
The camp's population is ethnically diverse. The main population groups are the Touareg (34.8%) and Arabs (54.6%), the remainder of the population being subdivided between Songhai, Bella, Soninké and other minorities. The traditional cast hierarchies between 'nobles' and 'ex slaves' remain a reality in the way the different groups interact. These social dynamics represent challenges to the humanitarian community's efforts to ensure equitable

access to assistance. Most camp residents come from the area of Timbuktu and are mainly pastoralists with a nomadic or semi-nomadic lifestyle.

OVER A YEAR OF ASSISTANCE IN MBERA CAMP

In February 2012, the humanitarian community began providing immediate life-saving assistance to the displaced population within the camp and throughout 2012 a number of services and activities have been set up in order to meet the most urgent food, nutrition, health, hygiene and protection needs of the refugees. Since the start of the emergency, over 15,000 tons of food have been distributed in Mbera. If consumed, the food basket composed of cereals, pulses, supercereal, salt and oil, contains the appropriate level of nutrients, vitamins and calories to ensure the food security of the refugees. In practice, assistance levels fluctuated during the first phase of assistance in 2012, as demonstrated in figure 1.

Figure 1 : Planned and actual food assistance, in kcal/person/day.



Source: UNHCR, UNICEF, WFP.

Cases of acute malnutrition in the camp are addressed through 6 feeding centres for moderate acute malnutrition and 5 therapeutic outpatient centres for severe malnutrition and one inpatient centre for complicated severe malnutrition. In addition, a blanket supplementary feeding activity for the prevention of moderate acute malnutrition has been operational since September 2012 and has been providing monthly rations of supercereal (CSB+), sugar and oil to approximately 5,000 children aged 6-24 months. The caseload increased from 3,000 children to 5,000 children following the additional refugee influx at the start of 2013.

Moreover, as of May 2013, some 17,543 shelters (9,567 tents and 7,976 semi-permanent shelters) have been distributed in addition to a range of non-food items such as blankets, kitchen utensils and jerry cans while hygiene and sanitation needs are provided through 1,585 communal latrines, 1,173 communal showers, 92 water points and 5 boreholes.

Notwithstanding these achievements, the operation has faced a number of challenges, including

- i) Determining accurate numbers of refugees in the camp;
- ii) Establishing an efficient and equitable food distribution system,
- iii) The composition of the food basket and the difficulty of determining accurate numbers of the refugees residing in the camp;
- iv) Complex logistics in remote Hodh Echargui; and
- v) Insecurity that has imposed limits on the mobility of humanitarian staff.

Initially, general food distributions were carried out through the heads of sector. Each month, they were responsible for re-distributing the food rations to the families belonging to their 'block'. This system preserved traditional societal cast structures and generating social inequalities that limited access to assistance for particularly vulnerable families. It is one important factor explaining the high food insecurity rates registered in throughout 2012. Since then, the humanitarian community has been working to improve the quality of assistance provided in the camp. A new food distribution system has been adopted that delivers rations directly to individual households. This has increased access to food assistance and the transparency of the system

The UNHCR WFP JAM therefore took place after the immediate emergency phase, at a time when humanitarian agencies had implemented changes to assistance modalities. On the other hand, the situation in Mali remained uncertain at the time of the mission.



Photo : Malian refugee family in Mbera camp



2. OBJECTIVES AND METHODOLOGY

The purpose of the JAM was to inform on-going food and nutrition assistance programs to the Malian refugees in Mbera and the host population. Specific objectives of the assessment were to i) produce an analysis of the food and nutrition status of refugees and host populations, ii) review the quality and relevance of on-going interventions in the field of food security and nutrition, and iii) compile information required for the elaboration of a UNHCR/WFP joint plan of action. In order to reach these objectives, the JAM relied on secondary information, on primary data collection with refugee and host communities, as well as extensive consultations with stakeholders in Mbera, Bassikounou and Nouakchott.

SECONDARY INFORMATION SOURCES

A steadily increasing amount of analysis on food security and nutrition has been produced on food security and nutrition issues in Mbera, especially in the first quarter of 2013. Key sources for the mission included the following documents.

Food Security

- i) Post-distribution monitoring (PDM) reports that outline the performance of the food assistance programs in the camp, including the WFP PDM of October 2012, and the UNHCR-WFP PDM of March 2013.
- ii) WFP Cash feasibility study, March 2013, which assessed the of different options, such as transfer of in-kind food, voucher or cash in Mbera.
- iii) WFP market analysis, March 2013, which describes how food markets are organized in Mbera and vicinity.
- iv) WFP report on host populations, April 2012
- v) WFP FSMS report, December 2012, presenting the food security indicators for households in Mauritania. The results were representative at the regional level and therefore captured the food security status of the local population.

Nutrition

- i) MSF Nutrition Survey report November 2012
- ii) MSF report (April 2013) on nutrition and living conditions in the camp.
- iii) UNICEF, UNHCR, WFP SMART Surveys, July 2012, January 2013, which present the nutrition situation for children under 5 in Mbera;
- iv) UNICEF, UNHCR, WFP qualitative

joint study on the causes of malnutrition (March 2013)

- v) UNICEF UNHCR WFP joint mission report (February 2013), which presents recommendations to reduce acute malnutrition in the camp;

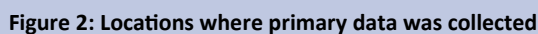
A complete bibliography is included in annex. The mission also relied on secondary data on project performance obtained from implementing partners in Mbera and Bassikounou.

PRIMARY DATA COLLECTION

Primary data took place during the month of May 2013, the start of the annual lean season in southeastern Mauritania. The various data collection modalities were meant to allow for triangulation of information and therefore contribute to a robust JAM process. Primary data collection was intended meet information gaps identified from the available secondary data.

- i) Firstly, an **update of household food security status** and use of assistance was required in order to establish a trend;
- ii) Secondly, the assessment attempted to understand the relative weight of the causes of malnutrition identified in the qualitative study conducted in April;
- iii) Thirdly, **food security status of the host population** — an issue that had not been explicitly studied since an initial assessment carried out in early 2012 — was covered .

Focus group discussions took place on the themes of protection, food security and livelihoods and assistance programs. A total of 18 focus group discussions with the refugee community took place in Mbera camp. Focus groups discussions with the host community were also held in Mbera II, Mbera I and Fassala. These focus group discussions captured covariate issues for predefined groups of interest. Key informant interviews allowed community leaders (refugees and hosts) to express their opinions. A mission was fielded, including representatives from UNHCR and WFP sub offices, country offices and headquarters, from 11 to 23 May 2013¹.



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3. FOOD SECURITY AND LIVELIHOODS IN THE CAMP AND HOST COMMUNITIES

This section offers analysis of the food security status of both camp residents and hosts. It shows that while food security indicators are stable in Mbera camp, progress continues to be required in the implementation of food assistance programs. Inequalities in access to assistance remain and should be a focus of future improvements . While the food security situation of hosts is better than expected, host communities are exposed to stresses on forest, grazing and water resources that could affect their livelihoods.

Why the refugees of Mbera will be staying a little longer

For the moment, the conditions for a massive return of refugees to Mali are not met. Pervasive insecurity continues in northern Mali as of May and June 2013, a phenomenon that was mentioned by key informants, in focus group discussions and which is documented in recent reports published by Amnesty International² and Human Rights Watch³. Refugees continue to fear for their personal safety and that of their livestock.

Should the security situation improve in Mali, the possibility of a limited return exists, after the elections (scheduled July 28 and August 11) and the rainy season. The residents of Mbera camp who are most likely to return in the short term are member of the Songhai, Peul or Bambara ethnic groups. For the Arab population of the camp, movements in both directions is expected due to their nomadic lifestyle. The deployment of Malian Arab military commanders in the north would be an important signal for their return.

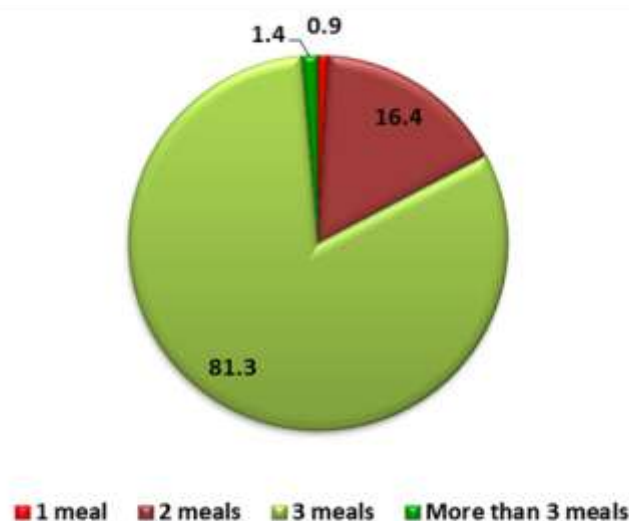
FOOD SECURITY FOR THE POPULATION IN THE CAMP IS STABLE BUT HETEROGENOUS

Primary data suggests that while the food security situation in the camp has been stable over recent months, **geographic concentrations of food insecurity** exist within the camp. Programs should focus on finding strategies to im-

prove the food security status of households in these food-insecure clusters of Mbera camp.

As figure 3 shows, over 81% of households in the camp have three meals a day, while 1.4% of households report having four meals. These results are similar to that obtained in the March 2013 PDM, at which 84% of households reported eating three meals a day.

Figure 3 : Number of meals eaten the previous day



Source: UNHCR/WFP JAM-May 2013; household survey

The food security status of refugee households was assessed through the food consumption score, which measures the frequency and diversity of the diet. The food consumption score is based on the number of food groups consumed by households over the 7 days preceding the survey. Three food consumption classes are defined with this indicator: 'acceptable', 'borderline' and 'poor'. Figure 4 outlines the typical diet for these groups, while figure 5 presents the prevalence of food insecurity according to this classification.

² Amnesty International (2013) *Preliminary findings of a four week mission: Serious Human Rights Abuses Continue*. <http://www.amnesty.org/en/library/asset/AFR37/004/2013/en/e113c0d4-a341-4fcd-b5a4-4b7bfb80f7b/af370042013en.pdf>

³ Human Rights Watch (2013) *Mali: New Abuses by Tuareg Rebel Soldiers*; <http://www.hrw.org/news/2013/06/07/mali-new-abuses-tuareg-rebels-soldiers>

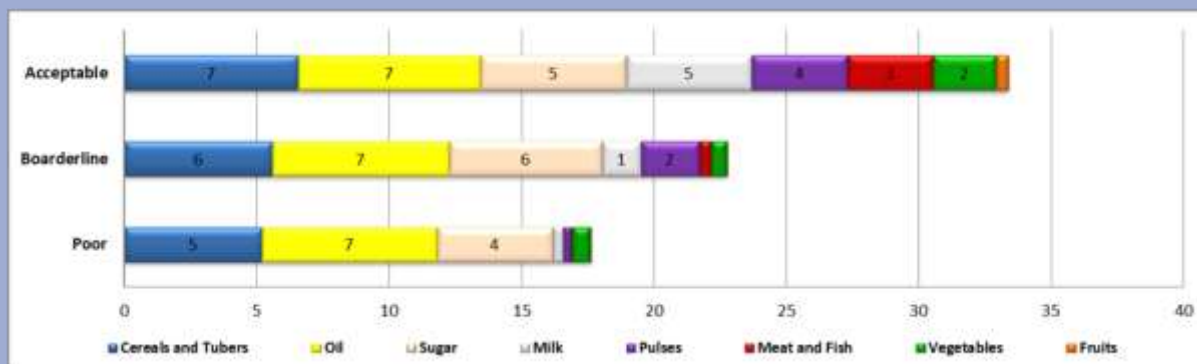


Figure 4: Composition of household food consumption by food security group

Source : household survey

Households whose consumption is assessed to be 'poor' have a diet composed of cereals, oil and sugar. These households are considered **'severely' food insecure**. Although households in the camp receive a monthly ration of pulses, severely food insecure households hardly consume any pulses. However, they do eat some vegetables, essentially small amounts of onions.

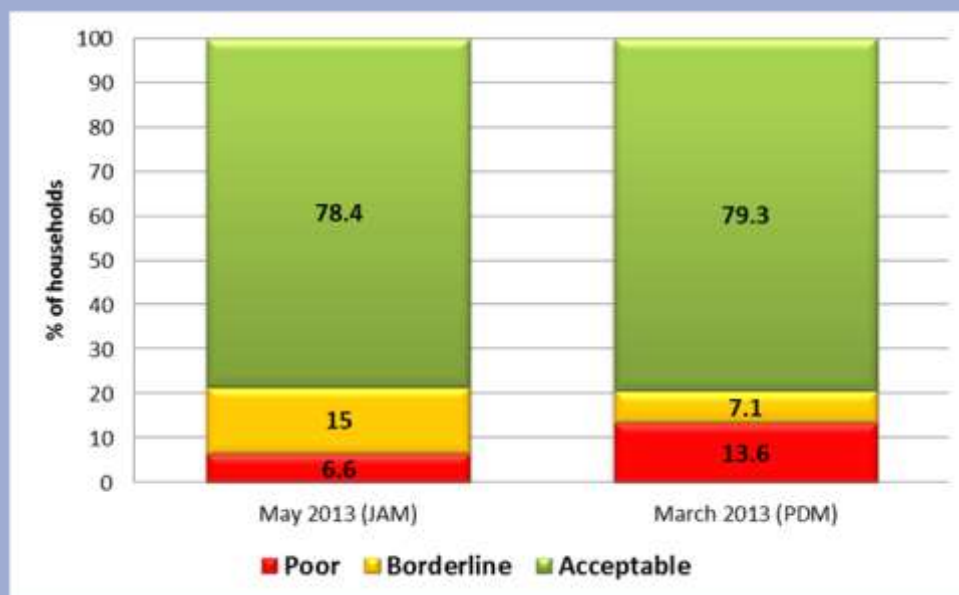
Households whose consumption is classified as 'borderline' consume cereals, oil, and sugar every day, and pulses two days a week. They also have milk and meat, only one day a week on average. These households are considered **'moderately' food insecure**.

Households with an 'acceptable' level of food consumption have a more diverse diet that includes staples (cereals, oils,

sugar), animal proteins (meat, fish, milk) as well as vegetables two days a week. Moreover, these households consume pulses on average four times a week, as well as dried fruit, such as dates. Such households are considered **food secure**.

On the basis of this classification, 21.6% of households in the camp are either 'poor' or 'borderline' in terms of food consumption, and are therefore considered food insecure. This rate is similar to the result of the March 2013 PDM survey, which concluded that 20.7% of refugee households were food insecure.

Figure 5 : Household food security groups



Source: UNHCR/WFP JAM – May 2013; household survey

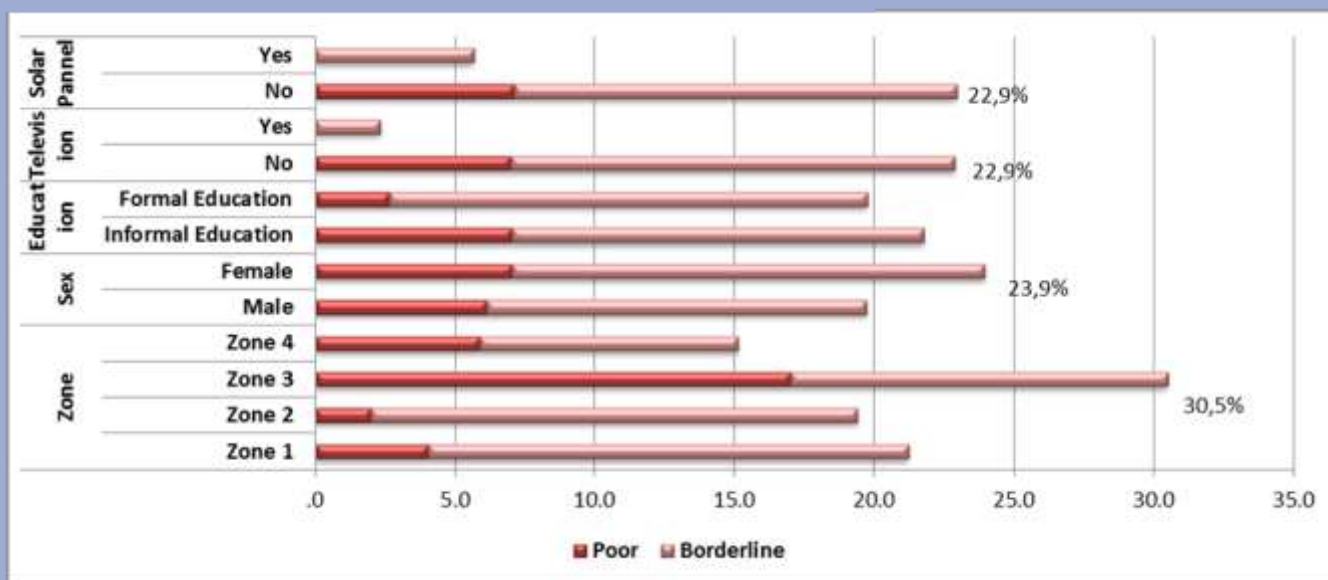
A significant reduction in the share of 'severe' food insecurity is noted among camp households, dropping from 13.6% in March 2013 to 6.6% in May. This could be the result of improvements to the distribution system, which allows households to access the ration to which they are entitled. However, considering that the rate of 'borderline' food insecure households has doubled from March to May, improvements in the food security status of households that were 'severely' food insecure in March has been insufficient to allow them to have access to a sufficient and diverse diet.

At planned levels, the ration distributed in Mbera camp allows households to have an 'acceptable' level of food consumption. The food insecurity problems in the camp are therefore linked to the **incomplete distribution of the ration**, cash or in-kind **payment for the transportation** of the food ration from distribution centers to beneficiary residences, the **exchange of part of the ration** to purchase complementary foods or fuel. Poor access to fuel and difficulties in storing water at the household level also limit the consumption of items that require long cooking

times and large amounts of water, such as pulses and blended foods.

The challenge for food assistance programs is to improve the situation of the **21.6% of households that remain borderline or severely food insecure** in Mbera. The data collected suggests food insecure households tend to be economically disadvantaged; food insecurity in Mbera camp is correlated with poverty. Figure 6 shows households that own assets such as televisions and solar panels are generally less affected by food insecurity. The prevalence of food insecurity increases from 2 to 5% for households owning solar panels or television sets to 22% for household that do not own these assets. It seems that food insecure households were economically disadvantaged to begin with when they lived in Mali, their situation has been transposed to the camp and has resulted in food insecurity.

Figure 6 : food insecurity according to household characteristics



Source : UNHCR/WFP JAM –May 2013 ; household survey

Households' **ability to purchase complementary foods** -- and therefore avoid the sale of the ration for that purpose-- is an essential predictor of their food security status. This points to income generating activities as an important intervention to support food security in the camp. Another key factor is the ability to rely on a social network allowing access to remittances and to paid employment opportunities within the camp. Households headed by a formally educated person have a better food security status than others. Similarly, woman-headed households overall have higher food insecurity rates than those headed by men, suggesting that they should be priority targets for food security interventions and livelihood programs.

As figure 7 shows, food **insecurity is spatially concentrated** in Mbera camp. In zone 3, 30.5% of households are food insecure, whereas in other zones, the prevalence of food insecurity is estimated at 20%. Food insecurity is concentrated among economically deprived households affiliated with the traditional lower castes of northern Malian society and who tend to live in proximity to one another. This explains the observed concentration of food insecurity. For instance, the cluster of Bella⁴ households in

the south west of the camp overlaps with the high levels of food insecurity noted in blocks 12, 13, 21 and 22. Another cluster of food insecurity exists in blocks 16, 17 and



Photo: Mbera camp, preparations to cook lunch

18. By contrast, food insecurity is nearly absent in the ring of blocks around the southern and eastern periphery of the camp.

⁴ The bella are descendants of the traditional slave cast in tuareg society

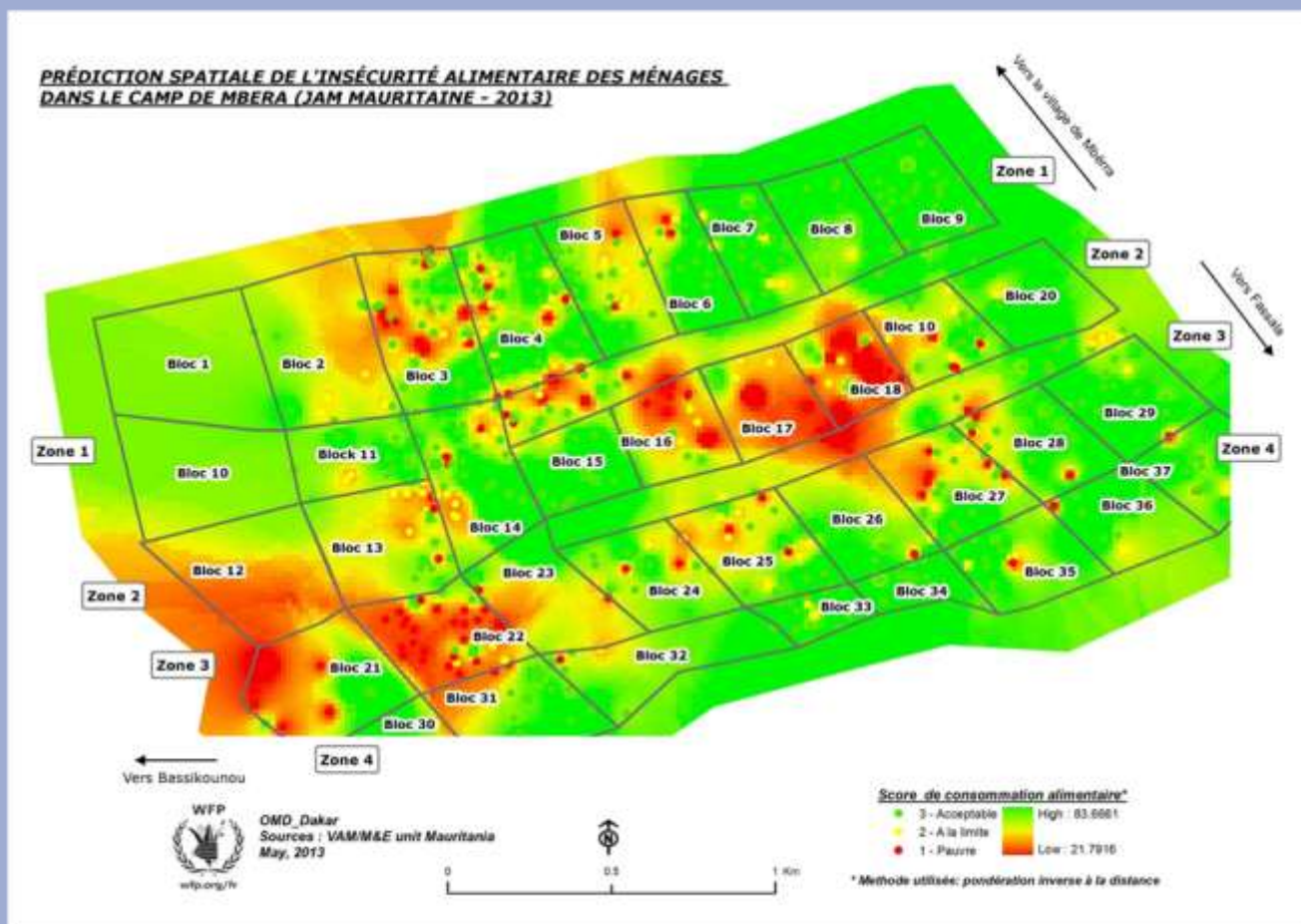


Figure 7: Spatial prediction of food insecurity in Mbera camp⁵

Source: household data

Although many households consume less-preferred foods -- a strategy implemented by 71% of households -- other coping strategies are less frequently used (figure 8). Half of households reported borrowing food or cash from relatives or friends. Contrary to what such surveys usually show, the level of the coping strategies index (CSI) is similar across food consumption groups in the camp. As **Figure 9** shows, the most food insecure households tended to have a higher CSI, according to the results of the July 2012 FSMS round in the region of Hodh Echargui. This characteristic is absent in the May 2013 JAM data, perhaps expressing the fact that **coping options available to households are limited in Mbera camp**.

Key recommendation

Ongoing programs should **focus on high-vulnerability areas of the camp** to implement responses tailored to the circumstances that produce the observed concentrations of food insecurity. Focus group discussions showed that the more marginal groups subsist on assistance and very precarious employment opportunities, such as gathering firewood and casual labor for men, and occasional domestic labor in better-off households for women. Support to **income generating activities** should be a priority.

⁵ Spatial prediction of the food consumption score, weighted inverse to distance



Figure 8: Use of coping strategies

Source: UNHCR/WFP JAM –May 2013; household survey

FOOD SECURITY AMONG THE HOST POPULATIONS IS BETTER THAN EXPECTED

The JAM assessed the situation of the host population in order to assess possible impacts of the presence of refugees on food security. In food security surveys carried out by WFP and CSA, southern Hodh Echargui has consistently been identified among the most food insecure part of Mauritania.

Generally, the households surveyed in Bassikounou *Moughataa* have a **fairly diverse diet**. While host households with ‘poor’ food consumption mainly consume cereals (sometimes tubers), oil and sugar, the consumption of these items is more frequent than what is observed at Mbera camp for the same group. The same pattern is noted for households with ‘borderline’ food consumption. Consumption of pulses is fairly frequent (5 days out of 7, compared to 2 out

of 7 for households in this category in the camp). It is probable that the resale of pulses by households in the camp is benefitting the host population, who diversify their diet with commodities originating from food assistance. Moreover, the water and energy access issues that the refugees face are not as problematic for the local population, enabling them to properly prepare and consume these foods.

Food secure host households consume milk and meat frequently. Food security surveys implemented in this area at the time of the year have not shown such high meat and milk consumption rates due to the fact that livestock was generally in northern Mali and that household financial resources were too limited to allow for regular purchase of meat and milk. The May 2013 JAM survey suggests that the situation is currently reversed. The fact that livestock are now in Mauritania rather than Mali (where they cannot venture owing to insecurity) could also account for the observed high level of meat and milk consumption for host households. Food distributions have also supported food access for host households.

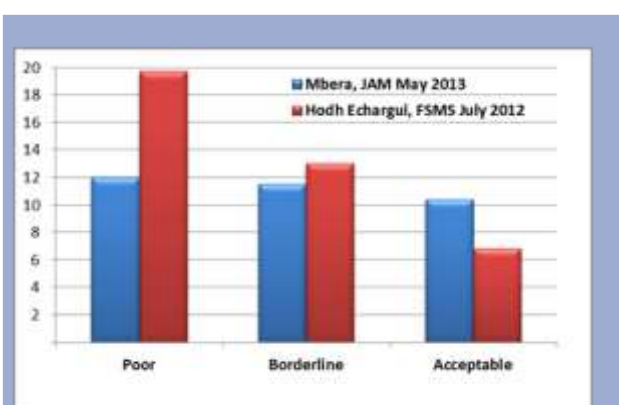


Figure 9: Average CSI by food consumption group

Source: UNHCR/WFP JAM May 2013; household survey

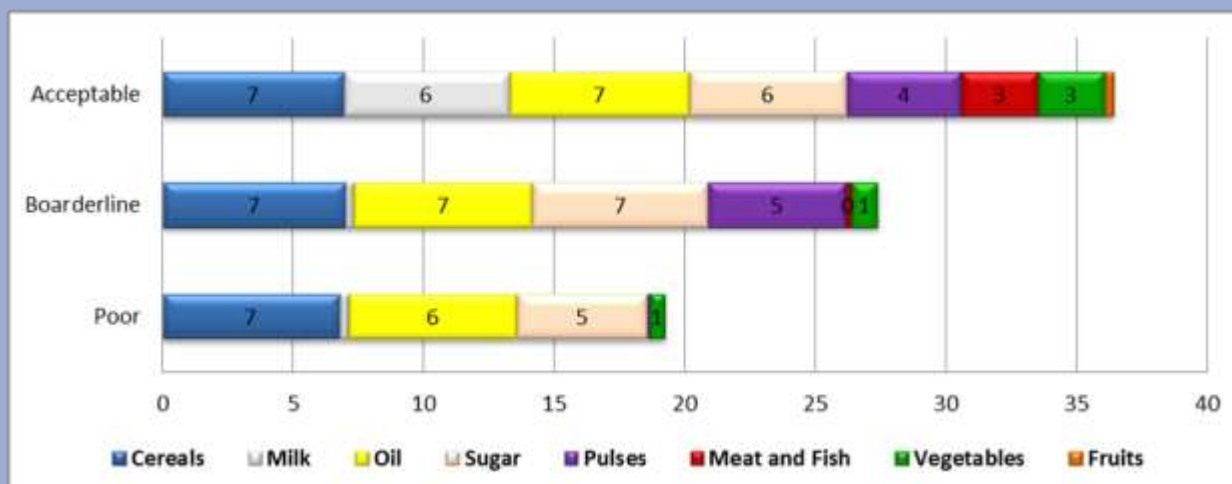


Figure 10: dietary diversity, host population, May 2013

Source : household survey

One cannot exclude that some households in Bassikounou *Moughataa* have been registered as refugees at the camp and are therefore benefiting from assistance, as both consumption data and focus group interviews converge on this issue. The high level of household dietary diversity that is observed in May 2013 among host households is also an outcome of direct and indirect access to food assistance, and income drawn from its resale.

As of May 2013, 14% of households in Bassikounou *Moughataa* were food insecure, compared to 43% in July 2012 and 46.3% in July 2011. Although results are not strictly comparable – as sampling approaches were different – the May 2013 results show that

the food security situation of host populations has not been greatly undermined by the presence of refugees. Quite the contrary: the food security status of the host population is better than in previous years.

While the cost of millet imported from Mali has increased compared to its usual levels, interviewees perceive that rice and other commodities distributed in the camp have remained affordable. The stability in market prices might account for the relatively favorable food access indicators for the host community.



Photo: host communities in Fassala

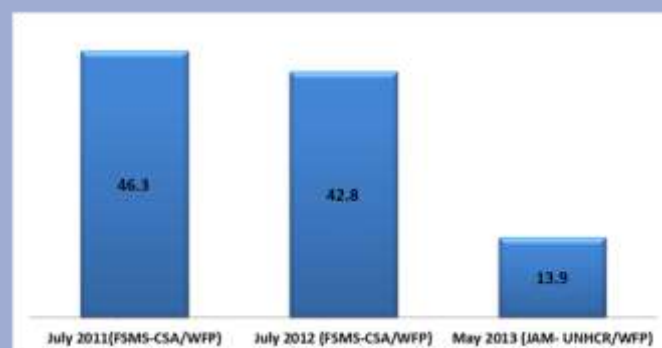


Figure 11 : Food insecurity trends in the Hodh Echargui



Photo: Host communities in Fassala

In host communities, the households that are most food insecure are single-parent households, households headed by women, households headed by a person with a low education level, and households with low or no livestock holdings. These characteristics overlap with the determinants of poverty in rural Mauritania.

Although the presence of refugees has yet to have a negative impact on host household food consumption, it appears that their stay added to the continuing insecurity in Mali is having effects that might undermine local livelihoods in the long-term. The arrival of refugees is perceived as a 'shock' by host households. Over half of households report increased transportation costs. The increase is explained by higher demand for transportation by refugees⁶. Higher prices for locally produced commodities are a concern for nearly

half of households. Some 45% of households estimate that the presence of refugees in the region constitutes a shock, due to overgrazing and competition for water for human use or for animals. Some shocks mentioned by host households refer to the 2012 food crisis, for instance debt reimbursement mentioned by 48.8% of surveys households. In order to save their livestock in 2012, herders had to purchase large quantities of feed purchased on credit. That explains why debt reimbursement continues to be high.

The livestock losses caused by the 2011/2012 drought remain a factor that has reduced household's capacities to generate the resources they need to survive. Smaller herders without the resources to purchase feed for their animals saw them weaken and die off in 2012. These households are currently without survival strategies as the lean season sets in.

According to focus group interviews, pervasive insecurity in northern Mali has prevented livestock owners from moving their herds to Mali. As a result, there is high demand for both fodder and water resources from the combined Mauritanian and Malian herds located in Southern Hodh Echargui. High demand for firewood and fodder in the vicinity of the camp has also led to the destruction of trees in a 7km radius from the camp, exacerbating domestic energy problems for both camp residents and hosts and an increase in charcoal prices. Trekking distances for livestock in the camp have increased.

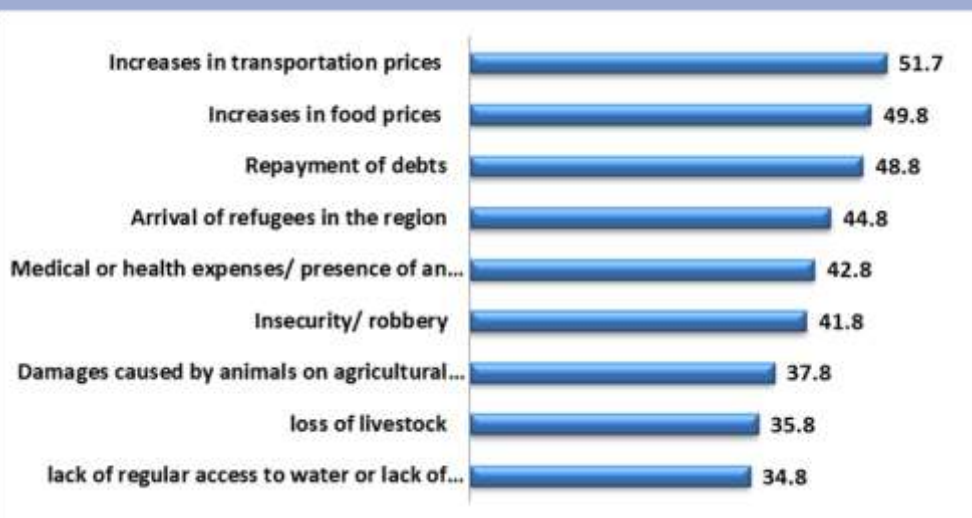


Figure 12: Shocks reported Source: Household survey

Key recommendation

The issue of domestic energy for camp residents requires attention, as it might place a long-term burden on natural resources and livelihoods for hosts. The rehabilitation of boreholes for livestock, or the creation of watering pans will also help manage the increased pressure of scarce local water resources.

⁶ Transportation takes place in pickup trucks. Passengers seated in the back of the truck pay 500 MRO against the 200 MRO they paid before the arrival of refugees. Passengers riding in the cab pay 1000 MRO against 500 MRO they paid before.



Photo: food distributions in Mbera

PERFORMANCE OF FOOD DISTRIBUTION SYSTEM IN MBERA

From January 2013, distributions were implemented directly to households, after having been managed through 'heads of sector' in the first phase of response. This change in distribution modality has improved the performance of the food aid program: according to the October 2012 PDM round, undertaken at a time when 'grouped' distributions took place, beneficiaries effectively received 75% of cereals, 65% of pulses, 68% of oil and 81% of CSB. Once the scooping method was implemented, these rates improved to 88%, 73%, 89% and 94% respectively (figure 13). While

there has been improvement, from 6 %to 27% of commodities are not effectively received by beneficiaries, even after the implementation of new distribution arrangements. Informants at the camp explain the continuing discrepancy by the fact that the system is fairly new, and that distribution staff at Mbera do not have properly calibrated measures for scooping the ration, leading to underscooping, and that rates will improve once and training has been provided. In any case, the fact that beneficiaries receive less than their full entitlement may be one of the reasons why food aid is sold on the markets of Hodh Chargui (see box).

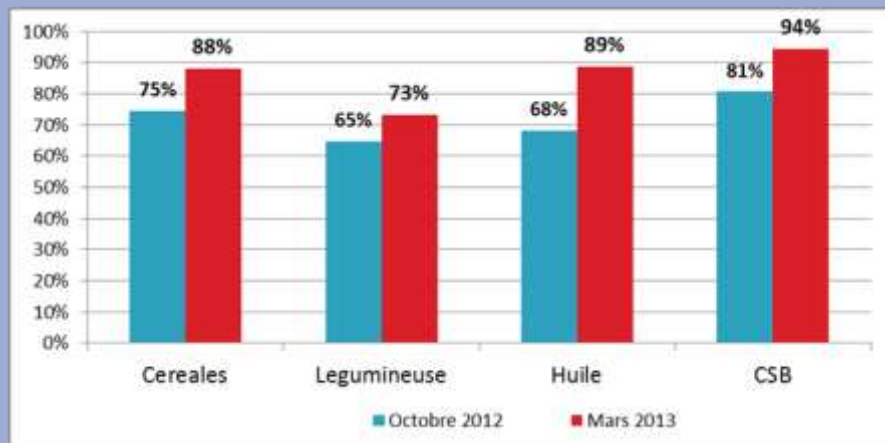


Figure 13 : % of planned ration effectively received by beneficiaries
Source: PDM data

Key recommendation

Provide adequately calibrated scoops to distribution teams, and continue training. Provide additional information to refugee households. The share of the planned ration effectively received by beneficiaries should continue to be closely monitored in future PDM exercises.

ACCESS TO CHARCOAL AND WATER REMAINS A CHALLENGE IN MBERA

The price of charcoal in Mbera is currently prohibitive, limiting household ability to prepare the ration that is distributed. Key informants reported that whereas a bag of charcoal cost 400 ougiya, in 2011, it now costs 3000 ougiya. Mbera camp is surrounded by concentric circles of environmental degradation.



Photo : bag of charcoal, Mbera camp



Photo: Woman in Mbera camp collecting wood

Focus group interviews indicate that poor access to charcoal or wood has led worse-off households to cook using dung. Additionally, according to the March 2013 PDM, poor access to water was cited as an obstacle to food preparation for three quarters of households. Although enough water is produced within the camp overall to meet SPHERE standards, access to water at the household level remained a challenge at the time of the JAM. Focus groups mentioned long waiting times at water distribution points as a key constraint. Lack of access to fuel and water can lead more vulnerable

Demand for domestic energy is taking its toll on the environment



Photo: burning down trees in Mbera

As of May 2013, the first kilometers around the camp were entirely devoid of vegetation, owing to overgrazing and the felling of trees for firewood. Limited access to charcoal is one of the reasons why beneficiary households have difficulty preparing the pulses and blended foods that are provided in the ration, which require long cooking times.



Photo: environmental degradation around Mbera camp

households to cook less frequently, and do their laundry less frequently. According to the March 2013 PDM, poor access to water was cited as an obstacle to food preparation for one-third of households.

Key recommendation

Advocate for the funding of domestic energy projects in the camp, emphasizing the negative effects that energy scarcity is having on the environment, on food preparation, and on the host population.

LIVELIHOODS AND MARKETS IN MBERA CAMP

As the first, life-saving phase of assistance is over, agencies in the camp will focus on promoting **self-reliance**. The challenge will be to do so in an environment that offers **limited economic opportunities**. According to the household survey, more than half of households have no regular income source or are entirely dependent on aid, as shown on figure 14. Whereas herding and agricul-

ture constituted the main income source of every fifth household in Mali, it remains so for only 4% of households in Mbera. Petty trade represented the main income source for 22% of households in Mali, that proportion is down to 15%. Assistance programs could focus on supporting **livestock activities and petty trade**, considering their contribution to household economies prior to displacement.

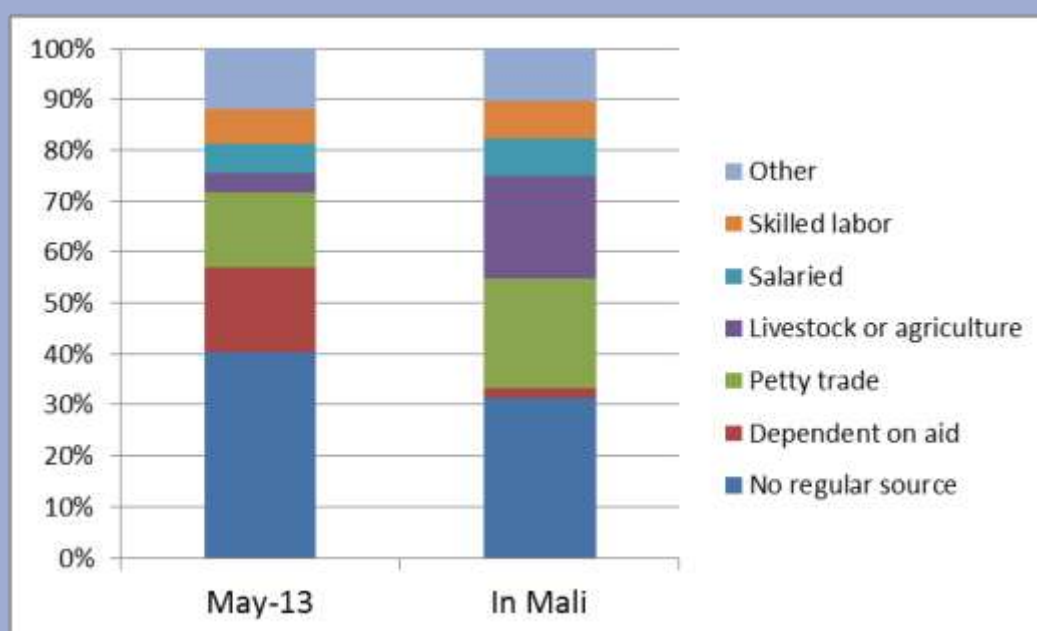


Figure 14 : Household income sources in Mali and in Mbera.

Source: household survey

Households living in Mbera camp rely on markets to exchange food aid against the food items they prefer, purchase items that are not provided by agencies at the camp (such as household items and clothing) and, in some cases, generate income (sales of livestock for better-off households or sales of doughnuts or other prepared foods for some refugee women). Although purchasing power is low among refugees, their sheer numbers amount to a large amount of demand, driving a considerable level of activity at the weekly market near the camp.

The weekly market near Mbera is also a livestock

market where local traders buy and sell small ruminants. Better off refugees are able to purchase dairy goats at a cost of some 18.000 ouguiya (about 65 USD), allowing access to fresh milk. Cattle feed and veterinary supplies are readily available at the weekly market. Problematically, **the camp itself does not have a market of its own**, limiting camp residents' ability to buy and sell goods. It is recommended that consideration is given to constructing a market space within the camp to promote income –generation, self-reliance, choice and convenience for the camp residents.

During focus group sessions, women mentioned that long walking distance from the Mbera market limited their ability to go the market (as household chores would go undone). Many day-to-day needs are therefore met through the corner shops that are found throughout the camp (purchase of charcoal, sugar, tea, milk powder, soap). According to focus group discussions, **refugees commonly have access to credit through these shops**. Customers are expected to reimburse immediately after the food distribution, reimbursement of credit is commonly made in-kind. There is a markup for credit, with a kilo of rice costing 30% on credit than in cash. A refugee household's distribution card constitutes a form of collateral that allows access to loans.

In March 2013, WFP implemented a market assessment in Mbera. It showed that Mbera market, has grown considerably since the arrival of refugees. Notably, the number of traders had increased. Secondary trade routes, including from Nouakchott, had become increasingly important due to insecurity in neighboring Mali and the subsequent interruption of trade with Algeria. Although food prices had generally increased, the March 2013 assessment determined that markets in and around Mbera were functioning well. The cost of in-kind assistance was assessed to be 7% cheaper than prevailing market prices.

Traders and transporters interviewed during the May 2013 JAM confirmed that Mbera market is part of a network of mobile weekly markets straddling the northern Mali and eastern Mauritania linked to markets in southern Mali and Algeria through long-distance routes. The nearby refugee camp has made Mbera an increasingly attractive market for traders. At the time of the JAM, trade with Mali was slowly recovering. Transaction volumes remain below their levels before the Malian conflict, owing to insecurity. Although trade in coarse grains from Mali has slowed, local markets in Mbera and vicinity are benefitting indirectly from the food supplies distributed in the camp.



Photos: Stalls at Mbera Market



Traders and transporters interviewed during the May 2013 JAM confirmed that Mbera market is part of a network of mobile weekly markets straddling the northern Mali and eastern Mauritania linked to markets in southern Mali and Algeria through long-distance routes. The nearby refugee camp has made Mbera an increasingly attractive market for traders. At the time of the JAM, trade with Mali was slowly recovering. Transaction volumes remain below their levels before the Malian conflict, owing to insecurity. Although trade in coarse grains from Mali has slowed, local markets in Mbera and vicinity are benefitting indirectly from the food supplies distributed in the camp.

The full recovery of markets in southern Hodh Echargui will depend on security conditions in Mali and the outcome of the 2013 main harvest, expected in October. Considering the inherently dynamic nature of markets, it is suggested that UNHCR and WFP track market trends closely. These could have bearing on the market's performance and the opportunity to implement cash or voucher-based interventions.



Source: Key informant interviews

Key recommendation

The **March 2013 cash feasibility study should be updated** later in the year in order to assess how cash transfers could be implemented. WFP should extend its market monitoring activity to Mbera. Consideration should be given to setting up a market in Mbera camp proper.



Photo : Selling livestock, Mbera market

WHY IS THERE FOOD AID ON THE MARKET IN MBERA ?

A visit to the markets in Mbera and in neighboring areas of Hodh Echargui shows that food aid is exchanged in significant quantities, with entire bags for sale. According to the household data collected, from 8 to 12% of the food ration is sold or exchanged on the market. The information collected during the JAM offers explanations for the phenomenon.

- i) The commodities distributed at the camp (rice, pulses, vegetable oil, super-cereal) **do not match beneficiary preferences**. The joint study on the determinants of malnutrition has documented the food preferences of the Tuareg and Arab majority in the camp: these communities traditionally consume meat and fresh or powdered milk which are not part of the food ration. The focus group discussions show that the issue of food preferences extends to many other food items, including green leaves (*nere*, baobab) or dried fish.
- ii) Some households receive **assistance that exceed their immediate needs**. May 2013 PDM results show that more than a third of households have more than a single ration card.
- iii) Some of the food items distributed **require long cooking times**, in a camp where access to charcoal is problematic.
- iv) May 2013 PDM results show that some beneficiaries **do not receive the full ration**. Under scooping of the ration at distribution sites is the likely proximate cause.

The presence of food aid on the market is beneficial to host households, who tend to be market dependent.



Photos: WFP Food being sold at Mbera Market



THE CHALLENGE OF ESTABLISHING A PLANNING FIGURE FOR FOOD ASSISTANCE

In a dynamic emergency environment, accurate registration of the refugees is challenging. During the first phase of the emergency, the need to assist large numbers of refugees as quickly as possible has led to the partial reliance on informal sources --such as from local authorities or refugee representatives -- that are not always precise. In addition, the highly mobile nature of the population has further complicated the registration process. This difficulty of accurately registering the population in the camp, has in turn rendered difficult the accurate programming of activities, needs assessments and the development of accurate forecasts thereby impacting on the overall efficiency of the operation.

According to UNHCR, some 74,000 refugees were registered as of May 11 2013. The JAM acknowledges the difficulty of offering an up to date and precise estimate of the camp's population. Some refugees are mobile, some are transhumant or nomadic pastoralists who return to the camp from time to time, including to receive assistance distributions. Refugee numbers also experienced fluctuations, and were revised from 104,000 to some 54,000 when level 2 registration was complete in late 2012, only to rise again after the military strikes on the north of Mali began in

January 2013. The registration process is also becoming more refined. Since December 2012, registration of refugees occur upon arrival at Mbera camp allowing for a more accurate tracking of entries. In addition UNHCR is now a permanent daily presence at the border and in this way is able to screen new arrivals and identify possible attempts of recycling and multiple registration.

In April 2013, the authorities, with the support of UNHCR, launched the national biometric registration of Malian refugees settled in Mbera camp. Once this exercise will be completed, more accurate statistics on the population residing in the camp will be available and this system will also allow to identify the possible the presence in the camp of individuals that do not qualify as refugees. The bio metric registration exercise that should conclude in August 2013 will produce a new estimate of the Malian refugee population. It's expected that this exercise could most likely lead to a 15 to 20% reduction of current planning figures.

According to the interviews carried out in host communities, members of the host community have been registered and are receiving assistance at the camp. The May 2013 household survey has suggested that some 17% of households in Mbera camp were 'Mauritanian', confirming that it is relevant to consider this issue (figure 15).

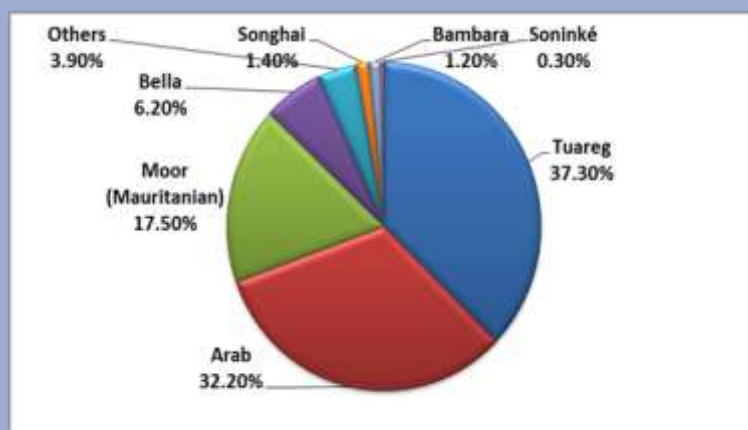


Figure 15 : Ethnicity of households in Mbera camp

Key Recommendation:

The JAM recommends that a **figure of 74,472 beneficiaries** be kept as a **planning figure for food aid**, until a joint UNHCR/WFP beneficiary identification exercise is complete in August. On the basis of observation and interaction with partners at the camp, it's expected that a 15-20 per cent reduction in the planning figure is likely



4. NUTRITION

The nutrition situation in Mbera camp has been a matter of concern, considering the critically high prevalence of global acute malnutrition in Mbera throughout 2012 and 2013. This section offers an analysis of the trends in malnutrition in Mbera, likely causes of the phenomenon and an assessment of the performance of programs set up to manage acute malnutrition.

ALTHOUGH GAM RATES HAVE IMPROVED, THEY REMAIN ABOVE SERIOUS THRESHOLDS

After having initially stood well above critical thresholds, GAM rates are showing a decreasing trend in Mbera. The most recent survey, carried out in January 2013, sug-

gests that 13.1% of children under 5 suffer from global acute malnutrition. While the indicator has improved, **at such levels the situation in the camp remains 'serious'**, calling for interventions. Screening data from WFP suggests that the prevalence of acute malnutrition has remained at that level from January to April 2013.

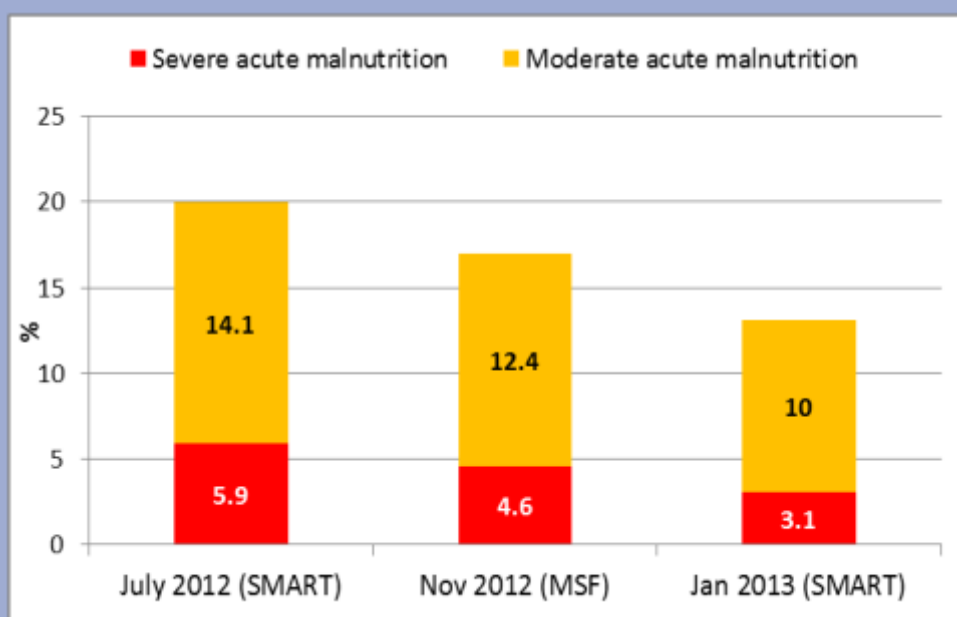


Figure 16 : GAM rates in Mbera camp

The prevalence of GAM in Mbera camp is as high as those in refugee's areas of origin, and as high as those observed during the lean season in Hodh Echargui. Indeed, GAM rates in Tombouctou region, the refugees' area of origin, were estimated at 15.4% during the last survey conducted there in July 2011⁸, at the peak of the lean season. According to the most recent SMART surveys in Mauritania, GAM prevalence in Hodh Echargui was 7.5% in

January 2013, while standing at 16.5% in the July 2012 lean season survey round. GAM rates are known to experience substantial seasonal variation in the region. It is likely that the prevalence of GAM in Mbera camp experiences similar seasonal fluctuations, due to an increase in malaria and diarrhoea during the annual June to September rainy season.

Key Recommendation:

The JAM endorses the opinion of nutrition partners in the camp that **a single SMART assessment take place in July or August 2013** (delaying it to August September for practical reasons due to the coinciding Ramadan), in order to have a point of comparison with the July 2012 survey. This SMART survey will be conducted jointly by all partners and will be the only nutrition survey in 2013. An annual schedule is agreeable to all partners. The SMART survey will be expanded to include measurements of anaemia (underlying cause of chronic and acute malnutrition) as per UNHCR's standardised survey methodology. UNHCR will take the lead in the development of the survey methodology.

⁸ INSTAT (2011), Enquête Nationale Nutritionnelle Anthropométrique et de Mortalité Rétrospective, Mali ; http://mali.humanitarianresponse.info/sites/mali.humanitarianresponse.info/files/assessments/rapport%20final%20SMART%20Mali%20janvier%202012%20_ZIMSAID_100212%20revu%20said.pdf

CAUSES OF MALNUTRITION

The analysis shows that while the situation has improved in the past year GAM rates remain at **levels that exceed intervention thresholds**. The composition of the food rations distributed to camp residents is far from being the only unique factor explain-

ing high rates of GAM prevalence in Mbera. Causes are multiple and interconnected. The immediate and underlying causes of acute malnutrition in Mbera are documented in detail in the qualitative study carried out in March 2013⁹ and the joint UNICEF/WFP/UNHCR assessment in February 2013.

Table 1 : causes of malnutrition in Mbera camp

Source: UNHCR, NICEF, UNHCR

	Immediate causes	Underlying causes
Knowledge Attitude and Practice related	<ul style="list-style-type: none"> • Nomadic diet, based on milk • Widespread open defecation (human and animal) • hand washing not practiced 	<ul style="list-style-type: none"> • Poor understanding and/or perception of malnutrition • Poor understanding of community treatment and prevention of malnutrition, <u>resulting in high defaulter rates</u>
Food assistance related	<ul style="list-style-type: none"> • in adapted food assistance • Fluctuations in the amount of food available for consumption (see Figure 1 on page 5) and • Arbitrary distribution mechanisms 	<ul style="list-style-type: none"> • Underlying micronutrient deficiencies/ chronic malnutrition, especially anaemia • lack of food diversification • lack of lipids • Lack of food preparation resources (cooking utensils)
Health related	<ul style="list-style-type: none"> • Incidence of diarrhoeal diseases, ARIs, malaria (seasonal) and intestinal parasites • Micronutrient deficiencies related health effects • Inconsistent detection (screening) and follow-up of malnourished children • Problems related to access, coverage and quality of health services 	<ul style="list-style-type: none"> • Poor health seeking behaviour of population • Lack of community-based health education
WASH related	<ul style="list-style-type: none"> • Inept availability and utilisation of water and sanitation facilities 	<ul style="list-style-type: none"> • Lack of hygiene promotion and availability of hygiene items • Unsafe water storing and handling at household level

While the qualitative study identifies the main causes of acute malnutrition in the camp, their respective importance remained unclear. The JAM attempted to assess these factors by constructing a model assessing the probability of a household having one of their children enter nutrition treatment programs. The model is a probit regression with a binary dependent variable. The predictor variables are expressed in probability terms, varying from 0 to 1. Data used to construct this model originates from the household survey conducted for the JAM in May 2013. Households were asked whether any of their children aged 5-59 months had been admitted into a nutrition program. This question was used as the dependent variable in the model.

The probit model shows that the essential factor predicting admission into nutrition programs in Mbera is **whether the child had, according to its parents, shown signs of malnutrition in Mali**, before displacement to Mauritania. The model estimates that some 20% of the caseload in the camp is composed of children already malnourished in Mali. The fact that the refugee population originates from an area with elevated GAM rates is therefore an important factor to consider when interpreting the prevalence of acute malnutrition in the camp and designing responses. That single variable's explanatory power is so strong that it is removed from the model presented in the Annex. An approach of this type to identify causes of default should be considered.

⁹ UNHCR, UNICEF, WFP (2013). Analyse qualitative des causes de la malnutrition dans le camp des réfugiés de Mbera, MAuritanie

PROGRAM PERFORMANCE

Adequate capacities to address the nutrition and food needs of Malian refugees were too slow and insufficient, initially. The response to the nutrition

crisis was therefore delayed. The nutritional situation in Mbera only started to be addressed after the April 2012 screening, which took place 4 months after the first refugee arrivals

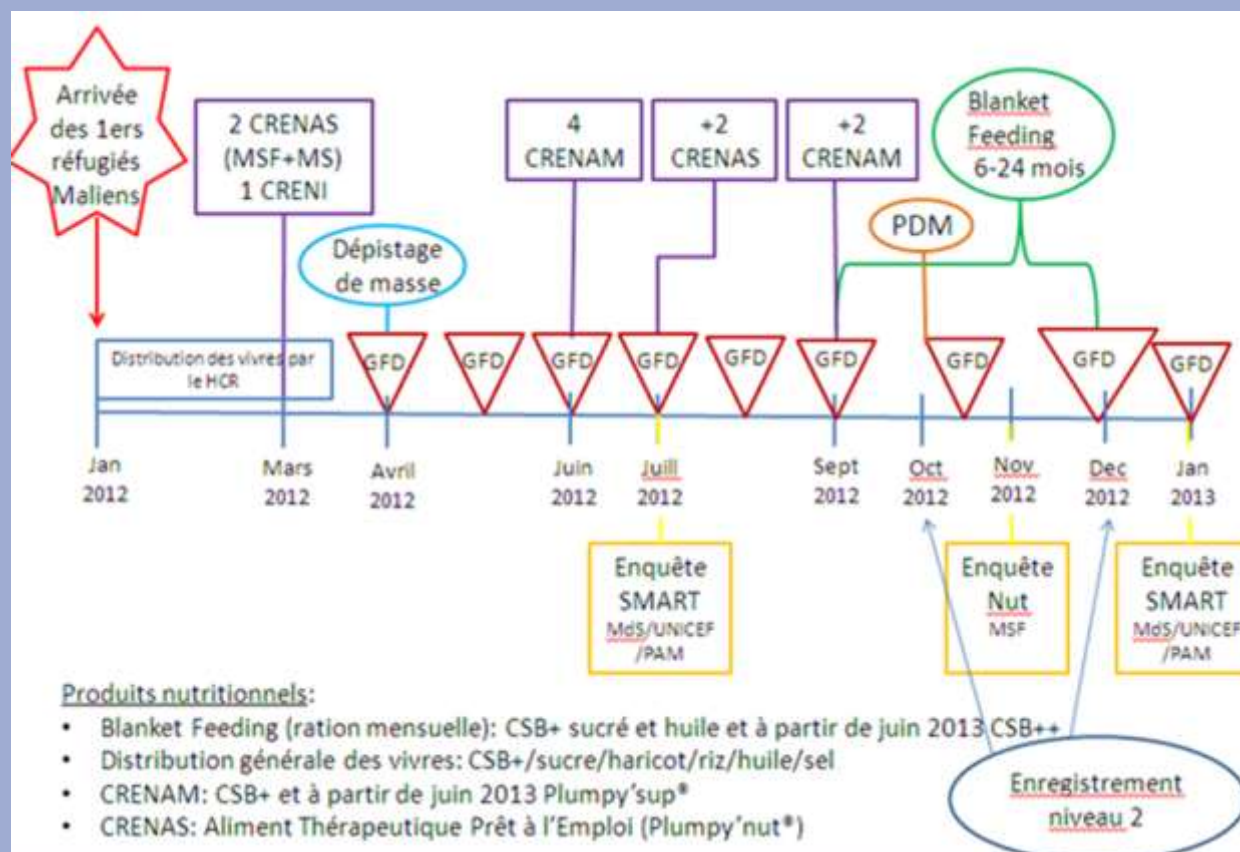


Figure 17 : timeline of Food and Nutrition programme Response

Source: WFP/UNICEF/UNHCR Joint Mission Report Feb 2013

MSF programmes to treat severe acute malnutrition (CRENAS/CRENI) were among the first activities to be implemented in the camp. A first MUAC screening was done only four months after the first Malians arrived in the camp, and demonstrated the need for urgent nutrition interventions. Around the same time WFP conducted its first general food distribution (GFD) in the camp. Before the start of the GFD food was provided by UNHCR from January to March 2012. Programmes to treat moderate acute malnutrition were introduced only in June 2012 with the opening of four supplementary feeding programs (CRENAM). Blanket feeding to prevent malnutrition among under-five children and pregnant and lactating women com-

menced in September 2012.

CAPACITY AND COVERAGE ADJUSTMENTS

The number of CRENAS and CRENAM subsequently increased in July and September respectively, to meet the growing demand. The current capacity is sufficient to manage the projected beneficiaries as per the findings of the last SMART survey. Should the incidence of malnutrition increase during the lean season, strain on capacities is likely, however. Contingencies have to be factored in.

Table 2: Capacity and coverage of nutrition programme components

	Number of centres		Capacity/ centre	Total capacity	Projected Nr of children	Nr currently enrolled
CRENAM	Adicor/WFP	6	300	1800	1500	1200
CRENAS	MSF	4	150	750	465	850 ¹⁰
	MoH/UNICEF	1				
CRENI	MSF	1	40	40	35	32
CHW	MSF	35				
	MoH/UNICEF	26				

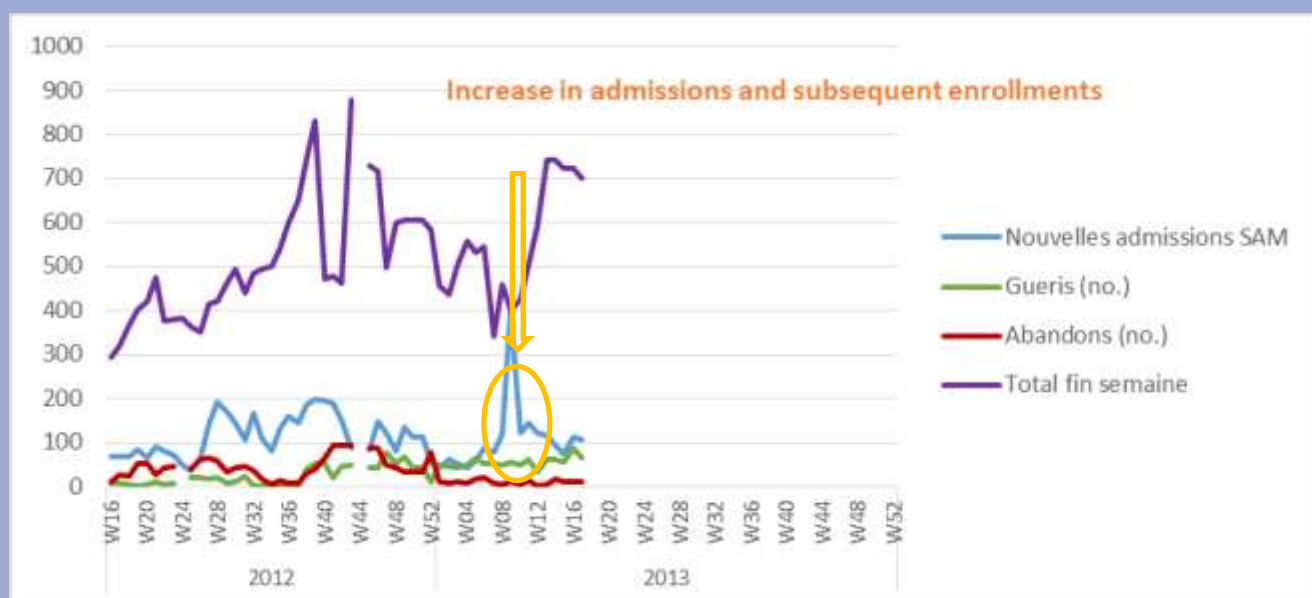


Figure 18 :Number of admissions and exits from the CRENAS

¹⁰The caseload of under-five children admitted in the CRENAS (MSF and MoH) exceeds both the projected number of SAM cases and the capacity of the programme. There is no indication that the number of children suffering from severe acute malnutrition is actually almost double of that predicted from the survey finding. The reason for this increased number of enrolements is due to a spike in new admissions during the period of February March 2013 when a new wave of Malians crossed the border. As children usually remain in the programme for 6-8 weeks, the number of enrolled children is likely to decline within the next weeks.

Data for the treatment of malnutrition suggests that **enhancement in program performance** have led to the **improvement in GAM rates** that successive nutrition surveys conducted in Mbera have revealed. In particular Médecins Sans Frontières (MSF) have, starting from December 2012 implemented an enhanced outreach strategy that has considerably improved programme performance by proactively screening and tracing programme dropout so significantly decreasing

ing defaulter rates. In the third quarter of 2012, over 80 per cent of children enrolled in therapeutic programs had dropped out. The implementation of the outreach strategy has allowed drop outs to fall to 10 per cent, in line with standards for that indicator, as shown in Figure 19. Likewise, cure rates have increased from 10 per cent to 80 per cent of admitted children in the interval, meeting standards for nutrition programs.



Figure 19 : cure and defaulter rates for therapeutic nutrition programs in Mbera (MSF CRENAS)

Source: MSF data, analysed by UNHCR

Similar trends can be observed in the supplementary feeding programme (CRENAM)

run by ADICOR with support from WFP.

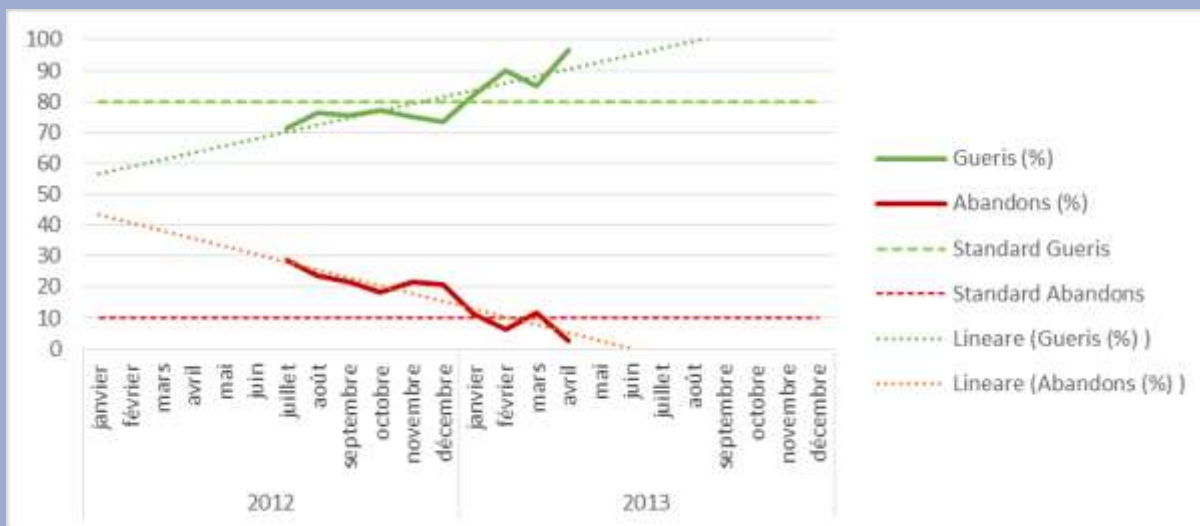


Figure 20: cure and defaulter rates for supplementary nutrition programs in Mbera (ADICOR CRENAM)

Source: ADICOR/WFP data

The referral process and criteria in between CRENI, CRENAS and CRENAM is automated and working well. Children discharged from the therapeutic program are admitted into the supplementary program by default.

Key Recommendation:

Continue, expand and improve i) Sensitization/ education, ii) defaulter tracing, iii) program performance and monitoring.

MSF and MoH (supported by UNICEF) have significantly increased their number of community volunteers. The network of community health workers has proven to be very effective. These efforts should continue. However, ADICOR/ WFP CRENAMs do not foster community participation. This should be considered as the number of children in the programme is significant. It would allow

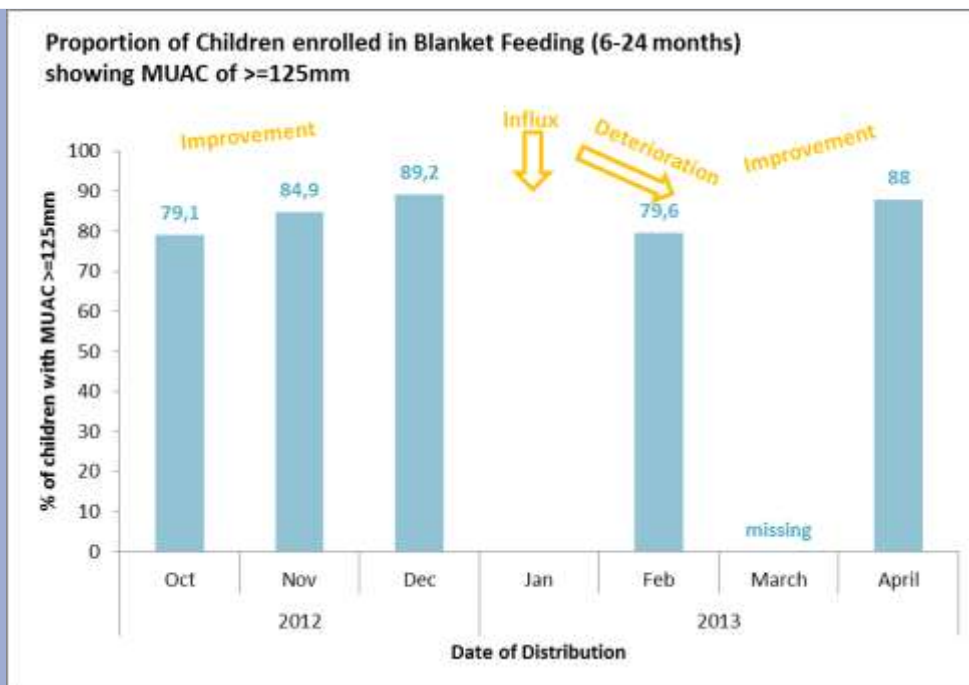
the tasks of defaulter tracing, screening, sensitisation and education to be divided more efficiently and better targeted.

BLANKET FEEDING

Since September 2012, blanket feeding has been implemented in the camp, targeting children aged 6-24 months, who receive a ration of supercereal and vegetable oil. The significance of the impact of the blanket feeding program is shown in the below graph (figure 21), which depicts the proportions of children among those receiving blanket feeding with a MUAC of $\geq +125\text{mm}$. With the exception of the period starting with a renewed influx of refugees from Mali in January 2013, the improvements in the overall nutrition status of children are significant.

Figure 21 : Proportion of children enrolled in Blanket Feeding (6-24 months) showing MUAC of $\geq 125\text{mm}$

Source: WFP data



During the JAM, the blanket feeding program met with a mixed reception. In household and key informant interviews it was repeatedly reported that the perception of CSB is poor for several reasons. CSB is seen as causing diarrheal

diseases. Cooking is lengthy and hence proper preparation is difficult. Finally, reports have indicated that the product is used to feed the livestock instead.

Key Recommendation:

It's suggested that in order to achieve additional progress in acceptance/ adherence and reducing GAM prevalence, the blanket feeding activity henceforth cover all children aged 6-59 months, as well as lactating mothers. The feasibility of using alternative products such as Plumpy Doz and supercereal++ should be assessed. A review of the blanket feeding strategy should take place when the results of the SMART survey are available.



5. TOWARDS A FOOD AND NUTRITION STRATEGY

The operational response to the needs of the fleeing Malian refugees has been slow to start, particularly in the food and nutrition sectors, but also health and WASH. Building up sufficient capacity has been challenging to all humanitarian partners.

Things have changed –or, rather, improved – over the past year.

Concerted efforts by all partners have paid off to significantly improve the response. Each agency in its own right has improved delivery and has made efforts to adapt assistance to the needs of the population. However, what is missing is a **common strategic framework** that defines the targets and priorities that need to be addressed.

While each partner has elaborated work plans in place, strategic planning is an apparent gap at this stage of the response. This is indeed a common error in operations that transition from emergency to post-emergency phase. This role falls under the responsibility of the sector coordination in Nouakchott.

The coordination in Basikounou has improved over the past 6 months and inter-related problems are addressed in a multi-sectoral way. **What makes coordination in Basikounou effective is its potential to be solution-oriented.** Unfortunately, this very ability is then hampered by the fact that it doesn't translate into action, often because decisions are made in Nouakchott. The problem is that the field-based technical coordination and the strategic level operational coordination in Nouakchott remain improperly intertwined. Coordination in Nouakchott will remain ineffective as long as it is merely a mechanism for information sharing and as long as it is not directly linked to the field.



Photo: Food distributions in Mbera

Key recommendations:

Develop a **Food Security and Nutrition Strategy** with clearly defined targets for mid-term (6 months or end of year) and medium-term (12 months) deliverables. This plan should be feasible and priority-driven. An inter-agency group in-country should develop this plan within 4 weeks. Support from agencies HQ will be provided.

Improve coordination mechanisms, particularly with regards to coordination between the field and the capital.

6. WATER, SANITATION AND HYGIENE

According to UNHCR, water production capacity within the camp meets SPHERE standards, in the aggregate. At the time of the JAM, the quantity of water consumed per day was equivalent to 13 liters per person.

If there is sufficient capacity, why does water consumption fall short? While the theoretical yield of the boreholes is sufficient for the population, the storage and distribution network as well as storage capacities in households are not. Efforts to increase this quantity are ongoing. All WASH partners are engaged in construction of new and/or rehabilitation of existing water hardware. With the rainy season approaching, an increase in water supply is necessary to prevent an increase in WASH-related diseases.

Similar efforts are under way to increase the number of latrines. The fluctuation of number of persons in Mbera makes it however difficult to reach international standards. For instance, in February 2013 there were 1 communal latrine for every 27 persons; in May the ratio was 1:39. The standard is 1:<20.

Water and sanitation hardware is not the actual problem in the camp

Lack of hygiene and unfavorable hygiene practices constitute the priority WASH issues in the camp. Open defecation is common. Unfortunately, hygiene promotion and behavior change education efforts are falling short of delivering any impact. This is at least partly due to the preoccupation of the WASH partners to improve the WASH hardware infrastructure.



Photo: Children playing in dirty water

Key recommendations:

Camp residents should be trained to improve the use of the water and sanitation equipment that has been set up in the camp. Areas of improvement include hygiene promotion (personal hygiene, food hygiene and communal hygiene) and the distribution of hygiene kits. UNHCR is in the process of recruiting a WASH officer. The terms of reference for this person should be shaped around the primary focus on hygiene promotion activities.

7. HEALTH



Photo: MSF center , Mbera

As with most other technical sectors, the health sector and health care delivery has seen its share of challenges. However, immense improvements in terms of access, coverage and quality have been achieved, mainly due to i) increasing of capacities in MSF and MoH/UNICEF, ii) improved sectoral coordination and information sharing, iii) improved integration of comprehensive primary health care and iv) improved community sensitization and participation (in conjunction with the nutrition focus).

In particular, inter-agency coordination and information sharing has had a positive impact. Concerted efforts are now under way to implement a 3 -round catch-up vaccination campaign with 5 antigens to improve baseline coverage and prevention of vaccine-preventable diseases with outbreak potential. The campaign is implemented by UNICEF and MoH with active support from UNHCR and MSF. It is conducted from May throughout July 2013.

Another effort is to distribute long-lasting-insecticide-treated mosquito nets (LLIN) before the start of the rainy season to so reduce incidence and transmission of malaria.

Contingency plans for cholera and measles are in place and stand-by capacities and resources available.

Poor access to education in Mbera

UNHCR data shows that 60% of refugees are school age. There are currently 6,380 children in elementary schools, 249 in secondary schools and 527 following literacy courses (50% women). There are 6 primary schools and one secondary school in the camp.

According to UNHCR, only 30% of school age children attend school. Part of the school age population resides far from the temporary buildings where classes are held. The student to teacher ratio exceeds 200 to 300 per class (levels 1-3), classes tend to be overcrowded

8. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Considering protracted insecurity in northern Mali, it is likely that the **presence of refugees in Mbera will continue**. The challenge of tracking refugee numbers will persist, as some factors such as the rainy season and the July elections in Mali might cause movements to and from the camp. The JAM has concluded that the planning figures for food aid are likely to be 15 to 20% their current level; an assessment that ongoing targeting exercises would confirm by August.

Although programs have performed better since late 2012, the **nutrition situation remains serious in Mbera** and should be addressed by continued outreach and adjusting the blanket feeding program to cover more age groups. The model presented in the report suggests that an important share of malnutrition in Mbera is 'imported' from Mali, its management is likely to remain a persistent challenge.

Food security programs should focus on dealing with the **geographic concentrations of food insecurity** identified in the camp, and ensuring equal access to assistance. Food assistance continues to be found on the market in Mbera and vicinity, due to the fact that commodi-

ties do not match beneficiary preferences, that access to fuel and water for cooking is difficult, and that some beneficiaries are shortchanged. **The food basket should be adapted** to preferences to the extent possible, distribution arrangements reviewed. As the market situation stabilizes in Mali, more opportunities for **cash and voucher-based transfers** will exist, especially at the time of the 2013 harvest. The prolonged stay of refugees argues for the implementation of actions to support their self-reliance.

Although food and nutrition indicators in the host population are better than expected, the presence of refugees has resulted in **significant pressures on the environmental resources** that should be addressed before they undermine local livelihoods.

Priorities for further research include **updating the cash feasibility study**. Another local JAM could be organized in 2014. The results of the upcoming 2013 SMART survey and the June– August 2013 PDM will **represent a major decision point** for assistance programs in the camp.

RECOMMENDATIONS

The main recommendations presented below were discussed with key stakeholders – refugee representatives, Mauritanian au-

thorities, UN agencies and NGOs at a meeting held 19 May in Bassikounou and with the Humanitarian Coordination Team in Nouakchott 21 May.

OVERARCHING RECOMMENDATION:

Develop a food and nutrition strategy for the camp, with clear targets and improved coordination mechanisms.

ISSUE 1: REVIEW PLANNING FIGURES FOR FOOD ASSISTANCE.

Recommendation 1.1: A joint UNHCR/WFP food assistance beneficiary identification exercise will take place in June-July in Mbera camp in order to establish a new planning figure for food assistance needs. Meanwhile, the current figure of 74,472 refugees (11 May 2013) is maintained as the planning figure for food assistance. On the basis of observation and progress of biometric registration, the JAM mission expects a 15 to 20% reduction of the planning figure for food assistance.

ISSUE 2: THE FOOD RATION PROVIDED DOES NOT MATCH REFUGEES' PREFERENCES.

Recommendation 2.1: Adjust the composition of the food basket. The composition of the food basket should include more commodities purchased through regional purchases, if feasible. Commodities that could be sourced from regional purchases include millet and *niebe*, which could serve as complements to rice and pulses. The food basket for general food distribution will include cereals, pulses and vegetable oil. The revised GFD ration will be adjusted from 2,190 to 2,000 kcal per person per day by removing the supercereal ration. Supercereal will continue to be used for blanket feeding and school feeding.

Recommendation 2.2: Should markets conditions allow, cash transfers could be envisaged in the future as a means to match assistance to beneficiary preferences. Considering the dynamic nature of markets, and the partial resumption of trade with Mali, the existing WFP cash feasibility study should be updated. Current market monitoring activities should be extended to Mbera market; and Identify potential implementing partners for cash-based interventions in the camp, as a complement or a substitute to the in-kind GDF ration.

Recommendation 2.3: UNHCR will scale up existing income-generation activities that will enable the production/distribution of complementary food items, such as vegetables, meat and milk and cooking fuel. New activities will also be identified.

ISSUE 3: ACUTE MALNUTRITION REMAINS A SERIOUS CONCERN.

Recommendation 3.1: Blanket feeding programs will be expanded to cover all children aged 6-59 months, as well as lactating women. The continuation of the blanket feeding program should be discussed in light of the results of the SMART survey.

Recommendation 3.2: The JAM endorses the plan to conduct a single, joint SMART survey in the third quarter of 2013. On-going nutrition surveillance in the camp should continue. Results of screening activities should be shared with nutrition stakeholders.

ISSUE 4: ENROLLMENT AND ATTENDANCE IN SCHOOLS IS LOW

Recommendation 4.1: UNHCR and WFP agree that school feeding programs should be implemented in the camp in order to enhance access to education. At first, WFP would provide supercereal, as that is the commodity that is presently in the pipeline. At a later stage, fortified biscuits could be distributed in the schools. It is recognized that poor school infrastructure and low funding for education activities in the camp represent challenges for the implementation of school feeding activities in Mbera.

ISSUE 5: REFUGEES WILL STAY IN MBERA FOR NOW, CALLING FOR LONGER-TERM SOLUTIONS THAT CAN PROMOTE SELF-RELIANCE

Recommendation 5.1: UNHCR should implement income generating activities such as livestock, sale of livestock products, leatherwork, veterinary services, gardening, and handicrafts. This recommendation is linked to recommendation 3.1 on the production of complementary foods.

Recommendation 5.2: Undertake appropriate consultations with relevant stakeholders in view of setting up a market in Mbera camp.

ISSUE 6: THE PULSES AND BLENDED FOODS THAT ARE DISTRIBUTED REQUIRE CONSIDERABLE AMOUNTS OF WATER AND ENERGY TO COOK, WHILE ACCESS TO BOTH IS LIMITED

Recommendation 6.1: UNHCR should advocate for more funding of domestic energy projects in the camp. The point should be made that some items in the food basket require significant cooking time and cannot be prepared properly.

Recommendation 6.2: UNHCR should increase dry wood collection, provision of improved stoves, and promote biomass or organic energy.

ISSUE 7: THE NEW DISTRIBUTION SYSTEM SHOULD CONTINUE TO BE IMPROVED, ESPECIALLY TO REDUCE WAITING TIME AND ENSURE THAT BENEFICIARIES RECEIVE THEIR ENTITLEMENT

Recommendation 7.1: inform beneficiaries 3 to 4 days ahead of time when a distribution is due. Implement a system of tickets to improve waiting management, in the objective of reducing wait times to 2 hours.

Recommendation 7.2: to ensure that beneficiaries are not shortchanged during distributions, enhance food basket monitoring and improve information to beneficiaries regarding the ration composition and size.

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ANNEX

The version of the model run without this variable show that access to water or household food security status are not significantly predictors of admission into a nutrition program. Many other variables are significant: membership in a household with more than one children under 5, water treatment practices, membership in the tuareg ethnic group, residence in zone 3 or the camp, lack of cooking utensils all seem to strongly increase the odds that a household's children are admitted into nutri-

tion programs. Household has been admitted into a nutrition treatment program tend to experience unemployment.

Consumption of meat and milk within the households reduces the risk of a child being admitted into a nutrition program, confirming one of the key messages of the qualitative study on the determinants of malnutrition. However the coefficient here is lower than for other factors, Households residing in zone 1 have a 50% lower chance of having a child.

Table 3: regression showing variables significantly associated with higher child admissions

Variable	Coefficient
Nombre d'enfants de 0 à 6 mois	0.53**
Possède une télévision	0.47*
Javeliser l'eau pour la traiter	0.47**
Ethnie : Touareg	0.42**
CMoins30 ans	0.30
zone4	0.30*
Aucun membre du ménage ne travail	0.28**
Combustible de cuisson: Bois de chauffe	0.26**
Ethnie : Arabe	0.21
Insécurité alimentaire modérée	0.20
Vente de la ration	0.20*
zone2	0.15
Consommation de lait au moins 1 fois par semaine	0.10
Source d'eau : Charretier	0.07
Insécurité alimentaire sévère	0.02
Rapport de féminité	0.00**
revenu1000	0.00**
Niveau d'instruction: Primaire	-0.06
Vente de reproductrice: oui	-0.11
Niveau d'instruction: Alphabétisé	-0.13
Possède des ustensiles de cuisine	-0.24**
Hausse du prix des transports	-0.25**
Ration de légumineuse inférieure	-0.26**
Consommation de viande-poisson au moins 1 fois par semaine	-0.26**
Possède un panneau solaire	-0.29
_cons	-0.34
Ne profite pas du lait et de la viande	-0.36**
Source d'eau: Eau minérale	-0.37
Niveau d'instruction: Secondaire	-0.46**
CM_feminin	-0.49**
Vente de reproductrice: non plus de ressources	-0.53**
zone1	-0.54**
Niveau d'instruction: Supérieur	-0.83*

These factors suggest that while improvements in milk consumption would be expected to improve children's nutrition status, many other actions would need to take place to reduce the incidence of acute malnutrition in Mbera. Sensitization in hygiene in water practices, targeting households with a large number of young children, providing cooking utensils would be expected to have large benefits. In order to make food aid programs more, ways of improving the consumption of pulses, meat and milk are confirmed as avenues to explore.

Source: household survey