











World Health Organization

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Foreword by the Resident Coordinator ai.

For nearly 50 years, Sahrawi refugees have been living in five camps near Tindouf, Algeria. Despite being one of the longest-standing refugee situations in the world, no consolidated plan had ever been developed to address their needs until 2024. The SRRP was introduced following the fuel and food price increases due to COVID 19 and war in Ukraine, a situation now worsened by a global pullback on humanitarian assistance. The document that follows is the report on the Sahrawi Refugee Response Plan (SRRP) at the end of its first year.

The SRRP has undoubtedly improved the coherence and the visibility of the efforts of the 28 actors responding to the needs of Sahrawi refugees and provided an important advocacy tool. However, the response plan has not been sufficiently funded so far to significantly reduce food insecurity, tackle malnutrition or ensure school enrolment of all children in school age. Despite the systematic efforts of the government of Algeria to compensate the 30% reduction in food rations imposed by the funding shortage, 90 % of households have had to either reduce meal portions, or skip meals, sell essential assets or take on debt. The coverage for moderate acute malnutrition management in 2024 was only 74.5%, below the humanitarian standard of 90%, requiring enhanced efforts in this area.

Extreme weather conditions also contributed to the deterioration of living conditions. Despite an immediate and effective response by the Sahrawi authorities and their Algerian hosts, the September 2024 floods in Dakhla severely damaged essential infrastructure, particularly in the education and health sectors.

Education, overall, remains a major priority in the camps. In 2024, 36,115 children were enrolled in school and the school feeding program now covers 100% of students. Adequate nutritional intake remains a challenge for schools' pupils, however, with the nutrition sector's needs of USD 8.4 million only 71% funded in 2024.

Health too is a vital sector, with 2024 witnessing the opening of a hospital in Smara camp and the construction of a maternity ward in Awserd camp. In 2024, 21,000 children were vaccinated against measles, and 4,317 pregnant women received safe childbirth care. Nevertheless, only 70% of essential medicines are available, and challenges remain in improving access to specialized care, radiography, and dental services.

The approach to livelihoods adopted by the SRRP aims to promote sustainable solutions focused on self-reliance and resilience. In 2024, 628 refugees were trained in sustainable farming techniques and 360 others received advanced agricultural training, including 284 women. Additionally, over 11,400 refugees benefited from the Laayoune Garden, which produced 50 tons of vegetables. High production costs and water scarcity remain significant obstacles to expanding such initiatives.

Much has been done and tangible progress is described in this report. However, unmet needs remain substantial. **The SRRP 2024-2025 estimates that USD103.9 million are required** to address the priority needs of Sahrawi refugees in 2025. With contributions from established donors diminishing or under threat, new donors need to be found among states and the private sector. I call on all stakeholders to show solidarity and generosity in providing sustainable support to this population, which continues to demonstrate remarkable resilience despite decades of hardship.

Natasha Van Rijn



LIST OF ACRONYMS

AAP	Accountability to Affected People	
СВО	Community-Based Organisation/Officer	
СР	Child Protection	
CRRF	Comprehensive Refugees Response Framework	
DoEd	Department of Education	
DoH	Department of Health	
GAM	Global Acute Malnutrition	
GBV	Gender-Based Violence	
GoA	Government of Algeria	
HSRRP	Health Sector Response Plan 2022-2025	
HWG	Health Working Group	
IACG	Inter-Agency Coordination Group	
ISWG	Inter-Sectoral Working Group	
M&E	Monitoring and Evaluation	
MEB	Minimum Expenditure Basket	
MHPSS	Mental Health and Psychosocial Support	
MNCH	Maternal Newborn and Child Health	
NGO	Non-Governmental Organisation	
PSN	Persons with Specific Needs	
PWD	Persons with Disabilities	
SDG	Sustainable Development Goals	
SEA	Sexual Exploitation and Abuse	
SOPs	Standard Operating Procedures	
SRHR	Sexual and Reproductive Health and Rights	
SRRP	Sahrawi Refugee Response Plan	
TRG	Tindouf Representatives Group	
UNHCR	United Nations High Commissioner for Refugees	
UNICEF	United Nations International Children's Emergency Fund	
WASH	Water, Sanitation, and Hygiene	
WHO	World Health Organisation	
WFP	World Food Programme	



Donors:

WE THANK OUR DONORS FOR THEIR GENEROUS SUPPORT FOR SRRP ACTIVITIES in 2024



The work of SRRP partners would not have been possible without the extremely generous support of donors.

The SRRP Partners are grateful to governments, private donors, humanitarian funds, foundations, and other organizations for their contributions. SRRP Partners would also like to acknowledge the huge contribution of the Sahrawi refugees themselves, the Sahrawi Red Crescent and the host country, **the People's Democratic Republic of Algeria**, which through its provision of emergency food assistance, infrastructure including roads, electricity and internet, secondary and tertiary education, health services, water and the solidarity of the host population is the indispensable partner to the Sahrawi refugees.



I. SRRP AT A GLANCE

1. Improving Outcomes for Refugees

The SRRP has improved the delivery of essential services in the five camps near Tindouf. It enabled the humanitarian partners to better coordinate this protracted refugee situation by providing an overarching vision and coherent engagement.

2. Supporting Host Government through Shared Responsibility

Algeria has been a steadfast and generous host to the Sahrawi refugee population for over 50 years. The SRRP recognizes Algeria's immense contributions and aims to broaden the support base, sharing the refugee burden of assistance more equitably. By engaging partners from both the international community and the host community, the SRRP seeks to distribute the responsibility of supporting refugees, ensuring that Algeria does not carry this burden alone. This collaborative approach strengthens the capacity of all stakeholders to address the needs of refugees while reinforcing Algeria's leadership in refugee protection and inclusion.

3. Expanding Partnerships for Greater Impact

The refugee response in Tindouf now includes a broader range of partners, including UN agencies, local and international NGOs, international associations, foundations, philanthropist and the private sector.

4. Addressing Financial Shortfalls

Financial support for the SRRP remains insufficient to meet the needs of the population. However, the SRRP has enhanced visibility, providing donors. governments, and humanitarian actors with a clearer picture of the funding landscape in the camps through a regular update of the SRRP Funding tracker. This transparency allows for better identification of critical gaps, ensuring that resources are directed toward the most urgent needs and priority interventions.

5. Ensuring Effective Coordination and Long-Term Resilience

The SRRP provide a well-coordinated framework that ensures efforts across all sectors are aligned and effective. By fostering collaboration between partners, the SRRP avoids duplication of efforts, ensuring that resources are utilized efficiently and strategically. This coordinated approach has already led to measurable improvements, such as the recent food security and livelihood initiatives, such as fish farms and agricultural projects, directly contributing to food production while enhancing economic self-sufficiency. This cross-sectoral synergy strengthens the overall response.



SRRP Funding:



II. Executive Summary

In 2025, the Sahrawi refugee situation enters its 50th year in the context of one of the most severely underfunded periods in recent memory. Major donors have significantly reduced their contributions, placing unprecedented strain on the humanitarian response. What was already a protracted and resource-constrained crisis is now on the brink of deeper deterioration. As global priorities shift and humanitarian budgets tighten, the Sahrawi refugees' risks losing hard-won gains made under the SRRP.

The prolonged displacement continues to exacerbate vulnerabilities across all sectors. Basic services—such as food, healthcare, and education—are severely overstretched, with thousands of refugees facing growing hardship. The situation is compounded by increasingly frequent emergencies, such as the floods in Dakhla earlier this year which caused widespread damage to homes, schools, and essential infrastructure. The floods also disrupted already fragile food and water supply chains, highlighting the urgent need for resilient infrastructure and effective disaster preparedness.

Simultaneously, the camps faced multiple disease outbreaks—including measles, whooping cough, varicella, and hepatitis A—that overwhelmed an already stretched health system, despite recent improvements in vaccination coverage. The health response continues to suffer from a critical shortage of staff, essential medicines, and operational support, with no clear solution in sight given current funding levels.

Against this bleak backdrop, there have been isolated signs of progress. Education enrolment has increased slightly, particularly among youth, and livelihood programs are helping a limited number of refugees build income-generating skills. These advances, while encouraging, remain fragile and risk reversal if the current trajectory of funding cuts continues.

The political impasse surrounding the Western Sahara conflict persists, with little apparent movement toward a negotiated solution. The extension of the MINURSO's mandate provides little relief to a population that sees no end to its displacement.

2025 stands as a turning point. Without immediate and substantial reinvestment from the international community, the humanitarian response is at risk of unraveling. The SRRP's ability to provide coordinated, multisectoral support is being undermined, making it increasingly difficult to preserve the minimal progress achieved in recent years. A renewed focus on sustainable solutions and urgent donor re-engagement is needed to prevent further deterioration and to uphold the basic dignity and rights of the Sahrawi refugees.



III. A Response on the Edge: What Underfunding Means for Refugees

For 2024 the SRRP called for **\$110.5 million** to meet the urgent needs of refugees in the five camps near Tindouf camps—part of a two-year appeal of **\$214.4 million through 2025**. By yearend, only **63% of the 2024 target had been secured** despite the critical nature of the needs.

In terms of the major sectors of support, the first year of the SRRP witnessed the following achievements and shortcomings:

Food Security and Nutrition:

Ongoing funding shortfalls in the food security and nutrition sectors have led to reductions in food rations, even with the supplementary food assistance provided by the host authorities. Families relied on reduced or low-nutrient alternatives, significantly increasing the risk of malnutrition and health problems.

Healthcare Access:

Significant gaps remain in medical supply chains, maternal care, and emergency services. The recent outbreaks highlight the fragility of the healthcare system and its limited capacity to respond to public health threats. Refugees, particularly children, remain at risk of preventable diseases and inadequate healthcare.

Livelihoods and Self-Reliance:

With only 27% of the required funding for livelihoods programs, refugees, especially youth, remained dependent on humanitarian aid with limited opportunities for selfsufficiency. The lack of vocational training, income-generating activities, and institutional support for entrepreneurship continues to hinder refugees' ability to build sustainable futures and break the cycle of aid dependency.

Water, Sanitation, and Hygiene (WASH): While water is now networked to a majority of the refugee population in need, the WASH sector is overall underfunded by 62% meaning critical infrastructure has not been repaired. This leaves refugees exposed to unsafe water and sanitation conditions, exacerbating the risk of waterborne diseases. The lack of sufficient funding for latrine repairs, water network upgrades, and hygiene promotion increases the health risks for refugee populations.

Protection Services:

With only 41% of funding secured for protection activities, vital services such as outreach, psychosocial support, and community-based protection had to be reduced. This has a direct impact on the most vulnerable refugees, including women, children and persons with disabilities.

Education:

The education sector has been funded at only 50% of the required amount, leaving school infrastructure damaged and overcrowded. With insufficient teaching materials and limited support for educators.



IV. Insights: SRRP Planning Figure¹



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¹ SRRP planning figure: The SRRP planning figure is the planning figure provided by the interagency working group based on the total population in need and is the figure recognized by the host Government.



V. Operational Highlights:

In 2024, coordination among the **28 partners of the Sahrawi Refugee Response Plan (SRRP)** was strengthened, particularly between **UN agencies and the Government of Algeria**.

To enhance strategic coordination, the structure of the Tindouf Refugee Response was revised. The Tindouf UN Representatives Group (TRG) now convenes regularly, with regular participation from key donors and the Algerian Red Crescent, ensuring improved cross-sector collaboration. This adjustment has reduced duplication, expanded stakeholder engagement, and integrated enhanced information management tools to strengthen reporting and coordination.



Three **technical sub-groups** were established to address key priorities:

- A Communications & Fundraising Sub-Group to enhance visibility and advocacy.
- A Monitoring & Evaluation Sub-Group to track SRRP implementation, ensuring evidence-based decision-making.
- A **Sports for Protection Sub-Group** to support the integration of sports programming into protection activities.



In 2024, 3 donor missions to Tindouf were organized, including two high-level missions in April and November totaling approximately 60 individuals including ambassadors and representatives from capitals. A further mission, led by the UNHCR Assistant High Commissioner for Operations, included engagement with private sector entities, further strengthening resource mobilization efforts.



NOVEMBER DONOR MISSION 2024- REFUGEE CAMPS TINDOUF. ALGERIA



SRP MEETING ON 17 DECEMBER 2024- ALGIERS.

Engagement with the Government of Algeria was increased through high-level meetings, facilitating a coordinated response between UN agencies and national authorities.

In 2024, four Sahrawi Partners Platform meetings were held, bringing together government officials, donors, partners, and key stakeholders to address urgent issues. The meetings focused on different critical topics: nutritional causal analysis on 12 February, health on 30 April, education and back-to-school initiatives on 26 September, and sports and private sector engagement on 17 December.

As part of the collaboration with the Algerian government, a **new UN office in Tindouf** was inaugurated, **provided by the Government of Algeria**, hosting **WFP**, **UNICEF**, and **WHO**, further consolidating the **UN presence** in the region.

These measures have enhanced inter-agency coordination, improved response efficiency, and strengthened partnerships, contributing to a more effective humanitarian response in Tindouf.



VI. Sectors Overview:

1.WASH sector:

Over the past year, the WASH sector in the Sahrawi refugee camps has made notable progress in improving water access, sanitation, hygiene, and waste management for **173,600 population in need.** The WASH interventions in 2024 were made possible through close collaboration with humanitarian partners, each contributing to critical aspects of water access, sanitation, and hygiene.

Sector Partners:

UNHCR - Solidaridad Internacional Andalucía (SI-A)- Oxfam Solidarité- Asociación de Trabajadores y Técnicos Sin Fronteras (ATTSF)- Movimiento por la Paz (MPDL)- Triangle Génération Humanitaire (TGH)



A. Key Outcomes in 2024

Access to Water

- A 70 m³/hour reverse osmosis ²³unit was installed, increasing total water production capacity to 138 m³/hour, reducing reliance on emergency trucking and ensuring a more stable water supply.
- Two 240 m³ metal storage tanks were installed in Smara camp, optimizing storage and distribution capacity.
- 33.54 km of new pipelines and 386 standpipes were installed, along with 9.2 km of additional water networks, benefiting 2,119 refugees with improved access to safe water.
- A total of 1,503,123 m³ of treated water was produced in 2024, ensuring continuous access to safe drinking water.



Refugee collecting water. UNHCR/Smara camp, 2025

- 1,846 students across five educational institutions in Boujdour benefited from WASH infrastructure upgrades, including latrine construction and water reservoirs maintenance in Smara camp.
- The water trucking cycle was reduced from 54 days to 24-36 days, decreasing water shortages from 86% to 40%.

² A water purification process that removes contaminants using a semi-permeable membrane. It is commonly used in desalination and water treatment.





- 16,016 individuals engaged in hygiene promotion campaigns through 309 awareness sessions in Boujdour camp, reinforced by IEC materials ⁴on safe water and sanitation practices.
- 704 households (4,506 individuals) participated in a tank cleaning campaign, increasing proper water storage tank cleaning from 27% to 50%.
- 323 in-school and 300 out-of-school adolescent girls received Menstrual Hygiene Management (MHM) kits, with 141 participants attending awareness sessions.
- In general, **48,400 women and girls** of reproductive age supported with hygiene kits.
- 41,700 liters of 32° bleach, 11,490 liters of 12° bleach, and 66,000 bars of soap distributed to
 educational institutions and health facilities.



- 83,500 m³ of solid waste managed, with six landfills maintained and 117,500 m² of free surface area secured.
 - 28 tons of plastic processed through the recycling workshop, achieving

70% service autonomy and creating seven new jobs.

• **50 new waste collection points** constructed, improving environmental conditions in the camps.

B. Key Challenges

- Aging Water Infrastructure: Frequent breakdowns and the need for ongoing repairs undermine the reliability of water supply systems, leaving refugees vulnerable to unsafe water conditions.
- Power Shortages Impacting Water Treatment: Ongoing power shortages disrupt water treatment processes, compromising the quality and availability of safe drinking water in the camps.
- Limited Water Production Capacity: The insufficient capacity to produce water affects the reliability of the supply, creating shortages and increasing the risk of waterborne diseases among the refugee population.
- Gaps in Technical Expertise: Local staff lack the necessary technical skills and training to efficiently manage and maintain water systems, resulting in system inefficiencies and reduced service quality.

⁴ Information, Education, and Communication materials.



c. Strategic Directions for 2025

- **Expanding Water Infrastructure:** Upgrading and expanding water supply systems to meet increasing demand and reduce service gaps.
- Strengthening Governance and Coordination: Enhancing coordination among WASH actors to ensure efficient and integrated service delivery across sectors.
- Investing in Alternative Energy Solutions: Increasing investment in solar-powered water treatment and other renewable energy solutions to improve sustainability and reduce dependency on non-renewable resources.
- Improving Waste Management: Strengthening waste management strategies, including promoting sustainable recycling initiatives to reduce environmental impact and improve community health.
- Securing Consistent Funding: Ensuring consistent funding to maintain hygiene material distribution and guarantee continuity of essential WASH services.





2.Education

The total of Sahrawi refugee children enrolled in formal and informal education for the 2024-2025 academic year is **36,115** (girls: 18,187; boys: 17,928). The decrease in school enrollments for the academic year reflects the transfer of lower secondary school students (8th and 9th grade) to Algerian schools.

Sector partners:

Sahrawi Red Crescent - UNHCR - UNICEF- WFP- CISP- MUNDUBAT- OXFAM-ANARASD-TGH-Autonomous University of Madrid (UAM).

A. Key Outcomes in 2024



- A total of 36,115 children are enrolled in education, including 8,590 in pre-primary, 19,791 in primary, and 5,118 in lower secondary education.
- School Feeding Program: 100% of school children receive nutritious meals, enhancing learning outcomes and attendance.
 - The program expanded to include fresh, culturally appropriate meals for all students.
 - Teacher training centers and vocational institutes were incorporated to support trainee well-being.
 - A **School Feeding Coordination Sub-Group** was established to enhance efficiency.
 - 27,202 students received daily snacks; 9,051 students received meals.



- **80%** of school children advanced to the next education level.
- Teacher Workforce Stabilization:
 - The student-teacher ratio improved from **58:1** (primary) **and 37:1** (secondary) to **48:1** and **27:1**, respectively.
 - 1,287 teachers received quarterly incentives, the incentives increased by 60% (to 25,000 DZD per quarter), improving retention and job stability.
 - 40 science teachers, six inspectors, and nine lab managers benefited from capacity building and training to improve their skills.
 - 192 teachers trained in active teaching methodologies.
- Improved Learning Materials:
 - 53,811 textbooks and 2,000 uniforms distributed.
 - **9,000** locally produced **textbooks** supplied for grades 5 and 7.
 - 90% of school supplies covered, reducing financial burdens on families.



B. Outcomes of Analytical exercises

In 2024, multiple analytical exercises assessed progress, challenges, and education interventions in the Sahrawi refugee camps. These evaluations informed decision-making on infrastructure, learning outcomes, and future priorities.

- Midterm Review of the Education Strategy, Progress and Gaps: A UNICEF-supported midterm review of the 2021–2025 education strategy reaffirmed its relevance but highlighted gaps, particularly in technical and vocational education for adolescents. identified The review also weak accountability mechanisms due to unclear funding sources and limited Monitoring & Evaluation (M&E) systems, constraining adaptive programming.
- Despite progress in school rehabilitation, funding shortages continue to hinder new school construction, needed to reduce overcrowding and long commutes. While teacher incentives have stabilized the workforce, primary student-teacher ratios remain high (58:1). Additionally, transparency issues partner in contributions limit efficiency analyses and resource optimization.
- School Infrastructure & Maintenance, CISP Assessment: А CISP-led assessment confirmed improvements in primary and intermediate schools due to ECHO-funded reconstruction but revealed critical underfunding in preschools, many of which require urgent rehabilitation. It also underscored the need for stronger school and community involvement in maintenance to sustain recent investments.

 Assessing Teaching and Learning Quality: In 2024, UNICEF supported an assessment of teaching quality and curriculum alignment, engaging 24 teachers (Grades 4 & 8), 71 school principals, and six Sahrawi education officials. Educators reported challenges in adopting student-centered methods, relying instead on rote learning.

The study also highlighted curriculum inconsistencies and the need for structured teacher training.

 Numeracy assessments of 824 grade 4 and 355 Grade 8 students revealed severe learning gaps, with Grade 4 students averaging only 1 correct answer out of 10. Difficulties in fractions, geometry, and data analysis stem from rote memorization over conceptual understanding, exacerbated by limited teaching tools.

These findings underscore the urgent need for curriculum reforms, enhanced teacher training, and better instructional resources. Targeted, data-driven interventions will be key to improving education quality and ensuring a more inclusive learning environment for Sahrawi children.



C. Key Challenges

- > Insufficient Learning Materials: Current supplies meet less than 50% of actual needs.
- Weak School Infrastructure: Slow rehabilitation efforts and the 2024 floods in Dakhla damaged four schools, affecting 1,100+ students.
- Unsustainable Teacher Incentives: Low and unpredictable payments lead to high attrition.
- Inadequate School Nutrition: Meals are limited to fortified biscuits and gofio. Expanding school feeding programs with hot, nutritious meals through stronger coordination with WFP, UNICEF, and donors is critical.
- Low Learning Outcomes: A 2024 assessment found weak numeracy skills among students.
- Weak Education Management: Limited use of EMIS for planning and decision-making which make strengthening data-driven governance and school leadership key.

D. Strategic Directions for 2025

- Strengthening School Feeding Programs: Expanding meals from fortified biscuits to sandwiches and hot meals will improve student retention and nutrition, with a digital tracking system ensuring transparency in distribution.
- Improving Teaching Quality: The sector will expand teacher training, integrating active learning and inclusive education for children with disabilities. Quarterly incentives will continue to enhance teacher motivation and retention.



Refugee student in class. UNICEF/2023.

- Advancing Learning Materials and Life Skills Education: Updated, curriculumaligned materials will strengthen problem-solving and critical thinking, while life skills programs will equip students with resilience and adaptability.
- Strengthening School Governance and Data-Driven Decision-Making: The EMIS platform will be leveraged for real-time planning and resource allocation, with structured school improvement plans fostering participatory management.
- Expanding Sports for Protection and Inclusion: Scaling up the Sport4Protection initiative will enhance child development, inclusion, and retention through improved infrastructure, trained coaches, and increased participation of girls and children with disabilities.



3.Health

Over the past year, the health sector has continued its efforts to improve access and coverage in terms of quality health care services, through strengthening the existing camp-based health system and its five pillars: infrastructures, human resources, medical supplies/drugs and vaccination, health information system and coordination.

Sector partners:

UNHCR-WHO-UNICEF-MDM Spain-TGH-ARC-ERM-Ojos del Mundo-AAPSIB-CRE-ANARASD-CISP-Medicus Mundi Mediterranean

Target groups:

The health sector's efforts target the full humanitarian assistance planning figure of 173,600 refugees living in the camps which includes diverse groups:



A. Key Outcomes in 2024



- The **Smara Camp Hospital** was completed and officially inaugurated.
- A maternity ward in Awserd Camp was constructed, fully equipped, and is now operational.
- A **new emergency ward** was built, further improving public health service access.
- The sanitation system of the Central Hospital in Rabouni was rehabilitated, with around 60% of the hospital's network fixed, improving reception and working conditions in services such as emergency and pediatric wards.



• Incentive payments were provided to 48 Sahrawi doctors, 29 clinical officers,



and around **400 community health** workers.

- **30 enrolled students** graduated as **nurses and midwives**, bolstering the local healthcare workforce.
- 28 Sahrawi midwives underwent practical training at Setif University Hospital, specializing in uterine cancer, risk management, and ultrasound use.
- Essential medical equipment was distributed to **35 health centers**.



• **4,317 pregnant women** received reproductive health care and safe delivery services.

Mental Health and Psychosocial Support (MHPSS):

- Over **1,500** individual MHPSS sessions were conducted.
- 144 school children received psychopedagogical support.
- **135 community awareness sessions** and **27 group sessions** for parents and teachers were organized.
- **Psychological consultation rooms** in five regional hospitals were rehabilitated and equipped, ensuring privacy and suitability for patient consultations.
- 10 Sahrawi psychologists participated in Problem Management Plus training, aimed at supporting adults suffering from psychological distress.

Vaccination and Cold Chain Strengthening:

 A resource mobilization appeal in July 2024 addressed funding shortages, securing \$300K USD worth of in-kind vaccine donations through a partnership with **AICA** (Algerian International Cooperation Agency).

- Vaccines were procured for **21,000 children** under five years old.
- **229 health workers** received capacitybuilding training, including vaccinators, doctors, midwives, nurses, and auxiliary staff.
- A Mass Vaccination Campaign for measles and polio was carried out, reaching children across all five camps.
- Cold chain capacity was strengthened with the provision of two generators to regional hospitals in Laayoune and Dakhla camps, as well as two additional generators and two refrigerated vehicles through a partnership with Africa-CDC.

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Referral Systems Strengthened:

- **74 patients with kidney failure** received regular hemodialysis sessions in Algerian hospitals, totaling **7,900 sessions**.
- **104 patients** in need of palliative care were accommodated at the care house in Algiers.
- Referrals were further strengthened by WHO's donation of an ambulance for patient transport and an off-road vehicle for field supervision. This donation complemented the UNHCR fleet renewal efforts, with 4 ambulances handed over to ARC in early 2024.

Improved Access to Auxiliary Services:

- Over **195,300 medical consultations** were conducted across the five camps.
- 80% of the needs for auxiliary services (laboratory, X-ray, and dental care) were met.





- **70% of essential drugs** were available, ensuring regular availability for patient care.
- The management of the **central pharmacy** was improved with the implementation of new software to monitor drug stock and consumption. Additionally, capacity building for the pharmacy workforce was conducted.

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Health studies, Analysis and information systems:

 A study on health services access, utilization, and satisfaction was carried out across all five camps, providing valuable data for future programming and improvements.

- A Gender & Health Analysis was completed, published by the Sahrawi health leadership with technical support from Doctors of the World.
- **DHIS2** (District Health Information System) was deployed to enhance epidemiological data management.
- A field assessment was conducted with the Algerian Ministry of Health in April 2024, which led to awareness campaigns and targeted training for health staff, the Sahrawi Red Crescent, and the Sahrawi Women's Union on emergency preparedness and response.
- A medical waste management plan was established, ensuring the safe incineration of medical waste.

B. Key Challenges

- Brain Drain & Staff Motivation as skilled health workers, especially doctors and midwives, face high turnover and low motivation, requiring enhanced financial incentives.
- Aging infrastructure: Many healthcare facilities in the camps are outdated and require ongoing maintenance and rehabilitation. The deterioration of essential infrastructure undermines the quality and continuity of care, placing added strain on health workers and limiting service availability for the population.
- Logistical and referral challenges: The limited number of ambulances and health vehicles severely hampers the efficiency of patient referrals, especially in emergency cases.
- Constraints in international procurement: The dependency on international procurement of medical supplies creates delays and increases costs due to complex logistics and customs procedures. These challenges disrupt the timely delivery of critical medications and equipment, affecting the overall responsiveness and preparedness of the health system.

C. Strategic Directions for 2025

- Improving Health Service Delivery: Expanding access, quality, and coverage of healthcare services is essential to ensure that all refugees, regardless of their location, can receive timely and appropriate care. This includes upgrading existing health facilities, addressing human resource gaps, and improving service integration.
- Reinforcing Referral Systems: Strengthening both internal and external medical referral pathways is crucial to ensure refugees can access specialized treatments and emergency



care. This requires increasing the number of ambulances and medical transport vehicles, establishing clear referral protocols, and improving coordination between camp-level clinics and referral hospitals.

- Enhancing Auxiliary Health Services: Improving access to essential supporting services such as laboratory diagnostics, radiology (X-ray), and dental care is vital to delivering comprehensive medical treatment through investments in equipment, infrastructure, and trained personnel are needed.
- Ensuring Regular Availability of Essential Medicines: Strengthening supply chains for medicines and medical supplies. This includes streamlining procurement processes, improving inventory and stock management, and ensuring cold-chain storage where necessary. Enhancing systems for managing biological waste is also key to safeguarding health and environmental safety.
- Supporting Health Information Systems (HIS) and Disease Surveillance: Enhancing epidemiological monitoring, data collection, and analysis is fundamental to improving health responses and managing outbreaks. Investments in digital systems and capacity building for health staff can enable early detection and a swift, informed response to public health threats.
- Mainstreaming Gender in Healthcare: Integrating gender-sensitive approaches into all health interventions, including maternal and reproductive healthcare, menstrual hygiene, and protection-related medical support. Training staff, ensuring privacy in facilities, and designing services with gender equity in mind can significantly improve outcomes.





4. Food Security

The food security situation in the Sahrawi refugee camps remains critical, with escalating challenges related to access, availability, and nutrition, exacerbated by funding shortfalls and increasing reliance on aid.

Population Assisted: 133,672 beneficiaries (65,499 males, 68,173 females).

Sector Partner:

WFP/ UNHCR/ ARC/SRC /OXFAM/ CRE (Spanish Red Cross)

A. Key Outcomes



- A total of 27,057 mt of food was distributed throughout 2024, including 24,863 mt of dry food baskets and 2,194 mt of fresh vegetables.
- The transfer of food from ports to warehouses and its distribution across 116 points in the camps were effectively managed, ensuring timely delivery to beneficiaries.
- Coordination of **truck and fleet management** ensured efficient and timely distribution of both food and non-food items to all necessary points.
- Distribution of fresh vegetables helped diversify the food basket, contributing to a more nutritionally balanced diet for beneficiaries.
- According to **PDM results (October 2024)**, **81% of beneficiaries** reported that food assistance was their **main source of vegetables**.

Mitigation of Reduced Rations from WFP:

- In response to **WFP's reduced rations**, supplementary food was provided by the host authorities in an effort to **ensure full rations** for beneficiaries.
- Food Consumption Score (FCS) remained relatively stable despite a slight decline in the percentage of beneficiaries with an acceptable score, which dropped from 75% at baseline to 68% in October 2024.
- This stability was attributed to the **regularity** of food assistance and the **complementarity** between various food assistance actors.

Support for Vulnerable Groups:

• Gluten-free food support was provided for individuals with celiac disease, who are dependent on specific food items that meet their dietary needs.



Evidence-Based Assessment and Monitoring:

- Food Security Assessment (FSA) January 2024:
 - An assessment was conducted to evaluate the food security status of the Sahrawi refugee population, informing sector-wide strategies and actions. The results helped refine targeting methods and developed an enhanced food assistance strategy, ensuring that the most vulnerable populations were correctly identified for support.
- Post-Distribution Monitoring (PDM) October 2024:
 - A joint monitoring exercise was conducted to assess **food security outcomes** and understand the **impact** of food distribution on beneficiaries.
 - Results from the **PDM** were shared to update sector stakeholders on the food security and nutrition status of refugees.
- Social Behavior Change Promotion:
- TV Cooking Show Project: A cooking show series was developed to educate households on how to use food basket items to enhance nutritional value through various cooking methods. The show also delivered key messages on health and nutrition practices and provided important information on food distribution schedules, objectives, and beneficiary lists. The program was broadcasted on social media platforms, reaching a large audience of over 100K followers to further promote healthy eating behaviors.
- Celiac Disease Awareness: Training and awareness-raising courses were conducted for key health staff to improve knowledge about celiac disease and enhance support services for individuals with gluten intolerance.

B. Key Challenges

- Deteriorating food security levels: The overall food security situation of Sahrawi refugees has worsened compared to 2018, with severe food insecurity rising from 1.5% to 6.5% (FSA results, January 2024). This sharp increase highlights the growing vulnerability of the refugee population in need and the urgent need for more comprehensive food assistance.
- Rising inflation and increasing food prices: Inflation and the escalating cost of food have led to a reduction in the purchased tonnage of food assistance, which limits the quantity of aid available for distribution.
- Lack of income-generating activities: The absence of income-generating opportunities for refugees restricts their ability to supplement food aid.
- Nutritional gaps:
 - 98% of the population rarely or never consumes iron-rich foods (such as meat and fish).
 - 85% rarely or never consume vitamin A-rich foods (such as vegetables and dairy). This lack of dietary diversity further exacerbates malnutrition and overall poor health conditions among refugees.
- Irregular and insufficient fresh food distributions: The inconsistent distribution of fresh foods further limits the availability of nutritious options for refugees, making it difficult for them to access a balanced diet.
- Short food rations: Food rations last only 15-20 days, which forces refugees to adopt negative coping strategies to survive. These include:
 - Food sharing and borrowing.
 - Skipping meals or reducing portion sizes.



- Taking on debt from local retailers or selling livestock. Such strategies have longterm detrimental effects on their health and well-being.
- Coping strategies: According to the October 2024 Post-Distribution Monitoring (PDM), 90% of households reported using at least one coping strategy on a weekly basis. Furthermore, 38% of refugees are relying on crisis or emergency livelihood coping strategies, which can have irreversible and long-term consequences on their livelihoods.
- Malnutrition risks: The November 2024 Nutritional Causal Analysis (NCA) identified three primary risks for acute malnutrition in the camps:
 - o Insufficient access to quality and quantity of food.
 - Lack of income.
 - Suboptimal complementary feeding practices for children under two years old.
- Unmet food assistance needs: There is a waiting list of approximately 18,350 vulnerable individuals who are not yet enrolled in the food assistance program. Among them, 4,800 newly displaced people are extremely vulnerable and are temporarily supported with limited resources.
- Relying on food sharing: Non-beneficiary vulnerable individuals, who do not receive food assistance, must rely on food sharing from assisted households.
- Aging transport fleet: The food distribution process is impacted by an aging transport fleet that operates at less than 70% capacity. With 5 out of 17 trucks no longer functional, the fleet's maintenance and repair costs are increasing, highlighting the urgent need for fleet replacement to ensure timely and efficient food delivery.
- Coeliac disease awareness and gluten-free challenges: There is low awareness among healthcare providers and the public about coeliac disease symptoms and diagnoses, which often leads to delayed or incorrect diagnoses. Moreover, there is limited availability and high cost of gluten-free products, particularly in remote camps, placing an additional burden on refugees with dietary restrictions.
- Limited variety of gluten-free products: Beneficiaries have raised complaints about the lack of variety in gluten-free products available in voucher shops.

C. Strategic Directions for 2025

- Preventing Pipeline Breaks: Immediate funding is needed to avert food shortages in June–July 2025, ensuring uninterrupted assistance.
- Enhancing Multi-Sectoral Coordination: Strengthening synergies between food, nutrition, health, education, protection, and resilience programs will maximize impact and resource efficiency.
- Improving Targeting and Accountability: Reinforcing SOPs and targeting mechanisms will ensure that assistance reaches the most vulnerable populations effectively and transparently.
- Upgrading Logistics and Transport Capacity: Addressing aging transport infrastructure is essential for cost-effective and timely food distribution, minimizing delays and inefficiencies.
- Promoting Self-Reliance and Local Capacity Building: Expanding nutrition, resilience, and food security initiatives will support long-term refugee self-sufficiency, reducing dependency on external aid.



In Awsard camp near Tindouf, Khadija, a mother of three, uses scraps of cardboard to feed her goats—a last resort as food becomes increasingly scarce. "Sometimes, this is all I have to keep them alive" she says. Like many Sahrawi refugees, Khadija depends entirely on food assistance to meet her family's basic needs, with no sustainable sources of income or access to nutritious food.





She recalls receiving school snacks from the WFP as a child—support that her own children now rely on. However, as funding shortfalls continue to affect food distributions, families like Khadija's face growing uncertainty. "We count the days until the next distribution, any delay means we go to bed hungry."" she says. Her story highlights the urgent need for sustained and predictable support to protect food security in the Tindouf refugee camps.





5.Nutrition:

Throughout 2024, the nutrition sector has remained committed to improving the nutritional status of all Sahrawi refugees, with a particular focus on vulnerable groups, including children under five and women of reproductive age—especially pregnant and breastfeeding women—who face the highest risk of malnutrition and related health complications.

Efforts have been directed toward reducing morbidity and mortality associated with malnutrition through a comprehensive, multi-sectoral approach.

Sector partners:

UNHCR-WFP-UNICEF-ARC-MDM-AAPSIB-CRE-CISP

Target Groups:

The nutrition sector's efforts are directed towards the total population in need with a focus on key vulnerable groups:



A. Key Outcomes in 2024

Management of Acute Malnutrition

- **4,145 children** and **1,652 pregnant and breastfeeding women** were supported with nutritional supplementation for Moderate Acute Malnutrition (MAM).
- 142 severely malnourished children received treatment, with no reported deaths.
- A **nutrition stabilization center** was established and fully equipped with essential nutrition supplies to treat cases of severe malnutrition.
- Workshops with 15 health professionals focusing on the management of acute malnutrition in children under 6 months and complicated cases, strengthening the capacity of health staff to manage inpatient malnutrition cases and reduce associated risks.



Management of Anaemia and Micronutrient Deficiencies

- A total of 8,420 Pregnant and Breastfeeding Women (PBW) received support for the prevention of micronutrient deficiencies, particularly anaemia, through multiple micronutrient supplementation.
- 8,128 pregnant and breastfeeding women received and redeemed Cash-Based Transfer (CBT) nutrition top-ups worth 19 USD per woman per month, with a 95% redemption rate. This program benefited over 10,000 unique PBW beneficiaries each month, contributing to dietary diversification, which played a significant role in reducing acute malnutrition and iron deficiency anaemia.
- Anthropometric equipment was provided to 29 dispensaries, enhancing the quality of nutrition assessments and follow-up on malnutrition cases, ensuring better monitoring and management of nutritional health.
- A total of 14,389 children aged 6-59 months were supported through the distribution of monthly rations of Lipid-based Nutrient Supplements (LNS MQ) to prevent acute malnutrition, improving their overall nutritional status.

Improvement of Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN)

- 2,150 mothers, including pregnant women, participated in sessions on proper Maternal, Infant, and Young Child Nutrition (MIYCAN), significantly raising awareness and improving practices among the target population.
- Social and behavior change (SBC) activities were launched across the five camps, targeting exclusive breastfeeding, complementary feeding, and maternal dietary diversification.
 A total of 789 care groups were formed, with volunteers cascading nutrition messages to households, fostering community-based awareness and behavioral change.
- **196 health and nutrition workers** were trained to detect and manage malnutrition and improve **breastfeeding counselling** at health facilities and community levels.
- A work plan for monthly nutrition sessions was developed for 29 dispensaries, with a focus on enhancing Infant and Young Child Feeding (IYCF) practices and improving household nutrition for 8,600 pregnant and lactating women.

$\frac{\hat{S}}{\hat{S}}$ Prevention of Obesity and Diminishment of Risk Factors for Chronic Diseases

- A targeted nutrition program provided monthly tailored nutritional support to 275 families with individuals living with serious disabilities. This included nutrition-sensitive vouchers and fresh product deliveries.
- For individuals with coeliac disease, 1,039 people received gluten-free food items through a dedicated canteen service for 9 special education and sensory disability centers.
- 940 refugees with coeliac disease received vouchers worth 2,000 DZD per month, allowing them to access essential gluten-free food, addressing their specific dietary needs and improving their overall health outcomes.



B. Key Challenges

- Social Barriers to Nutrition: Cultural norms and low awareness continue to impede investment in maternal and child nutrition. This limits program impact and calls for stronger community-level behavior change efforts.
- Limited Health Worker Training on nutrition: A lack of training, poor working conditions, and few incentives contribute to high staff turnover, weakening healthcare quality and continuity.
- Severe Acute Malnutrition on the Rise: Health facilities are under-equipped to manage the growing number of severe malnutrition cases due to shortages in therapeutic supplies and technical expertise.
- Low Community-Level Coverage: Malnutrition services at the community level remain below target due to staffing shortages, limited training, and lack of financial incentives.

C. Strategic Directions for 2025

- Prevention of all forms of malnutrition: Continue supporting access to healthy, affordable diets through multisectoral interventions (nutrition-sensitive programs across WASH, health, education, livelihoods, and agriculture).
- Community-based Management of Acute Malnutrition (CMAM): Enhance supplies and build community capacity to manage acute malnutrition effectively.
- Management of Anaemia and Micronutrient Deficiencies: Ensure ongoing support for the prevention and management of anaemia and micronutrient deficiencies, especially for pregnant and breastfeeding women.
- Improvement of Infant and Young Child Feeding (IYCF): Develop a structured program for the first 1,000 days of life, promoting maternal nutrition and appropriate feeding for infants and young children.
- **Prevention of obesity and linkages to chronic diseases:** Promote healthy diets, physical activity, and early screening for non-communicable diseases such as diabetes and hypertension as part of ANC and PNC programs.





6.Protection:

PROTECTION SECTOR SRRP PARTNERS: TGH, Oxfam, ARC, CISP, AFAD, MDM, UAM, Sahrawi Red Crescent (SRC), UNHCR, UNHCR-CBM, WFP, UNICEF.

TARGET GROUPS: Protection sector interventions target the total Sahrawi refugee population in need.



A. Key outcomes in 2024:



Individual Documentation Services

- 72,604 refugee requests were processed, averaging 6,050 per month, ensuring 4,887 new ID cards, 12,972 renewals, 2,115 replacements, and 17,287 distributions.
- 34,848 other documentation services were provided, including passport services for 3,177 refugees, with 1,242 new passports, 349 renewals, and 1,376 distributions.
- The **identification center** upgraded its technology, enhanced security, and digitized archives to improve efficiency and service delivery.

Support for Persons with Specific Needs (PSN)

- Targeted assistance was provided, including the **distribution of incontinence pads** to **262 children** with cerebral palsy and **647 adults**.
- Specialized training for **physiotherapists** in managing cerebral palsy, hemiplegia, paraplegia, and brachial paralysis was delivered.
- **8,928 home visits and therapy sessions** were conducted across five camps, with **35 social workers** and **20 physiotherapists** trained on disability classification and screening.
- 413 children in nine Special Needs Education Centers (SNECs) received vocational training.



Access to Justice and Legal Remedies

- **Judicial personnel** received necessary equipment and training to improve the issuance of legal documents.
- **296 judicial staff** received quarterly incentive payments, and **115 personnel** were trained on judicial reconciliation, legal defenses, and human rights frameworks.



- Technical Mechanism of Women Empowerment (MTEM) conducted five workshops on public speaking, strategic planning, GBV awareness, economic empowerment, and self-confidence.
- A Code of Conduct dialogue was held to promote transparency, and 11 awareness-raising initiatives reached 693 refugees.
- 465 women and girls participated in the 16 Days of Activism against GBV campaign.

Sahrawi Culture, Youth Engagement and Sports

- Cultural programs, including traditional sports, promoted teamwork, discipline, and cultural transmission.
- 30 management training sessions for 600 youth, along with 233 music sessions, seven theater workshops, and craft programs contributed to both cultural preservation and economic opportunities.
- Football coaching programs for 19 coaches in Awserd and 23 in Boudjdour camps promoted youth resilience and community inclusion through life skills, football rules, and community engagement.

B. Key Challenges

- Limited support for persons with disabilities as significant gaps exist in providing dignity kits, specialized nutrition, and accessibility services for individuals with disabilities, impacting their overall well-being and integration within the community.
- **Juvenile centers** are facing challenges in delivering adequate vocational training and child protection services, limiting their ability to support the development and protection of at-risk children.
- The lack of adequate facilities hampers the ability to offer meaningful sports activities for refugee youth, reducing their opportunities for physical, social, and emotional development.



C. Strategic Directions for 2025

- Strengthening Legal Protection: Expanding individual documentation services and improving access to justice will reinforce the rights and legal recognition of Sahrawi refugees.
- Enhancing GBV Prevention and Response: Strengthening protection mechanisms for women and girls will improve GBV prevention, response, and survivor support.
- Expanding Youth Engagement and Leadership: Increasing youth participation in decisionmaking and leadership opportunities will foster empowerment and community resilience.
- Improving Support for Persons with Specific Needs (PSN): Expanding targeted assistance and inclusion programs will enhance dignity and access to services for vulnerable populations.
- Preserving Sahrawi Cultural Heritage: Promoting cultural identity and traditions will reinforce community cohesion and historical preservation.
- Advancing Mental Health and Psychosocial Well-Being: Strengthening community-based mental health services will support emotional resilience and social stability.
- Scaling Up Sports for Protection: Expanding the Sports for Protection initiative will enhance inclusion, well-being, and protection outcomes for at-risk youth.



In the Sahrawi refugee camps near Tindouf, Sheikh Almami, 31, is a football coach, poet, and father of two. His journey into sports was shaped by a childhood passion and a serious injury sustained while playing football. Due to limited access to timely medical care, the injury led to complications and, ultimately, the loss of his right leg. Despite this he continued to pursue his passion for sport, adapting his coaching to promote inclusion and resilience among young people and persons with disabilities. "Sport helped me stay physically active and connected to my community after the injury," he says. "It gave me a way to keep contributing."

In 2024, with support from UNHCR, Sheikh Almami took part in the KNVB World Coaches training programme—an opportunity that provided him with new tools to strengthen inclusive sports in the camps. He now applies these skills to mentor and motivate others, helping to create safe spaces where everyone can participate. His work highlights the need for greater investment in accessible and inclusive community-based programmes for refugees in protracted situations.



7.Shelter/NFIs and Energy

In 2024, the Shelter, Non-Food Items (NFIs), and Energy interventions were implemented through strong coordination between UNHCR and its humanitarian partners, ensuring improved living conditions for the Sahrawi refugee population.

Sector Partners:

UNHCR- Algerian Red Crescent (ARC)- Sahrawi Refugee Authorities- Agencia Española de Cooperación Internacional para el Desarrollo (AECID)- Triangle Génération Humanitaire (TGH)-Médecins du Monde Spain (MDM Spain)- Oxfam- Africa Renewable Energy Initiative (AREI)-

Target Groups

The sector's interventions in 2024 benefited the total Sahrawi refugee population in need, with a focus on specific vulnerable groups:

- **41,000 households** requiring shelter maintenance or upgrade
- 35,000 individuals benefiting from NFI distributions
- **60,000 refugees** supported through energy access initiatives
- **7,500 households** receiving sustainable cooking solutions

A. Key Outcomes in 2024

A Shelter Improvements:

- **7,000 transitional shelters** upgraded for improved durability and protection against harsh weather, while **5,000 households** benefited from shelter rehabilitation.
- 2,500 vulnerable households received new shelter kits.
- A pilot project for flood-resistant shelters launched in Dakhla Camp, benefiting 500 families.
- 1,005 refugee households received tents procured in 2023 for immediate shelter support.



- **35,000 individuals** received core relief items, including blankets, mattresses, jerrycans, and kitchen sets.
- A winterization campaign supported **20,000 households** with additional blankets, heating materials, and reinforced shelter tarpaulins.
- A digital voucher system introduced for NFIs, allowing refugees to prioritize essential items.
- Emergency stock replenishment included:
 - 1,012 Type B kitchen sets
 - 2,000 semi-collapsible 10-liter jerrycans
 - 5,040 medium thermal fleece blankets
 - o 300 fire-retardant family tents
 - 2,040 heavy-duty 15-liter plastic buckets
 - 1,049 fire-retardant 4×5-meter plastic tarps



- 5.040 sleeping mats
- 2,620 bales of second-hand clothing distributed.

[47] Energy Access and Sustainable Solutions:

- 60,000 refugees benefited from improved energy access, including solar-powered streetlights and household lighting systems.
- 7,500 households received energy-efficient cooking stoves, reducing reliance on firewood.
- 10 community solar hubs installed, providing electricity to schools, health centers, and community facilities.
- Monthly distribution of 28,092 cooking gas cylinders ensured access to clean cooking energy, totaling **393,560 cylinders** (5,116 metric tons of LPG) distributed in 2024.
- Procurement of three small trucks, three forklifts to enhance maintenance and rehabilitation of energy distribution points in Smara, Awserd, and Laayoune camps.

Special Briefing: Dakhla Flood Situation & Response (September 2024) In September 2024, severe floods struck Dakhla Camp, displacing 538 households (3,228 people) and causing extensive damage to homes, infrastructure, and schools. The hardest-hit districts, Jraifia and Um-Draigua, saw significant losses, exacerbating existing vulnerabilities. Emergency Response: A coordinated humanitarian response was launched to provide immediate relief, including: Shelter Assistance: Distribution of tents, tarpaulins, and emergency shelter materials. Core Relief Items (CRIs): Blankets, kitchen sets, and jerrycans to support affected families. Food Assistance: Ready-to-eat meals were delivered within 24 hours, followed by value vouchers to help households meet urgent food and non-food needs for two months. **Reconstruction & Recovery Efforts:** To support long-term recovery, targeted assessments in Jraifia and Um-Draigua led to: Reconstruction: 132,800 red Housing bricks, 3.320 zinc sheets, and 996 iron pillars provided to 244 affected families.

Infrastructure Repairs: Restoration of public institutions and reinforcement of key structures in flood-prone areas.





Education Impact & Response: The floods damaged four schools, disrupting education for 1,154 children:

- Temporary learning spaces set up for 147 kindergarteners.
- One kindergarten (149 children) rehabilitated, but funding remains critical for the reconstruction of:
 - One primary school (469 students).
 - One intermediate school (389 students).

Lessons Learned & Future Preparedness: The response highlighted the need for stronger disaster preparedness, leading to:

- Increased emergency stock levels for rapid deployment.
- Flood-resistant shelter designs, with a pilot project for 500 households.
- Enhanced resilience measures to mitigate future risks.



B. Key Challenges

- Aging Shelter Infrastructure: Many shelters require urgent rehabilitation due to prolonged exposure to extreme weather conditions.
- Limited Funding for NFI Distribution: The demand for core relief items exceeded available resources, affecting vulnerable households.
- Energy Sustainability Issues: While renewable energy solutions were introduced, high maintenance costs and limited technical expertise remain challenges.
- Environmental Concerns: Firewood consumption for cooking remains high, leading to deforestation and increased respiratory health risks.
- Logistical Constraints: Delays in international procurement and transportation affected timely delivery of shelter materials and NFIs.



C. Strategic Directions for 2025

- **Expand Shelter Rehabilitation Efforts:** Scaling up transitional shelter upgrades and exploring climate-resilient solutions.
- Enhance NFI Distribution Mechanisms: Improving targeting and exploring cash-based assistance for greater efficiency.
- Strengthen Renewable Energy Access: Expanding solar energy projects and piloting new energy-efficient cooking technologies.
- Integrate Environmental Sustainability: Implementing reforestation initiatives and promoting alternative cooking fuels to reduce environmental degradation.





8. Livelihoods and Economic resilience:

The Livelihood Sector plays a critical role in enhancing the self-reliance, resilience, and dignity of refugees by expanding access to income-generating opportunities, vocational training, and market-based solutions.

Target Group	Key Actions/Interventions
Families in Garden Programs	 1,900 families benefited from regional gardens. 428 families served as caretakers of gardens. 26 cooperatives involving over 100 families. 10 family gardens established.
Youth (Aged 18 and Above)	 1,350 youth (67% female, 33% male) supported via youth-led start-ups and scale-ups. 5,700 youth received business management training. 603 students in 10 schools engaged in agriculture/nutrition sensitization.
Vocational Training Participants	 75 education professionals (directors, inspectors, administrators) supported. 418 adults engaged in vocational training. 120 students under 18 (dropped out of school) enrolled in specialized vocational programs.
Artisans	 50 artisans supported to enhance economic inclusion and entrepreneurship.
Families Receiving Livelihood Support	 424 families received allotments (including 41 newly established ones). 49 families received sheep and goats to boost livelihoods.
Vulnerable Women	 240 women supported through camel milk distribution to improve maternal and child nutrition.
Children with Disabilities	- 349 children and adolescents benefited from 20% of fish production allocated to special education centers.





Entrepreneurship student and project owner preparing perfumes. UNHCR/Laayoune, 2025.

A. Key Outcomes in 2024

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Capacity Building for Self-Reliance and Livelihoods Enhancement

In 2024, significant efforts were made to empower key target groups—**youth**, **women**, and families—by equipping them with transferable, market-oriented vocational skills and promoting self-employment opportunities:

- 425 youth entrepreneurs, including 317 women, received coaching, mentorship, and business management training through the Start and Improve Your Business (SIYB) model.
- 37 entrepreneurs received technical training in equipment maintenance, ensuring their business operations remain sustainable.
- Five business associations were established to promote resource-sharing, collaboration, and mutual growth among entrepreneurs.
- The establishment of a savings and loan association in Smara camp provided 117 entrepreneurs with microloans and pooled resources, strengthening the financial stability and self-sufficiency of local businesses.

- 237 refugees (191 women, 46 men) received entrepreneurship training in 2024, providing them with essential business knowledge.
- 114 entrepreneurs (80 women, 34 men) benefited from start-up or business improvement grants, helping to expand their businesses and improve incomegenerating opportunities.
- 68% of monitored businesses reported income improvements, indicating strong progress towards economic resilience.

Promoting Local Production and Trade for Enhanced Food Security and Livelihoods

Efforts to increase local production have significantly improved livelihoods, food security, and reduced dependency on external assistance:

 403 families, participated in small-scale agriculture, resulting in a 30% increase in garden yields and an average of 31 kg of fresh produce per month.



- Laayoune camp regional garden produced over 50 tons of vegetables, benefiting 11,400 refugees with fresh food.
- 120 Fayoumi hens and 20 roosters were distributed to 19 families, producing an average of 423 eggs per family between April and December 2024.
- Camel milk distribution supported 200 vulnerable women and local hospitals, improving maternal and child nutrition.
- 360 refugees, including 284 women, were trained in sustainable agricultural practices such as seed production, organic fertilization, and cooperative farming, enhancing long-term food security.
- 60 flexible water tanks (3,000 liters each), 7,000 meters of drip irrigation pipes, and 45 greenhouses were distributed to improve agricultural productivity.
- Start-up initiatives such as soap making, textile production, and furniture manufacturing not only improved access to essential goods but also diversified livelihood opportunities for youth, women, and families.

Strengthening the Entrepreneurial Ecosystem and Support for Small Businesses

A continued focus on entrepreneurship has strengthened **youth-led businesses** and expanded opportunities for **women** and **families**:

 14 new businesses were launched across various sectors, including beauty services, carpentry, bakery, and mechanical repairs.

- 22 existing youth-led businesses received top-up cash grants, enabling them to expand and increase incomegenerating opportunities.
- The Entrepreneurship course supported 86.7% of students with essential business skills, enabling them to develop and manage projects that align with local needs and opportunities.
- A second savings and loan association in Smara camp has helped 117 business owners with microloans and pooled resources.
- Partnerships with local traders expanded the market reach of refugee businesses, providing enhanced visibility and distribution networks for their products.

Enhancing Climate Resilience and Sustainable Livelihoods

In 2024, efforts to integrate climate resilience into livelihoods programming benefited all target groups, with a particular focus on **families, women**, and **youth**:

- Training programs emphasized crop rotation, pest control, and organic fertilization, enhancing agricultural productivity in a climate-resilient manner.
- Solar-powered irrigation systems were introduced in select gardens, reducing water consumption and energy costs, ensuring long-term agricultural productivity.
- 2,500 refugees participated in 0 campaigns on water conservation, waste management, and **climate** adaptation practices. which were crucial in building a community-level understanding of environmental responsibility.



B. Key Challenges

- Limited Employment Opportunities: The absence of a formal labor market and productive activities, leading to youth disengagement and reliance on aid.
- **Continued Dependence on Humanitarian Aid**: Ongoing reliance on external assistance, hindering the development of self-reliance and sustainable economic growth.
- **Resource Scarcity**: Insufficient materials, outdated equipment, and shrinking budgets impacting the quality and reach of vocational training and entrepreneurship initiatives.
- Lack of Institutional and Community Support: Insufficient support for refugee-led businesses, limiting the development of a strong entrepreneurial ecosystem could be sorted out through start up grants.
- Climate Change and Environmental Constraints: Environmental challenges, including water scarcity and food security issues, impacting the sustainability of livelihoods.

C. Strategic Directions for 2025

- Empowering Refugees Through Digital Skills and Remote Work: Expanding access to digital training and remote employment will create sustainable income opportunities, particularly for youth and women.
- Scaling Up Refugee Entrepreneurship: Increasing support for income-generating activities and refugee-led businesses will enhance economic resilience and promote selfreliance.
- Promoting Climate-Resilient Livelihoods: Implementing water-smart farming and renewable energy initiatives will improve food security, reduce resource dependency, and support environmental sustainability.
- Strengthening Local Capacities and Private Sector Partnerships: Investing in community organizations and private sector collaborations will drive scalable and sustainable economic solutions.



VII. Financial Overview:

1.Funding Tracker 2024:

Funding Rate for 2024



Funding by appealing agency



Funding by sector



Top donors

●Education ●Food Security ●Health ●LEI ●Nutrition ●OPS Telecom





2.New Partnerships

Strengthening Partnerships and Expanding Fundraising for the SRRP

The Sahrawi Refugee Response Plan (SRRP) is entering a new phase of enhanced collaboration and diversified funding, ensuring stronger and more sustainable support for Sahrawi refugees. Through strategic partnerships with new donor governments, national institutions, international foundations, and the private sector, efforts are being intensified to address critical humanitarian needs while fostering long-term resilience.

• New Donor Engagement: Expanding International Support

The SRRP has successfully broadened its donor base, marking a **significant milestone in international solidarity**. A leading example is the contribution from the government of **Brazil** that has formally joined as a donor country.

In 2024, Brazil contributed in-kind assistance, providing frozen chicken and meat to diversify the refugee food basket, as well as water purifiers to improve access to safe drinking water. This contribution underscores the critical role of in-kind donations in addressing urgent needs, filling gaps where traditional funding may fall short, and offering a practical, efficient avenue for donor engagement. This addition **diversifies funding streams** and strengthens political and financial backing for essential programs, complementing the ongoing contributions from traditional donor countries.



• National Institutions: Strengthening Regional Cooperation



The Algerian International Agency for

Cooperation has played a pivotal role in the SRRP by supporting UNICEF's vaccination efforts for Sahrawi refugees. This collaboration has been instrumental in ensuring access to essential health services for vulnerable populations. The Agency's support underscores Algeria's commitment to regional cooperation and its essential role in mobilizing resources for the broader humanitarian response. Additionally, their involvement strengthens the operational framework for other humanitarian actors in the region.



• Private Sector Engagement: Unlocking New Funding and Opportunities

The private sector has made significant contributions to the SRRP, with Novo Nordisk emerging as a key partner in supporting the healthcare needs of the refugee population. The company has donated vital medications, particularly for non-communicable diseases (NCDs), such as insulin for diabetic refugees. This partnership demonstrates the impact of corporate engagement in addressing health challenges within the refugee context and highlights the private sector's role in contributing to sustainable solutions.

• International Foundations: Leveraging Expertise and Resources

Strategic collaboration with international foundations has further enriched the SRRP's programming. Organizations such as the KNVB (Royal Netherlands Football Association) are driving innovative initiatives that go beyond traditional humanitarian assistance. The KNVB's engagement focuses on youth empowerment through sports, providing structured football programs that promote psychosocial well-being, social inclusion, and skills development among refugee youth. These initiatives contribute to enhancing protection outcomes and fostering resilience within the community.



This broadened partnership approach is ensuring that the SRRP remains both financially sustainable and strategically impactful, with a diversified funding base and cross-sector collaboration that strengthens refugee resilience. By harnessing the collective efforts of donor governments, national institutions, international foundations, and private sector partners, the response is better positioned to address urgent needs while advancing long-term solutions for Sahrawi refugees.



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