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MALIAN REFUGEES IN
MAURITANIA



World Food Programme

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ACRONYMS & ABBREVIATIONS

ACF	Action Contre la Faim
ADICOR	Appui au Développement Intégré des Communautés Rurales
CRENAM	Centre de Récupération Nutritionnelle Ambulatoire pour Modérés
CRENAS	Centre de Récupération Nutritionnelle Ambulatoire pour Sévères
CRENI	Centre de Réhabilitation Nutritionnelle en Interne
CSA	Commissariat à la Sécurité Alimentaire
EMOP	Emergency Operation
FAO	Food and Agricultural Organisation of the United Nations
FSMS	Food Security Monitoring Survey
GAM	Global acute malnutrition
GBV	Gender Based Violence
GFD	General Food Distribution
HEA	Household Economy Approach
ICRC	International Committee of the Red Cross
IGA	Income Generating Activity
IOM	International Organization for Migration
JAM	Joint Assessment Mission
JPA	Joint Action Plan
Kcal	Kilocalorie
Kg	Kilogramme
LWF	Lutheran World Federation
MAM	Moderate acute malnutrition
MOU	Memorandum of Understanding
MSF-B	Médecins sans Frontières - Belgium
NFI	Non Food Item
PB	Perimeter Brachial
PDM	Post Distribution Monitoring
SAM	Severe acute malnutrition
SENS	Standardized Expanded Nutrition Surveys
SMART	Standardized Monitoring and Assessment of Relief and Transition
UAM	Mauritanian Ouguiya
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's' Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

I: EXECUTIVE SUMMARY

The UNHCR/WFP Joint Assessment Mission (JAM) 2015 for Malian refugees in Mauritania was carried out from 31 August to 7 September 2015 in Mberra refugee camp and four key host communities with the participation of nine key partners. The objective of the Mission was to: a) assess the current *food security and nutrition situation*; b) evaluate the refugees' *capacity for self-reliance* c) appraise the *impact and appropriateness of assistance programmes*; and d) develop a *strategy and a Joint Plan of Action* for 2016-2017. The Mission relied on secondary data for quantitative information, while the field visits focused on collecting qualitative information from a wide variety of sources and perspectives. The Mission also assessed basic social service provision, protection, security and the environment, as they directly and indirectly affect food security and malnutrition.

Mauritania currently hosts 50,102 refugees in Mberra camp while thousands of others reside in host communities and urban centres around the country. The majority of registered refugees are women and children of Arab and Touareg ethnicity and originate from the Timbuktu region of Mali and are mainly of pastoralist and nomadic backgrounds. Due to continued insecurity in northern Mali they do not envisage their return in the short or medium term; nor do they envisage their local integration in the long term.

A well-coordinated and comprehensive protection and assistance programme has been put in place to support Malian refugees. The concerted efforts of actors involved in nutrition, food assistance and public health programmes have contributed to the reduction of global acute malnutrition rates from 20 to 9.9 percent and of severe acute malnutrition rates from 5.9 to 0.8 percent between 2012 and 2014. However, irregular and incomplete food distributions in 2015 provided refugees with an average of 1,340 kcal per day or 63 percent of their 2,000 kcal food ration entitlements. This greatly impacted the food security of the majority of refugee households who rely on food assistance as their main source of food and/or income. This led to slight increase in admissions in moderate acute malnutrition centres compared to 2014.

Many refugees also adopted negative coping mechanisms to cover their basic food needs, in particular by incurring debts and selling some of their assets which have compounded overtime; leading to increased tensions within and between households and communities. Increased food insecurity also exposed more people, in particular women and youth to protection risks and concerns, while adult males and youth are increasingly leaving the camp to seek employment elsewhere. Children from the poorest households are increasingly being withdrawn from school to support their parents in generating income.

Malian refugees in Mauritania enjoy freedom of movement and have access to natural resources such as land, pasture and water and also have the opportunity to work and trade. However, they are hosted in the most vulnerable region of the country where 44 percent of households are food insecure (FSMS, 2015), due to successive years of drought, poor infrastructure and inaccessibility. The refugees now outnumber the local population by a ratio of 6 to 1, and have strained natural resources, in particular pastures, water and firewood, leading to environmental degradation and increased tension with the host population. Although programmes to support refugee self-reliance through income generation activities, household food production and literacy and training programmes have been effective in improving the livelihoods of the participants, they remain limited in scope and scale in relation to the actual need.

Refugees are unable to entirely subsist on the revenue or production from these schemes and require food assistance to meet their basic food needs. The current general food distribution ration should be maintained and supplemented with a cash ration of 2,000 UAM to cover for the 100 kcal ration deficit as well transportation and cooking fuel costs. The strategy over the next year should focus on sustaining the current quality of nutrition and public health programmes; reinforcing and expanding self-reliance programmes; providing comprehensive support to vulnerable groups and people with special needs; promoting literacy and school enrolment; and implementing joint programmes with the host community for livestock production, water management and environmental protection.

Many shortfalls identified during the JAM were as a direct result of funding shortfalls of 87 percent for UNHCR and 30 percent for WFP. Late contributions led to pipeline breaks for WFP while UNHCR had to limit or reduce many of its programmes. In order to implement the JAM recommendations for 2016-2017, a concerted resource mobilization strategy is necessary to maintain the refugees' food security.

II: INTRODUCTION

a) background

Following the arrival of Malian refugees in Mauritania in 2012 a tripartite Memorandum of Understanding (MoU) was signed between UNHCR, WFP and the Government of Mauritania, represented by the *Commissariat a la Sécurité Alimentaire* (CSA) to provide food assistance to refugees. The general objectives of the provision of food assistance is to save lives and protect the livelihoods of the refugees in an emergency context, with the specific objectives of: improving the food intake of refugees by providing food assistance in sufficient quantities to women, men, boys and girls in safe and secure environment and reducing malnutrition rates amongst children aged 6 to 59 months, as well as pregnant and lactating women.

A year after the outbreak of the crisis, WFP and UNHCR conducted a Joint Assessment Mission (JAM) in May 2013 to assess the food security and nutrition situation of Malian refugees in Mberra camp and of the host communities in surrounding villages by: analyzing their food and nutrition status; reviewing the quality and relevance of the food and nutrition assistance provided; and elaborating a joint plan of action for 2014-2015. The findings and recommendations of the 2013 JAM were critical in defining the strategy and mobilizing other key actors in providing a more comprehensive food and nutrition assistance programme to Malian refugees.

Since 2013 several activities were put in place to improve the food security and livelihood of refugees with a high rate of success. The most notable of these achievements has been the development of a comprehensive multi-sectoral nutrition strategy following several joint SMART/SENS surveys that has led to the reduction of global acute malnutrition (GAM) rates from 20 percent [17.2 - 23.1] to 9.9 percent [7.6 -12.8] and severe acute malnutrition (SAM) rates from 5.9 percent [4.4 -7.9] to 0.8 percent [0.3 - 2.1] between July 2012 and October 2014. The nutrition surveys attributed the improvement of malnutrition rates to the joint efforts of various sectors and actors, including the provision of high quantities and quality of water; the provision of food assistance; hygiene promotion activities; improved food preparation and feeding practices and adequate health services. During this period the food distribution modality was changed from “group” distributions through camp committee leaders to “scooping” to individual households and a food basket monitoring system was put in place. In addition, blanket feeding programmes were expanded to children from 6 to 59 months of age and pregnant and lactating women and a school feeding programme was introduced. *Post Distribution Monitoring* (PDM) exercises and a *Household Economy Approach* (HEA) analysis noted that the provision of free education and free health care services enabled refugee households to save a greater part of their ration for consumption rather than trading it to pay for school fees and medication.

Over the past two years, pilot and small scale programmes were introduced to improve household food security and promote refugee livelihoods, through self-reliance programmes that focused on *income generation activities* (IGA) such as petty trading and artisanal production, promoting *household food production* through the development of communal and individual vegetable gardens and the provision of dairy goats to vulnerable households as well as through *education and training* programmes providing adult literacy and training for income-generation activities. Other household food security programmes included a pilot programme that provided cash to supplement general food distributions for vulnerable households, in order for them to supplement their food intake with more preferred or nutritious commodities and pay for the transportation of their rations and cooking fuel.

Overall, a comprehensive and coordinated programme has been put in place over the last three years to address the overall nutrition, food security and livelihood needs of the Malian refugees, despite several challenges and a severe funding gap of 87 percent for UNHCR’s Malian refugee programme in Mauritania in 2015, and of 30 percent for WFP’s Emergency Operation (EMOP) for refugees. This resulted in many programmes being limited in scale and scope relative to the actual need as well as irregular and incomplete food ration distributions, especially in 2015.

The perceived stabilization of humanitarian programmes, coupled with the relative integration of the refugees into the social and economic fabric of their host country, as well as the resumption of cross border movements with Mali for transhumance and commercial activities, led the international community to believe that it was now time to move away from general food distribution activities in an emergency context, to a more targeted food assistance programme. This would include the

consolidation of self-reliance programmes for durable solutions for household food security over the next two years. It is in this light that a Joint Assessment Mission was commissioned for 2015 prior to the elaboration of strategy for 2016-2017 for the two agencies and their key partners.

b) objectives of the UNHCR / WFP joint assessment mission 2015:

The purpose of the JAM was to gain a common understanding of the level of food security amongst the refugee and host populations and conduct a joint analysis, in order to develop an appropriate strategy for the future. More specifically, the purpose of the mission was to:

1. Assess the **current food security and nutrition situation of refugees** as well as their needs in the medium term and prospects for durable solutions;
2. Assess the refugees' **capacity for self-reliance based** on their level of access to natural resources such as land, pasture and water, as well as to economic opportunities through employment, income generating activities and markets;
3. Assess the **impact of assistance programmes** since the 2013 JAM, taking into account changes in the context and specific issues resulting from, or related to, the overall humanitarian operation, including the appropriateness of current transfer modalities, with a particular focus on vulnerable and marginalized groups;
4. Develop **a strategy and a Joint Plan of Action (JPA)** to address the food security of refugees and host communities that would enable them to maintain an adequate level of food and nutritional consumption in the short and medium term, while progressively facilitating the transition towards a more targeted and development-oriented assistance.

c) methodology:

A mixed-methodology approach was employed for the JAM process in Mauritania. The first phase was a **review of secondary data** that included the gathering and analysis of a wide variety of assessments, evaluations and monitoring reports related to assistance programmes to both refugees and host communities since 2013. A complete list of all documents reviewed can be found in Annex I. The key documents included in the review were:

- Post Distribution Monitoring (PDM) reports 2013 to 2015;
- Standardized Monitoring and Assessment of Relief and Transition (SMART) and Standardized Expanded Nutrition Surveys (SENS) reports from 2013 to 2015;
- Food Security Monitoring Surveys (FSMS) 2013 to 2015 ;
- Household Economy Approach (HEA) 2014 and 2015;
- Cash feasibility studies 2012, 2013 and 2015;
- Evaluation reports of the pilot cash (2015) and dairy goat (2014) projects;
- The multi-sector host community joint humanitarian assessment mission of 2014;
- UNHCR operational updates, fact sheets and registration statistics
- WFP pipeline and distribution reports 2013 to 2015.

An analysis of the secondary data review revealed the availability of high quality information and sufficient quantitative data, statistics and information that was representative of the humanitarian operation over the past two years. The secondary data grasped the evolution of the nutrition situation as well as an understanding of the food security indicators and livelihood trends. Therefore, the focus of the second phase of the JAM process; **primary data collection**, was on the **qualitative aspects** of the humanitarian assistance operation to refugees and host communities. The objective of the mission was to gain a common understanding of other key factors such as protection, security, the provision of and access to basic social services, the environment and livelihoods; and how they influence and contribute to malnutrition and food insecurity.

The key purpose of the primary data collection was to triangulate the information available; fill in the perceived gaps in information and knowledge through discussions with key actors and the authorities;

but most importantly it was to gauge the perceptions and perspectives of refugees from a wide range of age, gender, ethnic, socio economic and geographical situation as possible. A vulnerability map based on household food consumption scores was used as a basis for field teams to visit a wide range of food secure and insecure households as possible.

In order to capture this information, the methodologies employed during the field mission included:

- **Focus group discussions:** (age, gender, sex, socio-economic, ethnic, geographical location)
- **Discussions with authorities :** (administrative, security, local authorities)
- **Discussions with community leaders: refugee representative** and host community elders
- **Discussions with partners, implementing organizations and service providers;** (medical professionals, community centers, social workers, teachers, trainers, volunteers)
- **Household interviews and visits:** (geographical location, household size, vulnerability, demographic profile)
- **Site visits and infrastructure inspections:** (medical centers, nutrition centers, schools, distribution sites, water tanks, shelter)
- **Transect walks** and observations: shops, market, shelter, garden plots, random household and individual interviews)

The Mission:

UNHCR and WFP invited all partners to be part of the design and implementation of the 2015 JAM in Mauritania due to the vital partnership and contributions of national and international non-governmental organizations, local authorities and sister United Nations agencies in the provision of nutrition and food assistance to refugees. The Mission was carried out from **31 August to 7 September 2015** with the participation of the **39 people from 13 agencies**, including: UNHCR, WFP, UNICEF, IOM, FAO, UNFPA, ACF, MSF-B, INTERSOS, FLM, SOS DESERT, CSA and ICRC. The Mission was conducted in: **Mberra refugee camp** where 50,103 Malian refugees reside; **Bassikounou**, the administrative capital of the *moughatta* where Mberra camp is situated and the key economic source of most of the camp's commerce and supplies, as well as the closest secondary level health care facility; **Fassala**, the key border town and entry point for Malian refugees into Mauritania, as well as the key town for cross border trade and commerce; and **Mberra 1** and **Mberra 2** the two villages closest to the refugee camp, with the highest level of social and economic interaction with the refugees, and the most environmentally impacted by the refugees use of natural resources; the two villages also hosts a number of Malian refugees from the 1990s that have now locally integrated.

The mission included a one-day workshop prior to the field visit in order to brief participants of the JAM process and methodologies; gather insights of the challenges and successes in the assistance operation for refugees and host communities since 2013; and finalize the information collection tools and strategies. Each group held a daily debriefing exercise to agree on key observations, findings, and recommendations; and a half-day final debriefing workshop was held on the last day with all participants. Participants included food security and nutrition experts, livelihood officers, WASH specialists, protection officers, community service officers, livestock experts, health programme managers, Gender Based Violence (GBV) programme supervisors, agriculture experts, education officers, a vulnerability mapping expert, logistics officer, and a field security officer. The majority of participants are based in Bassikounou, with only a few participants based in Nouakchott and Kiffa. Participants included head of sub-offices, field monitors, programme coordinators and supervisors; providing a wide range of perspectives and in-depth knowledge of the operation.

The JAM mission was centered on **four thematic groups** and each group was composed of a mixture of sectoral experts and non-experts. A number of topics were gathered by several groups to capture a wide variety of perspectives as possible. The objectives of each thematic group are highlighted below:

Group 1: Host communities and the environment; the overall objective of this team was to gauge the level of cohabitation between refugees and host communities; assess the economic, social, infrastructural and environmental impact of the refugees in the area; and identify opportunities and activities that could be jointly implemented by refugees and host communities to minimize the environmental impact and improve economic and social relations between the two communities.

Group 2: Food security and livelihoods: the overall objective of this group was to assess the pertinence of the food assistance modalities and income generating activities as well as assess the level of food security of refugees and opportunities for self-reliance.

Group 3: Basic Social Services and infrastructure: the main objectives were to assess the quality of basic social services and the adequacy of infrastructure in the camp; this included health centres and nutrition centers, schools and training facilities, water points and latrines; markets, shelter and NFI.

Group 4: Representation, Protection and Security: the main objective of this group was to communicate the purpose of the mission to local administrative and security authorities and refugee leaders; identify how protection issues impacted food security and how food insecurity led to protection concerns. The team also collected information on perceptions of security within the camp and surrounding areas as well as the refugees' plans for their return to Mali.

III: BASIC FACTS

The majority of Malian refugees are living in the Bassikounou *moughataa* in the Hodh Elchargui *Wilaya*, situated in the south-eastern corner of Mauritania, bordering northern Mali to the east and central Mali to the south. Mberra refugee camp was established in 2012 and is situated 60km from the border with Mali; 18km from Bassikounou town, the administrative capital of the department and 1,000km from Nouakchott, the capital of Mauritania. A total of 370 hectares have been allocated for the camp, of which 350 hectares are utilised by the refugees. The environment around Mberra camp is typical of the Sahel; flat land situated 200 to 400 meters above sea level and receives between 200 and 600 mm of rainfall per year.

The camp is divided into 4 zones with a total of 43 blocs, with an average of ten blocs per zone. Each bloc is managed by a chief, supported by committee of five members who report to the Committee of Chiefs and are responsible for liaising and coordinating with humanitarian actors in the camp. The refugee community is involved in the management of the camp through community leaders represented through a central coordination committee of 30 members. The committee is supported by subcommittees composed of 6 women and 6 youth. The Mauritanian authorities have deployed a brigade of gendarmerie to ensure security within the camp, while a platoon is responsible for maintaining security in the surrounding areas.

Humanitarian partners work together under the coordination of UNHCR and the Mauritanian Ministry of the Interior and Decentralization and the local authorities for the coordination of protection and assistance to refugees in Mauritania. These services include:

Protection: biometric registration, documentation, legal aid, identification and assistance to people with special needs, prevention and response to GBV, Child Protection, family tracing and reunification; **Education:** support to primary and secondary level education, literacy and training; **Health:** primary healthcare with referral to secondary and tertiary level healthcare; **Food Security and Nutrition:** care and treatment centers for moderate, severe and intensive malnutrition; food assistance through General Food Distribution, Blanket Supplementary Feeding, Therapeutic Supplementary Feeding, School Feeding; as well as Food Basket Monitoring and Post Distribution Monitoring; **WASH:** water supply system, latrines, hygiene awareness and distribution of hygiene kits; **Shelter, Non Food Items ; Camp management** and community infrastructure; **Peaceful Coexistence** and Awareness campaigns and support to host communities; and **Self-reliance activities:** income-generation activities, vegetable gardens, dairy goats and training programmes.

a) refugee numbers and demography

A total of **50,102 people (14,401 households)** have been registered as Malian refugees at Mberra Camp at the time of the JAM mission. In September 2015 the demographic profile of the refugee includes:

Age and Gender: 56 percent of refugees are female and 44 percent of are males; 57 percent are children under the age of 18 while 38 percent are adults between the ages of 18 and 59 and 5 percent

are elderly people over the age of 60. There are approximately 8,300 children under the age of five; 14,200 children between five and 11 years of age and 6,000 between the ages of 12 and 17.

Vulnerable groups and people with special needs: Some 5,500 people or 11 percent of refugees are registered as people with special needs; this includes 2,292 elderly people over 60 years of age; 1,557 women at risk, 448 children at risk, 451 disabled people and 323 unaccompanied minors and separated children. This category also includes 221 people registered as single parents, 96 survivors of sexual and gender based violence and 94 people with a serious medical condition.

Place of origin and ethnicity: The majority of Malian refugees (89 percent) come from the Timbuktu region; 4 percent come from Segou, 4 percent from Mopti and the remainder are from Gao and Bamako. Almost 50 percent are of Arab ethnicity and 49 percent are Touareg while less than 1 percent of the refugee population are Songye (0.3 percent), Bamabara (0.2 percent) and Pular/Fula (0.4 percent).

Education and Profession: Around 43 percent of the population received no formal education while 19 percent have received some form of informal education. Almost a third (31 percent) of the refugee population are unemployed, 19 percent are registered as housekeepers and housewives and 12 percent are enrolled as students, while 30 percent of those registered are not of working age. The largest category of declared professions amongst the refugee population include dairy and livestock producers (4.5 percent) and other professions that represent under 1 percent of population include: sales persons and traders, blacksmiths, builders, cart and motor vehicle drivers, cooks, teachers and medical assistants.

New arrivals and voluntary returns: In 2015, 486 new arrivals were registered, the majority were registered in May and June 2015 following violent clashes in central Mali. Some 2,588 (751 households) Malian refugees voluntarily returned since their arrival in Mauritania in 2012, the majority (2,054) returned in 2013; while 533 returned in phases during 2014; no refugees registered their voluntary return in 2015.

Deactivation: After a careful sensitization of the communities in Mbera Camp and host villages, UNHCR in collaboration with the authorities initiated a verification exercise of the camp's population in 2013. While the final results of the exercise are still pending, more than 3,700 individuals were confirmed Mauritians and de-activated from UNHCR's database between December 2014 and June 2015.

Prospects for their return: Discussions with refugee leaders and individuals indicated that their return to Mali in the short and medium term is highly unlikely, due to the continued conflict in northern Mali and the lack of security and stability, and the absence of civil administration and state authorities in the area. While some families may return spontaneously and voluntarily during the course of the next year or two; organized, promoted and assisted repatriation is not foreseen in the near future. Refugees living amongst host communities, also indicated that they do not envisage their return in the near future, nor do they envisage their local integration amongst the host community or their participation in long term development programmes.

Future Registration exercises: A Joint Review Commission comprised of UNHCR and Government of Mauritania is currently reviewing and verifying the refugee status of 7,000 people registered as refugees, by cross checking their data with the Mauritanian national identification database. Bona fide refugees will maintain their status, while those of Mauritanian nationality will be deactivated from the database.

Projections and contingency plans: The number of refugees is likely to fluctuate between 50,000 and 55,000 over the course of the next year, if the current situation in Mali does not deteriorate further. Following developments in central Mali and the arrival of new refugees in May 2015, UNHCR and partners devised a contingency plan in the event of a new wave of mass influx. The contingency plan expects that no more than 5,000 new arrivals over the next few months. However, in the event of a worst-case scenario, Mbera Camp can host up to 100,000 people.

b) general context

The outbreak of violence in northern Mali between separatist militia factions and the Malian armed forces in January 2012 led to the displacement of an estimated 500,000 people within Mali and 170,000 into

the neighboring countries of Algeria, Burkina Faso, Niger and Mauritania. The number of refugees in Mauritania reached its highest peak of 75,000 in early 2013, following the foreign military intervention in Mali that led to new waves of displacement.

The Government of Mauritania has kept its borders open and has welcomed all refugees into its territory, granting asylum to the refugees on the basis of *prima facie* with no cases of *refoulement* reported. The armed forces and administrative authorities have also continued to ensure the security and safety of Malian refugees and have actively promoted the peaceful co-habitation between refugees and host populations, promptly resolving conflicts and tensions between the two communities. The refugees have also enjoyed freedom of movement as well as access to natural resources such as land, pastures and water as well as to employment, economic opportunities and education. Historical kinship ties, social and economic relations as well as a common religion and similar lifestyles has made the acceptance and integration of Malian refugees relatively easy. However, they are hosted in one of the most inaccessible areas of the country where natural resources are scarce and where the levels of food insecurity and vulnerability are the highest. The pressure on natural resources is starting create increased tensions between the two populations.

Mauritania in general is food insecure and imports 70 percent of its food requirements and has suffered from consecutive years of rainfall deficits that has affected the overall level of food and nutrition security over the past years, reaching critical levels during the Sahel drought crisis in 2011 and 2012. The Hodh Elchargui *wilaya* is the most food insecure region in Mauritania, with 44.1 percent of households classified as food insecure in 2015; which is well above the national average of 26.8 percent (FSMS, 2015). Furthermore, it is also the region with the highest percentage of severe food insecurity, affecting 14.2 percent of households in the province. The FSMS findings also revealed that the average household purchased around 75 percent of its food with cash, 20 percent with credit while only 2 percent was self-produced and 3 percent was received as aid or donations.

Hodh Elchargui *wilaya* is vast and sparsely populated with poor road infrastructure, making access to villages difficult, especially during the rainy season which has affected the ability of state authorities to provide basic level of services to the region. Illiteracy rates are high and access to education is limited, with low enrolment rates and high dropout rates; distances to schools are far and parents can't afford to send their children to school. Previously, health services were limited to Bassikounou, the district capital and Fassala; with the best quality of health service found in Mberra refugee camp. Over the past year the district hospital has been upgraded, improving the population's access to medical services, free access to medical treatment and medication, medical evacuations, and operations are now possible in Bassikounou.

Prior to the arrival of the refugees, the population of Mberra village was around 8,000, while the population of the entire *wilaya of Hodh Elchargui* is 42,000 people¹. The presence of refugees, who now outnumber the local population, has had an enormous social and economic impact on the region, with both positive and negative effects. The presence of refugees has had a positive impact on commercial activities, further strengthening already existing trade relations with Mali. However, this in turn has led to a general increase in the price of some basic commodities, transport and rent, impacting the most vulnerable households who constitute 80 percent of the local population.²

The *moughataa* is situated on the Sahelio-Saharan belt of western Africa where most of population are pastoralists and agro-pastoralists; with livestock accounting for the majority of the households' source of income and food security. In normal times, the transhumance cycle moves from Mali to Mauritania between August and October and from Mauritania to Mali between May to June. This cycle was disrupted following the outbreak of conflict in northern Mali; blocking the livestock of both refugees and host communities in Mauritania, putting considerable pressure on the natural resources, in particular for water, pasture and firewood.

The main sources of livelihood in the region are pastoralism and agro-pastoralism. The majority of pastoralists households reported that their main sources of food and income was from livestock, and

¹ Office of the Hakim of Bassikounou

² Office of the Hakim of Bassikounou

their mainly protein based diet of meat and milk was being diluted and substituted with lentils, beans and cereals purchased from post-distribution sales in the refugee camp. According to a 2014 assessment the high number of livestock devalued the cost of a livestock head by a ratio of 1:3, diminishing the purchasing power of the pastoralist households³. Meanwhile, agro-pastoralists households mainly engage in agricultural activities in the winter months and work as shepherds for large livestock owners in the lean season as well as daily laborers in surrounding areas or migrate as seasonal workers. In general, agro-pastoralist own very few livestock for their own subsistence and incur substantial debts during the lean season to cover their food needs. Their agricultural production is monetized at unfavorable rates to repay their debts with interest rates as high as 100 percent. This cycle of debt and unequal terms of trade makes it almost impossible for agro-pastoralists to build up food stocks and reserves for the lean season.

Refugees living amongst the host community, have mainly settled near villages and water points. Access to water in the region is scarce and has been one of the main causes for concern. The presence of a large number of livestock all year round has put a huge pressure on water resources impacting both the quantity and quality of available water. Water scarcity not only affects livestock consumption, but also human consumption, agricultural activities and gardening, household and personal hygiene.

The environmental impact of the continued presence of refugees over the past years is evident, and has led to soil erosion due to the large scale culling of trees for the use and sale of firewood and the immediate environment surrounding the camp has been completely deforested. Discussions with refugees revealed that there is increased tension and conflict related to the collection of firewood. The environmental degradation has led to livestock losses, which is the main source of livelihood of the local population, in turn impacting their level of revenue.

Over the past years efforts have been made by various humanitarian organizations to support host communities. This includes livestock rehabilitation programmes, food for work schemes, cash for work schemes, water conservation and rehabilitation efforts, livestock health services, hygiene promotion and water management; environmental conservation. The host community has also benefitted from increased provision of basic social services as well as food assistance, health and water services. Interventions in the host community are slowly picking up and local authorities noted that activities such as integrated farms, dispensaries, schools, wells, and via-ducts have already had a positive social impact. However, these interventions have not been able to address the needs in the area which require a national strategic development programme. The difference in the level and quality of services between the refugee camp and host community villages are visible and significant.

Local authorities noted that life has significantly changed in Bassikounou both socially and economically since the arrival of refugees in the locality, which has become the commercial and administrative hub of the region as basic social services at the primary and tertiary level have been upgraded and employment opportunities, commerce and infrastructure development have increased. This in turn has had a negative effect on vulnerable populations that account for 80 percent of population of the area, as prices have significantly increased. Many local people have not benefited from increased employment opportunities provided by humanitarian operations and associated sectors as qualification requirements are high, most jobs have been occupied by Mauritians from elsewhere and qualified refugees. The recent deactivation of some 3,700 Mauritanian nationals from the refugee database has led to some animosity amongst the host population, but it is not widespread.

One of the key focuses of the Mission was gauge the level of cohabitation between the host and refugee communities. The mission found that there were divergent views on the level of peaceful coexistence, but it was evident that it is becoming increasingly strained as natural resources are being depleted. Therefore maintaining and reinforcing the peaceful cohabitation between refugees and host populations through increased humanitarian and development interventions in host villages, sensitization activities, trainings events and joint committees over the next years is essential. Most importantly joint activities and projects focusing on livestock, water management and environmental protection will be vital in strengthening the food security and livelihoods of both populations.

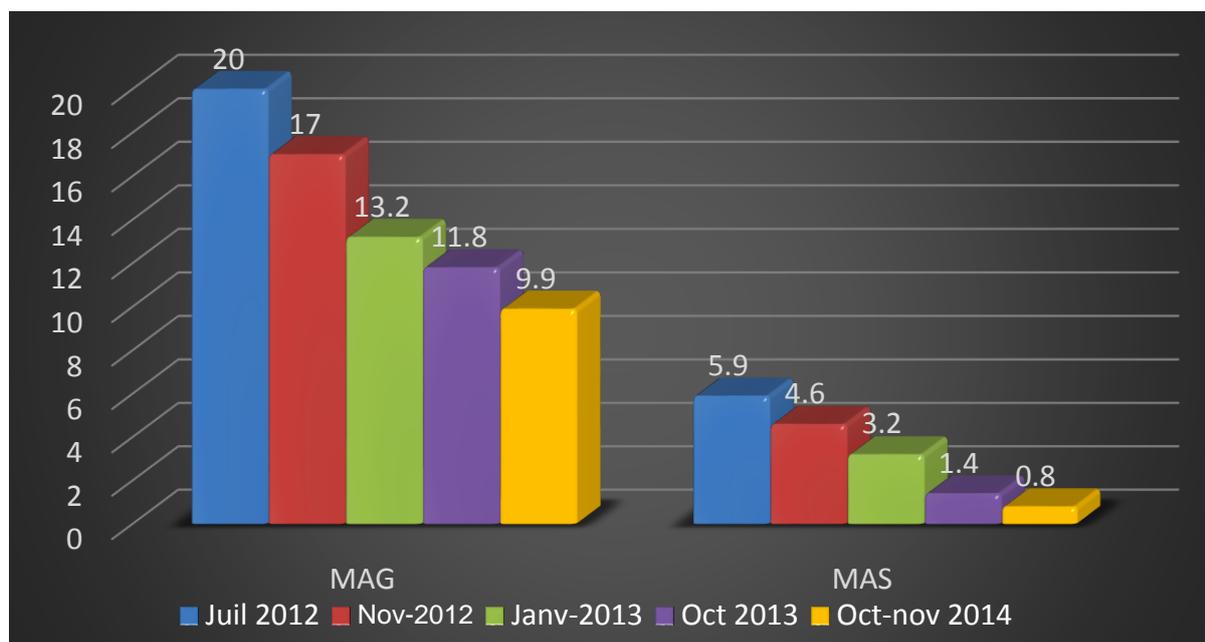
³ OCHA Joint Mission in Host Communities Report 2014

IV: FINDINGS

a) nutritional situation and public health environment

The nutritional situation has greatly improved over the last three years, with acute malnutrition rates falling steadily between 2012 and 2014, thanks to the concerted efforts of humanitarian partners involved in the nutrition sectors as well as the sensitization and behavioral change messages and actions by community health and outreach workers. Nutrition surveys have demonstrated a steady and progressive reduction of malnutrition rates with GAM rates falling from 20 percent [17.2 - 23.1] in July 2012 to 9.9 percent [7.6 - 12.8] in October 2014; while SAM rates fell from 5.9 [4.4 - 7.9] percent to 0.8 percent [0.3 - 2.1] during the same period.

table 1: evolution of acute malnutrition in Mberra Camp 2012 – 2014



Source: SMART/SENS 2012 to 2014⁴

Despite the encouraging signs of significant reduction in overall acute malnutrition rates, other indicators of malnutrition such as stunting, underweight and micronutrient deficiencies still remain at critical and alarming levels. The post lean season SMART/SENS survey in October 2014 revealed that the prevalence of chronic malnutrition or stunting rates are at 31.6 percent and that 21.7 percent of children aged 6 to 59 months are underweight.

Acute malnutrition affects boys more than girls, with 12.1 percent of boys and 7.6 percent of girls affected by malnutrition. Children 6 to 23 months old are more affected by malnutrition than children aged 24 to 59 months; 16.4 and 6.3 percent respectively.

A nutritional screening and treatment programme has been put in place at Mberra Camp with the collaboration of UNHCR, WFP, UNICEF, MSF-B and the Ministry of Health. There are 11 nutrition centers in the camp: 6 *Centre de Récupération Nutritionnelle Ambulatoire pour Modérés* (CRENAM) for the treatment of moderate acute malnutrition; 4 *Centre de Récupération Nutritionnelle Ambulatoire pour Sévères* (CRENAS) for the treatment of severe acute malnutrition; and 1 *Centre de Réhabilitation Nutritionnelle en Interne* (CRENI) for the intensive treatment of severe acute malnutrition with medical complications. Nutrition activities include nutritional screening and post-discharge monitoring;

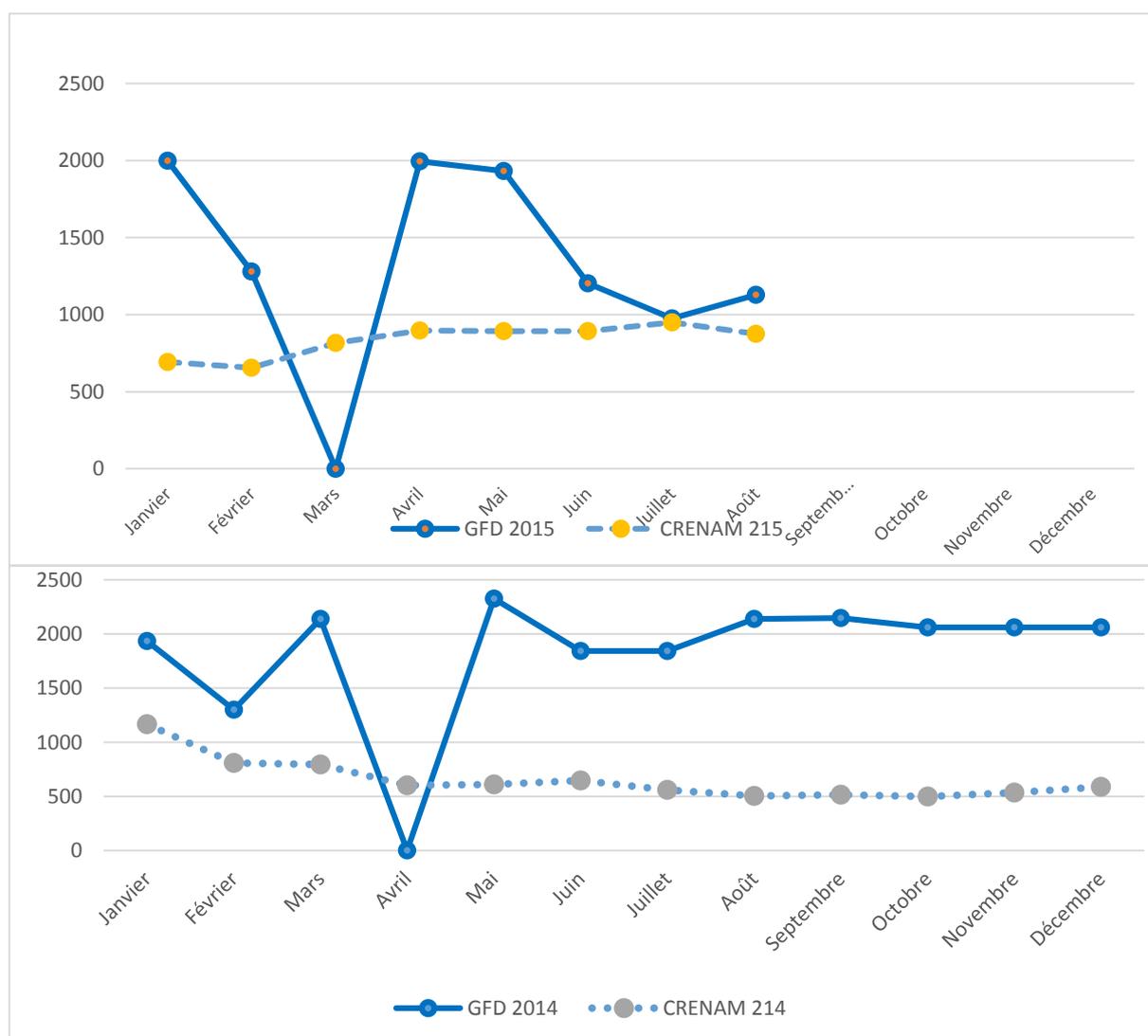
⁴ MAG : Global Acute Malnutrition / MAS : Severe Acute Malnutrition

preventative activities that includes a Blanket Supplementary Feeding programme for children 6 to 59 months of age and pregnant and lactating women as well as the provision of Vitamin A supplements. There are also sensitization programmes to promote good feeding practices, hygiene promotion and food preparation.

The reduction of acute malnutrition can be attributed to the activities put in place by several partners, as well as other activities aimed at improving household food security such as the provision of dairy goats and vegetable gardening activities, as well as hygiene promotion and behavioral change messages and education. The causes of malnutrition are multiple and complex, but are a result of a combination of: inadequate food intake, illness, access to health services; hygiene and access to water; food insecurity; inadequate care; and the status of women in society.

Irregular and incomplete distributions of General Food Distribution (GFD) rations in 2015, may be one of the factors that led to an increase in the number of children admitted into moderate malnutrition programmes, regressing some of the gains made over the past years. In 2015 refugees received an average of 1,340 Kcal per month; compared to an average of 1,800 kcal per month in 2014 and 2,000 kcal in 2013. Table 2 below compares the GFD distributions per month with admission rates into moderate acute malnutrition treatment centers (CRENAM) in 2014 and 2015, and indicates an increase in the number of moderately malnourished children admitted into treatment centers in 2015 compared to 2014.

table 2 : GFD distributions in Kcal versus admissions into CRENAM (2014 and 2015)

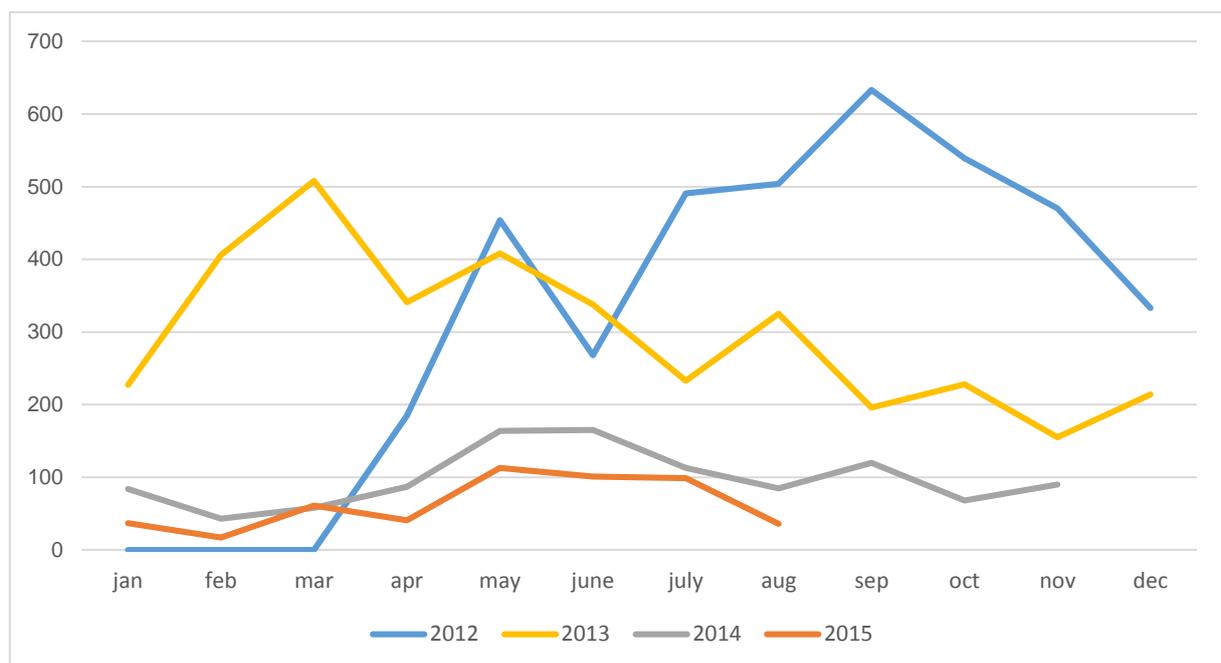


Source: WFP, CRENAM

However, the admissions into severe acute malnutrition treatment centers (CRENAS) did not increase in 2015, compared to previous years. The rate of admissions into CRENAS continued to decrease as highlighted in table 3, below. This has been attributed to consistent passive and active screening for malnutrition which identifies cases before they become severe. Focus group discussions with refugee mothers in the CRENAM also indicated that their perception was that while the number of moderate acute malnutrition cases increased in 2015 compared to 2014, the severity of malnutrition in the camp has reduced thanks to behavioral change in feeding practices, hygiene and nutritional education, as well as consistent screening and treatment of moderate acute malnutrition.

table 3 : admissions into CRENAS (severe acute malnutrition treatment centers) 2012 – 2015

Source: UNICEF, MSF, Government of Mauritania



Statistics regarding **breast feeding** practices also reveal major behavioral changes; the percentage of children breastfed immediately following their birth is 56.4 percent; while the percentage of women exclusively breast feeding their babies has increased from 31.9 to 54 percent between 2013 and 2014. The rate of women continuing to breastfeed their babies from 12 to 15 months has increased from 90.9 percent to 96.9 percent, while those that continue to breast feed babies up to 2 years of age has increased from 18.7 percent to 50 percent. ⁵The rate of women providing fortified foods to their babies has also increased from 18.7 to 50 percent. Nutrition experts recommend that efforts to improve feeding practices have been good and effective, but need to be sustained and strengthened. ⁶

The **Vaccination coverage rate** is 87.2 percent which is below UNHCR standard for refugee camps of 95 percent; the vaccination coverage rate was 19.9 percent in 2012 and 36.8 percent in 2014.⁷

Vitamin A coverage is at 85.9 percent while the coverage of **de-worming** medication is 73.3 percent; the rate for Vitamin-A and deworming coverage are both below the UNHCR standard for refugee camps of 90 percent. ⁸

⁵ SMART/SENS Octobre 2013 and Octobre 2014

⁶ Multisector Nutrition Strategy for Mbera refugee camp, UNHCR and partners March 2015

⁷ ibid

⁸ ibid

The percentage of **children underweight** has reduced from 40.1 percent to 21.7 percent between 2012 and 2014; while those severely underweight have reduced from 15.2 percent to 4.4 percent during the same period. At Mberra camp 10.5 percent of children are born underweight or under 2.5 kg.⁹

The **global anemic rate** decreased from 58.3 percent in 2013 to 42.8 percent in 2014, with 0.4 percent of cases diagnosed as severe and requiring medical attention. The global prevalence of anemia amongst children aged 6 to 59 months is at 45.4 percent, compared to 58.3 percent in October 2013; while it is at 42.6 percent amongst women of reproductive age, compared to 50.3 percent in October 2013. Although the prevalence of anemia has reduced over the past years, but it still remains critical according to WHO standards (>40% of anemia prevalence is considered as public health significance). This is likely due to inadequate consumption of food that is rich in iron, copper, vitamin B6 or B1, B12 as a result of the limited consumption and availability of meat, fruit, and vegetables in the camp as well as the high consumption of tea amongst adults. In addition worms also cause micronutrient deficiencies amongst children, in particular anemia.

nutrition programmes

MSF-B and the Ministry of Health, deal with severe acute malnutrition, while WFP and ADICOR deal with moderate acute malnutrition. Community health workers identify malnutrition cases through active and passive screening; MAM and SAM admission; discharge and abandonment cases. Active Screening exercises are carried out monthly, while passive screening exercises are carried out during health visits or at the CRENAM.

UNICEF provides the inputs for SAM programmes including: plumpynut, therapeutic milk, F75 and F100 for the CRENI. Inputs for the CRENAM are provided by WFP. The **Therapeutic supplementary feeding programme** ration includes 92g of plumpy'sup per day, which is 500 Kcal, while mothers receive 25 g of vegetable oil and 250g of super cereal. In order to prevent malnutrition a **Blanket supplementary feeding programme** targets children aged 6 to 59 months and provides 200g of supercereal ++ with a Kcal value of 787 per person per day. Meanwhile, Pregnant and Lactating Women suffering from moderate acute malnutrition, are enrolled following the second semester of their pregnancy, while breast feeding women are enrolled if their *Périmètre Brachial* (PB) is below 210 mm in accordance with national protocols. While mothers receive 200g of supercereal ++ and 20g of vegetable oil amounting to 940 kcal per day.

MSF-B provides five cartons of BP5 per week to households with children suffering from severe acute malnutrition, targeted for other children of the household in order to ensure that SAM patients consume the full ration and that is not shared by other members of the household.

Vaccination campaigns are carried out through routine mass immunization exercises and Expanded Vaccine Campaigns which is integrated into the health service.

malnutrition amongst host population

The SMART survey carried out in July 2014 revealed that the GAM rate amongst the host population in the immediate surrounding areas of Mberra camp is 12.5 percent [9.9 - 15.6]; while the SAM rate of the host population is 1.0 percent [0.2 - 2.3]. However, the malnutrition rates in Hodh el Chargui *wilaya* are much higher than that of the areas surrounding the refugee camp. The *National SMART Survey* published in June 2015, indicates that the GAM rate in Hodh el Chargui is 17.1 percent [14.9 – 19.4] while the SAM rate is 3.0 percent [2.3 – 3.8]; the chronic malnutrition rate in Hodh el Chargui is 32.7 percent [30.2 – 35.3], while the rate of severe chronic malnutrition is 9.2 percent [7.9 – 10.8]; and the national average is 21 percent [19.8 – 22.3] and 4.8 percent [4.3 – 5.3] respectively. The Global underweight rate in the region is 21.2 percent while the rate of severely underweight is 3.3 percent; the national average is 20.4 and 3.7 percent respectively. The mortality rate for the under-five population is

⁹ Ibid

0.67 per 10,000 inhabitants per day and for the general population it is 0.54 per 10,000 inhabitants per day.

health services

There are 5 health structures in the camp; 4 health posts and one government health centre and treatment is provided free of charge. Access to health services in Mberra camp is good and is physically accessible, with the furthest distance between them being 1,250 meters. The health centres provide basic curative and preventative treatments, health promotion, nutrition and hygiene promotion, vaccination campaigns, Vitamin A supplementation and screening. All the primary healthcare services are available including emergency obstructive care, which is available at the Bassikounou hospital managed by MSF-B.

All health centres are equipped with qualified personnel including doctors, nurses, mid-wives, community outreach workers, community health workers. The referral system is functional; in accordance with medical protocols and most of the referrals are from primary health posts to the health center and to Bassikounou and Nema, the regional capital for critical cases.

The most frequent illnesses reported amongst children are severe respiratory infections diarrhoea, malaria and other common illnesses include dermatological infections and conjunctivitis.

At the MSF-B maternity ward there are an average of 80 to 100 births per month and 30 at the UNFPA ward; while the *prenatal consultation rate* is 400 to 500 at the MSF-B hospital and 270 at the UNFPA supported centre. A number of newborn deaths were reported in 2015 due to premature births and delivery at home, while there have been maternal deaths in the past, none were reported in 2015. There is an increasing number of teenage pregnancies in the camp and the use of contraceptives amongst women of reproductive age in general, is low at 19.6 percent. In 2014, 83.5 percent of pregnant women visited the health facilities compared to 74 percent in 2013; and 80 percent of pregnant women received folic acid and iron supplements¹⁰. There are still a number of pregnant women who deliver at home with the support of traditional birth attendants, and the maternity hospitals are trying to conduct a mapping of them in the camp and liaise with them in order to reduce the number of new born deaths.

Focus group discussions with patients stated that the quality of services was good and easily accessible. They suggested to provide ambulance services to ease their access to the health centres.

water, sanitation and hygiene

The quality and quantity of water available in the camp is high, providing 30 liters per person per day; exceeding both SPHERE and UNHCR and minimum standards of 15 and 20 liters per person per day, respectively. The camp is equipped with 5 boreholes; 9 generators and 10 tanks; 140 water points; 586 operational tap points; and 82 washing areas; producing an average of 866 cubic meters of water every day. Around 84 percent of water is used for human use (consumption, hygienic and domestic purposes); 4 percent is used for livestock and food production and the remainder is used by public infrastructures such as schools and hospitals and shared with Mberra village. This year there has been a 38 percent reduction in water consumption in August 2015 compared to 2014.¹¹

In addition, the camp has 2,342 functional showers and 2,342 semi-permanent latrines and for communal use. The current number of persons per latrine and shower is 22; slightly higher than the UNHCR minimum standard of 20 persons per latrine and 50 persons per shower. In addition there are four areas for solid waste management and 82 public wash areas. Around 51 percent of latrines have been damaged due to the harsh climatic conditions during the rainy season and require rehabilitation; around 900 of them are currently being rehabilitated, which means that there is 25 percent gap in latrines that need rehabilitating.

Hygiene promotion activities have been carried out door to door through 15 hygiene promoters and 44 community outreach workers who conduct awareness-raising sessions on different hygiene topics such

¹⁰ Maternity Ward, Mberra Camp

¹¹ ACF / UNICEF Bassikounou

as “hand washing”, “waterborne diseases transmission”, “personal and food preparation hygiene” and “the water cycle”. Overall waste management is good, however the Mission identified that there are still gaps in good hygiene practices, such as open defecation, and washing hands, food hygiene and water maintenance.

The quality and quantity of water provided is good however water storage equipment such as jerry cans need replenishment and the current 20 liter size of jerry cans should be smaller as the transportation from water points to households is difficult, in particular for the elderly and children. There have also been inconsistent distributions of soap in 2015 there are still gaps in the provision of storage facilities for cooking utensils due to budget shortfalls in 2015.

Key recommendations from the JAM Mission related to basic social services and infrastructure include: the mobilization of refugees to be more involved in the management of water points and the promotion of community ownership of hygiene services and activities and water management; reinforcement of hygiene promotion activities; completion of latrine rehabilitation as well as the mobilization of the community in rehabilitating latrines.

nutrition and public health: key conclusions

In the CRENAM there is a good understanding of admission and discharge criteria and the structures are adequate and adapted to needs of the patients, however some infrastructures require slight rehabilitation and need new materials and tools; but the centers are adequately staffed. Data is well collected and monitored. The CRENAS are well managed and maintained, adequately staffed and there is good coordination between the CRENI and CRENAM. The CRENI are well structured, well managed, with competent staff and records.

The nutrition experts have recommended that current activities and efforts that have led to the significant reduction of malnutrition rates be maintained to the same quality and standards in order to maintain the current trends and further reduce the current rates. According to the 2014 SMART survey carried out in Mberra Camp, the indicators for stunting (31.6 percent) and underweight (21.7 percent) still remain *severe* according to WHO standards and are indications of chronic malnutrition, poverty and food insecurity. The nutrition community believes that more efforts need to be made to reinforce current protocols and standards; including vaccination coverage, medical supplies in health posts and better sensitization for immunization dates.

b) food security and self-reliance

household economy and access to food

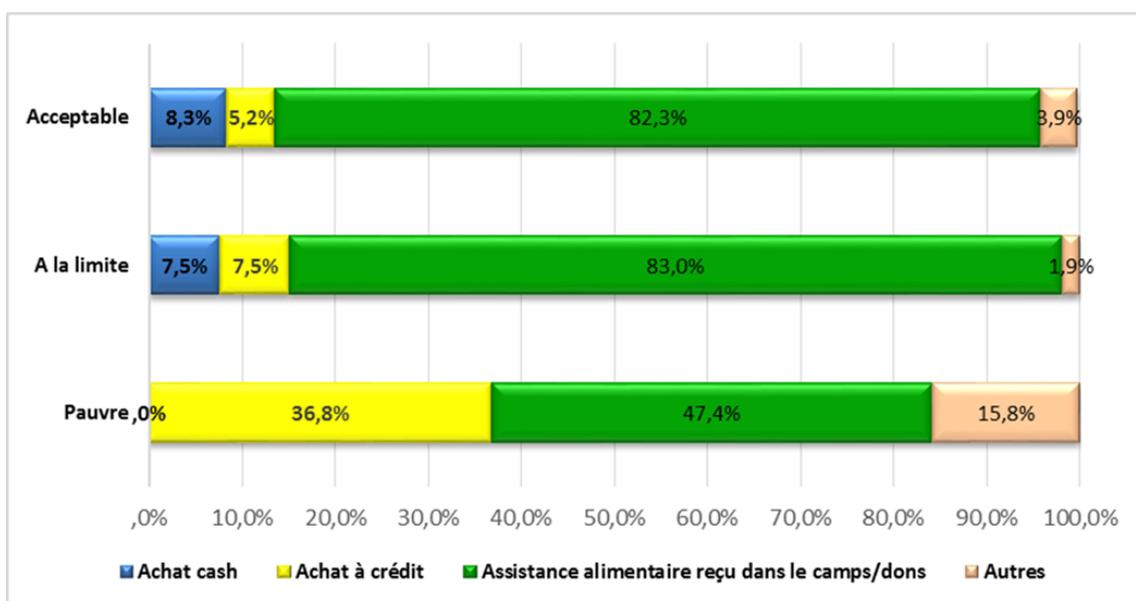
Most Malian refugees are of nomadic and pastoralist background and the loss of livestock during the conflict and during their flight to Mauritania has had a huge impact on their socio-economic level and great impact on their income, as pastoralism is the main source of their livelihood. As a result, many refugees have had to diversify their livelihood and sources of income since their arrival in the camp. According to the official refugee registration database, almost a third (31 percent) of the refugee population are unemployed, while 19 percent are registered as housekeepers and housewives and 12 percent are enrolled as students; and 30 percent of those registered are not of working age. The largest category of declared professions amongst the refugee population include dairy and livestock producers (4.5 percent) and other professions that represent under 1 percent of population include: sales persons and traders, blacksmiths, builders, cart and motor vehicle drivers, cooks, teachers and medical assistants. A minority of refugees are employed by humanitarian organizations as teachers, community health workers, nurses, mid-wives, hygiene promoters, daily wage laborers and builders.

According to a *Household Economy Approach* analysis carried out by UNHCR and ACF in 2014, three quarters of households in the camp are poor or very poor with very low productive capacity, while 17 percent and 9 percent are middle income or better off. Around 74 percent of refugees live on less than USD 1 per day while the better off live on just over USD 1 per day. The rich earn 6 times as much as the very poor; 5 times as much as the poor and twice as much as the middle income households. The revenue of poor and very poor households is erratic and fluctuates seasonally and even daily as their main sources of income are through seasonal and daily labor or through self-employment such as petty

trading, housework, fire wood sales and animal fodder; while the middle and higher income households earn their living through the sale of livestock, milk and transport.

The General Food Distribution (GFD) ration is the main source of food for all socio-economic groups and accounts for around 50 to 60 percent of food source of poor and very poor households and around 75 to 85 percent of middle and better off households¹². All households earn a part of their revenue from selling their rations. Poorer households sell a higher percentage of their ration to purchase other food commodities in order to diversify their diets and cover other food needs, while better off households keep the majority of their food ration as they are able to diversify their diets and cover other non-food needs through other sources of revenue. The main reason for selling their food ration is to diversify their diet by purchasing preferred food items such as millet, milk, condiments or meat to compliment the GFD rations. The purchase of other food items accounts of 42 percent of purchases for poor and very poor households and 53 percent of purchases of medium and better off households¹³.

table 4 : main source of food sources vs. food consumption score (WFP PDM 7)



All households purchase items at the market to complete their food basket. Most of their revenues are spent on buying other food commodities such as meat, milk powder, bread, peanuts, sugar and other condiments. Revenues from the sale of GFD rations are also used to purchase a portion of their clothing, while other sources of revenue are used to purchase non-essential clothing items, household items and cover transportation costs. Basic social services in the camp are free, so households do not need to sell their rations to pay for medication and education; even through all socio-economic households' levels spend money to send their children to Koranic School. Only middle and upper income households are able to reinvest their revenues to increase their earnings, such as buying livestock fodder. All socio-economic groups are susceptible to price fluctuations in the market; so any price increase impacts their nutritional intake, even though richer households are more resilient to price fluctuations.

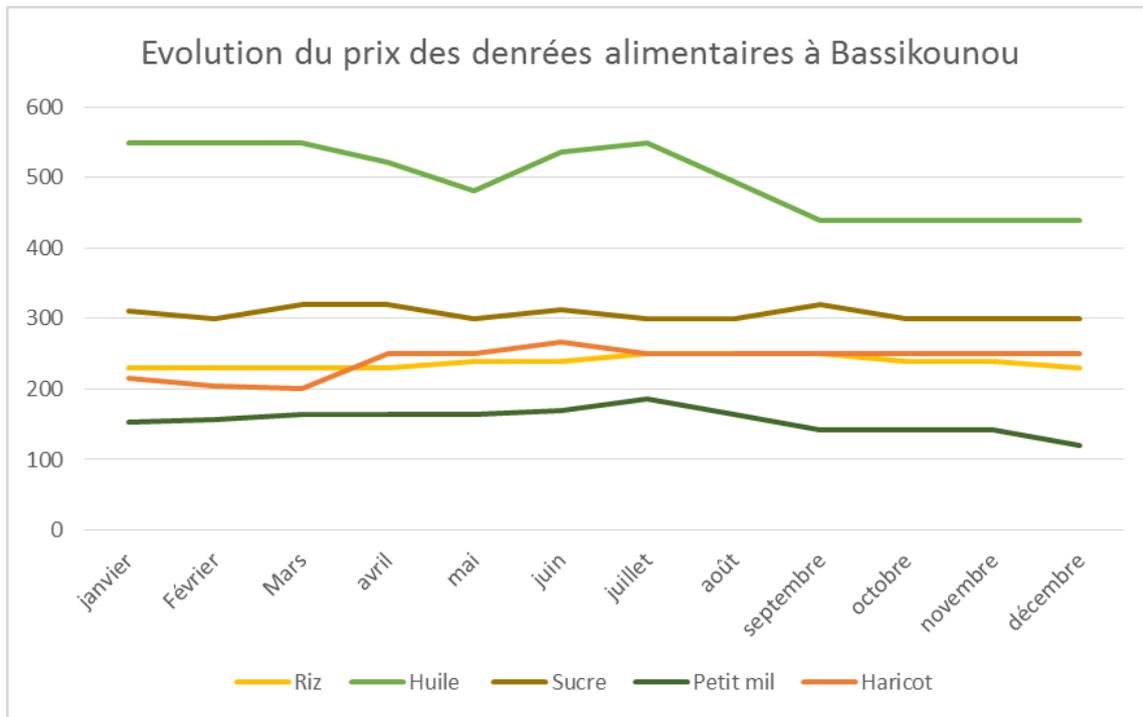
All refugees are able to sell and purchase food and non-food items at the local markets thanks to freedom of movement. There are six weekly markets that mainly trade in cereals and livestock. Mberra market on Fridays; Bassikounou on Saturdays; Niomo in Mali on Sundays; Fassala on Mondays; and Adel Bagron and Elghor on Thursdays. Refugees access markets mainly with vehicles, carts and on foot to purchase rice, millet, oil, sugar, tea, goats, cow, and sheep.

¹² ACF HEA 2014 and WFP PDM 7 2015

¹³ ACF HEA 2014

All markets are impacted by fluctuating prices internationally and regionally. Overall, market prices have remained stable over the past year but fluctuates mainly during the rainy season due to limited accessibility caused by poor road infrastructure. Livestock prices increase by between 67 and 94 percent during religious festivals and winter months; however cereals are available throughout the year. Millet is sold for 12,000 MRO per 100kg bag and rice is sold for 10,000 MRO for a 50 kg bag.

Table 5: evolution of market prices for basic food commodities in Bassikounou locality 2014

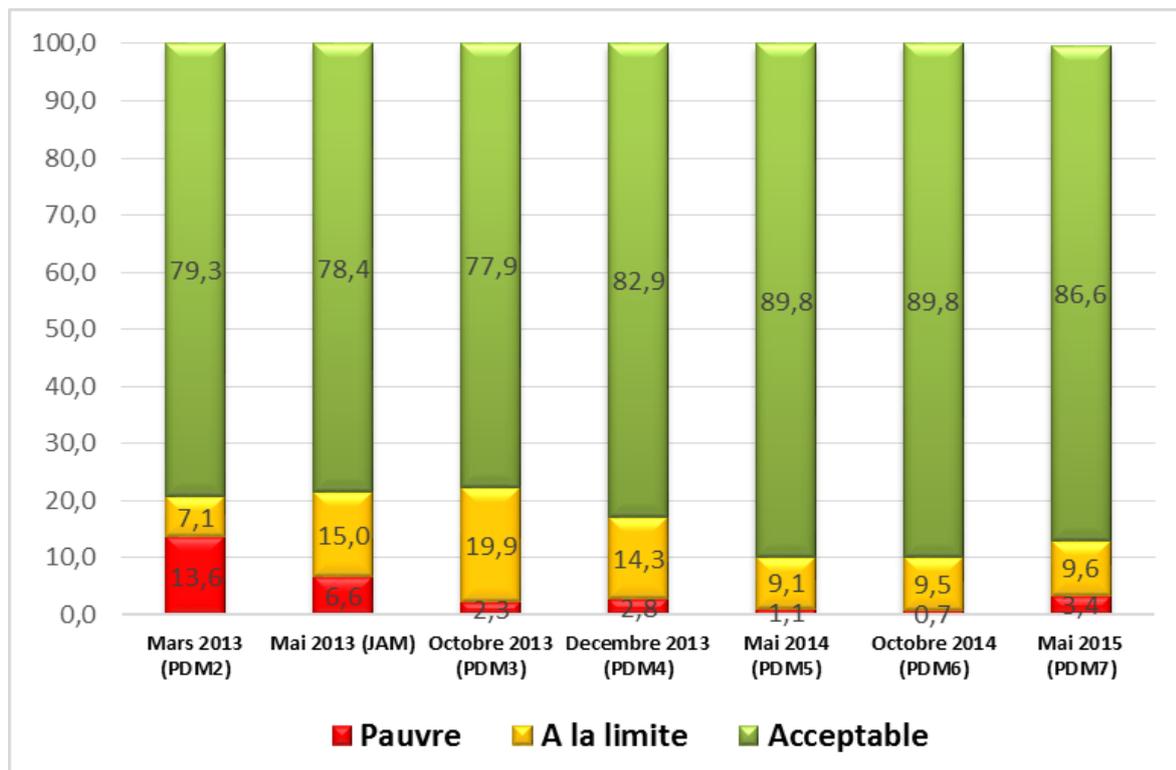


Source: WFP market survey

The provision of food aid has contributed to the improvement of food consumption over the past three years, however due to irregular and incomplete distributions the number of households with poor food consumption score increased in 2015 compared to previous years, according to Post Distribution Monitoring exercises carried out over the past three years. The evolution of food consumption scores is highlighted in table 6 below.

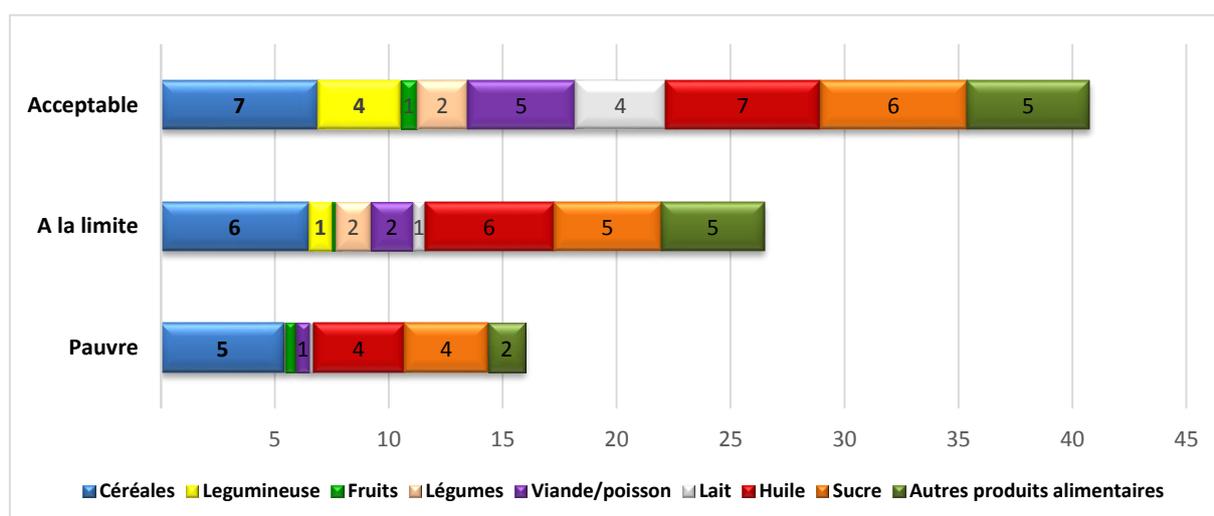
Table 6: evolution of food consumption scores 2013 - 2015

Source: WFP PDM 7



Dietary diversity amongst refugees is correlated with the socioeconomic level of the household. Poorer households consume cereals 5 days a week and very little meat and fruit; households with borderline food consumption scores consume cereal, oil, sugar and vegetables and pulses; while households with acceptable food consumption scores consume cereal, oil every day and some meat and dairy. Vegetables consumed include cabbage, cucumbers, carrots, eggplants, seasonally available and some have also been imported from Mali. Fruit is rarely consumed and if so it is mainly dates and mangoes.

Table 7: dietary diversity vs food consumption score



source: WFP PDM 7

Gender, household size, marital, socio-economic status and ethnicity affect access to employment and revenue and therefore household food security. Food insecurity is slightly higher amongst female headed households; 25 percent of female headed households are food insecure while and 22 percent

of male headed households are food insecure. The civil status of refugees also affects their food security: 38 percent of food insecure households are headed by divorced individuals, while 29 percent are single, 22 percent are widowed; 20 percent are monogamous and 18 percent are polygamous. Men have higher chances of being employed as the level of literacy is higher among men than women. Women are twice as likely to be divorced. The number of productive members in the households also impacts their productive capacity. The average household size is 4 for very poor; 6 for poor; 7 for medium and 10 for well to do households. The majority of households (60 percent) in the camp are composed of 1 to 4 people; a third have 5 to 8 people, while 5 percent of households are composed of 9 to 12 people; and 1 percent is composed of more than 13 people.

Due to irregular and incomplete ration distributions in 2015 many households had to incur debts in order to cover their food and non-food needs. According to the latest PDM survey, 60 percent of households had to incur debts. Coping mechanisms include the selling of livestock, use of savings, or the sale of household items such as radio or jewelry, or of their productive assets. Other coping mechanisms include begging, reduction in the number of meals consumed, sale of a higher percentage of their ration and remittances from family members abroad. The PDM exercise carried out in May 2014 indicated similar coping strategies as in June 2015; with at least 59 percent of households incurring debts to purchase food; however only 3 percent of households adopted coping mechanisms considered extreme. In 2015 however, the number of households resorting to coping mechanisms considered as extreme affected a higher percentage of households; 7 percent resorted to begging while 10 sold a reproductive assets. In 2015 at least 32 percent of households sent a family member outside the camp to search for employment elsewhere; some refugees have even returned to instable regions of Mali to earn an income or engage in commerce.

Debt has not only affected consumers but also petty traders and traders in the camp. In 2013 around 800 traders were registered in the camp, while in 2015 the number of traders has decreased to 500, as many traders had to close their businesses due to bankruptcy as many refugees are not able to repay their debts. Focus group discussions during the Mission indicated that solidarity and support mechanisms between and amongst households and communities is increasingly eroding leading to increased tensions and conflict.

opportunities for self-reliance

Malian refugees in Mauritania have freedom of movement and access to natural resources such as land, pastures and water as well as to markets and employment. Some refugees have been able to continue their regular livelihood activities, such as pastoralism and artisanal production, while others have been able to establish new businesses and activities both individually or cooperatively.

Over the past years, UNHCR and partners have tried to increase Malian refugees' opportunities for self-reliance by supporting income generation activities through the provision of tools and microcredit; improving household food security by supporting vegetable gardening schemes, providing dairy goats and cooking fuel to vulnerable households; as well as increasing literacy and training programmes.

Although refugees have access to land for cultivation, they have limited agricultural knowledge and experience. Around 8 hectares of land in the camp has been allocated for food production and support has been provided for home gardening activities. This has enabled 2,600 women to grow vegetables, millet, spices and herbs enabling them to diversify their food basket as well as increase their revenue by selling their produce in the camp and local markets. The gardening activities provide refugee women with opportunities to improve their diets and increase their revenue, however the environment and land will not enable them to subsist on their production; it is more of a means to complement their diets. Focus group discussions with women involved in the project indicated that water shortages, insufficient number of tools and lack of seed distributions meant that they were not able to exploit the allocated land up to its full potential.

Around 1,500 dairy goats were provided to households with malnourished children. Children that benefitted from the project were discharged from malnutrition programmes one or two weeks earlier and gained one to two kilos more than other malnourished children that did not participate in the scheme.

Therefore, the dairy goat programme should be expanded to all households with children at risk of malnutrition.

Over the past three years more than 250 income generation schemes were supported through the provision of microcredit, equipment and bookkeeping skills for petty traders and shop owners, butchers, artisans and tailors. These activities have had a very high success rate, with 68 percent of participants reporting an increase in their revenue. In 2015, due to irregular and incomplete ration distributions some participants had to sell their tools in order to purchase food or used the revenue to cover their basic food needs rather than investing it to grow their business or purchase other complementary food and non-food household items.

Discussions with both refugees and humanitarian partners during the Mission, indicated that while the IGAs have a positive impact on the revenues and lives of the participants, the scope and scale of the support remains insufficient relative to the need and interest in benefitting from IGA schemes; this is mainly due to funding constraints and implementation capacity. Furthermore, illiteracy is also a major barrier in many refugees qualifying for IGA schemes as they require a minimal level of functional literacy to be able to manage their business and keep records of their revenues.

It is estimated that 80 percent of women in the camp are illiterate and do not meet the criteria for qualifying for Income Generating Activities (IGA) activities. Therefore in order to improve their opportunities for self-reliance, 18 literacy training courses have been established in the camp that have so far benefitted 756 refugees; 35 percent of whom are male and 65 percent are female. Alphabetization courses are provided in Songhaï, Arabic and Tamasheq languages in the camp in order to improve refugees' self-reliance capacities. In addition the training centre also provides skills training courses such as hairdressing, bakery, tanning and tailoring. The courses have also been extended in order for participants to not only learn a trade, but also be able to commercialize their skills.

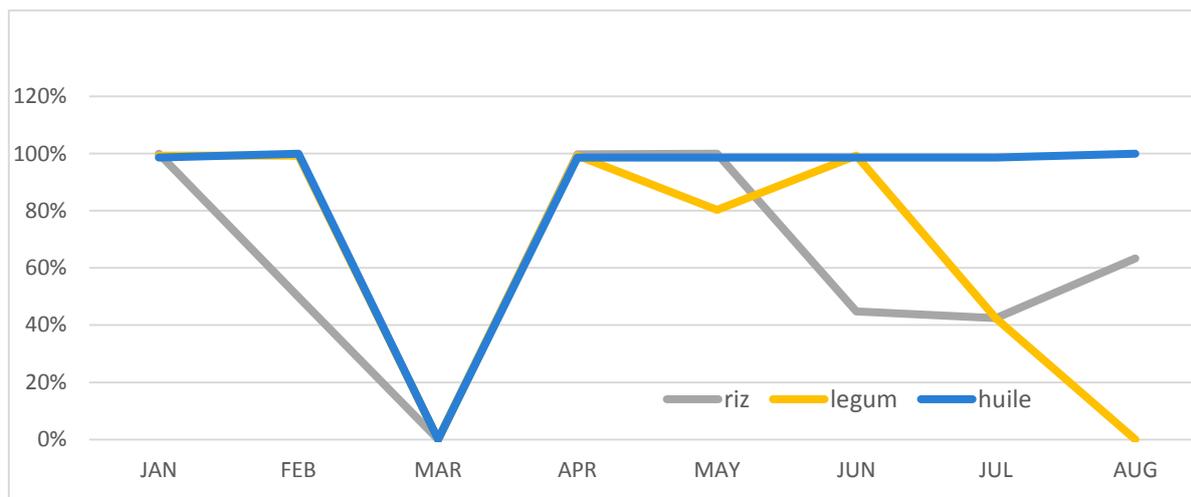
Overall the main findings from the mission indicate that these efforts to support and improve refugee self-reliance are positive and have a great impact, however remain limited in scale and scope. The environment and distance of the camp also limit refugees' ability to subsist entirely from their production and revenues, but provide refugees with additional sources of income. Also the general lack of availability of cash and wealth in the camp, limits the sustainability of some of the business in the camp. The mission also recommends that more effort needs to be made in supporting livestock owners through animal health schemes and environmental protection as this would have a great impact on the food security and livelihoods of refugees.

food assistance

The **General Food Distribution (GFD)** is main food assistance programme for Malian refugees. The ration consists of 400g of cereal or rice, 100g of pulses, 25g of vegetable oil and 5 g of Salt; with an overall kcal value of 2,004 kcal per person per day; or 95 percent of the daily recommended calorific intake of 2100 kcal. The ration provides 52g of protein and 28g of fat accounting for 10 and 13 percent of the ration that is mainly carbohydrates based (77percent). This entitles refugees to a monthly ration of 12kg of rice, 3 kg of lentils, 0.75 kg of vegetable oil and 0.15g of salt.

In 2015, general food distribution rations were provided to an average of 50,664 refugees per month; ranging from 51,774 refugees in January to 48,822 in August. Food distributions were inconsistent and fluctuated throughout the year with refugees receiving on average 1,316 kcal per day or 63 percent of their overall 2004 kcal daily entitlement. During this period refugees received 63 percent of their cereal entitlements and 65 percent of pulses, 87 percent of vegetable oil and 35 percent of salt entitlements. This is below the daily average of rations provided in 2014 of 1,820 kcal per day and 2,025 kcal in 2013.

table 7: GFD distributions in 2015 by commodity



source: WFP

The current monitoring arrangements include monthly *food basket monitoring* and *Post Distribution Monitoring* exercises carried out every six months. The monitoring system has enabled WFP and partners to receive feedback from the refugees, track progress and identify bottle necks. UNHCR and WFP are present at the distributions ACF is employed as a third party monitor to ensure that the correct amount is distributed to refugees and carries out random checks to verify that scooping standards are met.

Post Distribution Monitoring exercises revealed that 80 percent of refugees are satisfied with the GFD programme, while 20 percent are not. Those who were not satisfied noted the bad taste or bad quality of the food provided. Over 92 percent of refugees stated that they were satisfied with the distribution system in 2015, compared to 83 percent in 2014. Refugees noted that the introduction of the scooping system greatly improved the efficiency of the distribution system and the quantities of the food they received. Around 85 percent of refugees feel that the ration is adequate. In order to improve the programme: 38 percent suggested increased quantities; 23 percent suggested the provision of cash and food; 15 percent suggested diversify the food basket. Some refugees suggested providing cash when there are disruptions in the pipeline while others suggested helping refugees to eliminate their debt because they are stuck in a vicious cycle of debt. Most of all, refugees called for the regular and complete distribution of rations.

cash and vouchers

Two cash feasibility studies were carried out in 2013 and 2015 to evaluate the possibilities of introducing a cash or voucher system to support refugees. The preliminary findings of 2015 cash feasibility study concludes that in kind donations is the most nutritionally efficient and cost effective modality. The Vouchers modality is 1.73 times less nutritionally efficient and twice as costly, while the cash and food option is 1.89 less nutritionally efficient and 2.4 times more expensive.

Discussions with community leaders and refugees indicated that in-kind donations was the preferred option as there are high risks of price fluctuations in the market and that road inaccessibility during the rainy season may not guarantee sufficient quantities of food availability in the market. They also indicated that the distribution of cash would incite speculation amongst local retailers that would lead to an increase in market prices. Focus group discussions with vulnerable groups revealed that unless the value of the cash transfer was higher than that of the GFD ration, to account for fluctuating market prices, they would prefer to receive in-kind donations. Discussions with youth groups indicated that the best option would be a combination of food and cash, this would enable households to purchase condiments and other related items. Almost none of the members in various focus groups preferred cash in lieu of food.

ACF implemented a pilot cash scheme for 4,000 vulnerable households with pregnant and lactating women, providing them with 10,000 UAM per month to compliment the general food distribution ration.

The cash scheme provided vulnerable households with additional revenues to cover the costs of transporting the rations from distribution centers to their homes, as well as to purchase cooking fuel, condiments and other household items. The pilot project was only implemented for 4 months, however it had a very positive impact for all households that benefitted from the scheme.

The findings from the cash feasibility study as well as from the JAM assessment indicate that in-kind donations is the most nutritionally and cost effective modality for guaranteeing that refugees consume their minimum daily calorific intake. Therefore cash should not be provided as a substitute for the ration, but as a compliment to the GFD ration to protect its calorific value.

It is estimated that the sale of the ration to cover the costs of other food items and other household expenditures results in an average monthly food deficit of 10,860 kcal or 362 kcal per day¹⁴. This is in addition the 100 kcal deficit of the GFD ration provided which covers 2,000 kcal of the daily recommended in take of 2,100 kcal per person. The 100 kcal deficit amounts to around 30g of pulses per day or 0.9 kg per month, at a market value of 225 UAM per month.

It is estimated that an average household spends 5,500 UAM to purchase other foods not covered by the GFD ration, in particular meat and milk as well as to cover cooking fuel costs, as highlighted in table 8 below. In addition, the cost of transporting the food ration costs an average of 386 UAM per person.

Therefore, it is recommended that each individual is provided with 2,000 UAM to supplement the GFD ration. This would cover the cost of firewood (1,100 UAM), transportation (400 UAM), the 100Kcal deficit (225 UAM) and partial costs of condiments (275 UAM).

This would provide an average household with 8,000 to 10,000 UAM to supplement their diets and ensure that their diets are nutritionally sufficient and viable. This quantity is similar to the amount provided by ACF pilot scheme and would have a positive and significant impact on the food security of Malian refugees and ensure that they have access to sufficient quantities of food throughout out the year, without being affected by fluctuating market prices.

Table 8: average household expenditure on food and fuel costs

Items	Average quantities Kg/person/month	Average expenditures UM/person/month
Milk	1.21	1,941
Meat	0.96	963
Butter	0.12	286
Sauces	0.92	368
Tea	0.09	261
Sugar	1.84	552
Firewood	-	1,143
Average expenditure /person/month		5,513

(Source; WFP cash feasibility study 2013)

c) emergency school feeding & education

An **emergency school feeding programme** was introduced in Mberra following the recommendations of the 2013 JAM in Mauritania. The school feeding programme provides children with 60g of supercereal per day, providing 255 kcal per child per day for approximately 3,861 children. The objectives of the school feeding programme are to improve enrolment rates and provide nutritional support to school age children for better learning and results. The school feeding programme has had a positive impact

¹⁴ « Evaluation Final indépendant, Projet de réponse humanitaire à la crise des refugies maliens en Mauritanie » : (ACF/ECHO) : Février 2015

in increasing school enrolment, as 78 percent of parents stated that the school feeding ration did influence their decision to send their children to school. Meanwhile 22 percent of parents felt that the school meal did not influence their child's attendance at school, mainly because of the poor quality and quantity of the ration. Most respondents felt that in order to improve programme, the ration should be increased and parents should be involved in the management of the programme to improve its palatability.

Primary school there are around 7,460 children of school age in Mberra camp; 55 percent are boys and 45 percent are girls, however only 3,762 children are enrolled in school; which means that only 50 percent of school aged children in the camp attend school; 54 percent of children enrolled in school are boys and 46 percent are girls. Over the past year, school authorities noted increased absenteeism and abandonment of many children and school records indicate that there is a 15 percent dropout rate. Focus group discussions with children, youth and community workers indicated that it is mainly girls and children from minority groups and poor families that withdraw their children from school in order to support income generating activities and household chores; while some parents have GBV concerns about their girls attending school. The children believe that more efforts need to be made to encourage school enrolment and retention by continuing current sensitization activities and also by supporting poor and minority families more so their children can stay in school.

Secondary School: there are 222 children enrolled in secondary school; 80 percent are boys and 20 percent are girls; and school records indicate that there is an 11 percent dropout rate. Focus group discussions with youth groups indicated that parents are concerned about sending their girls to school to continue their education due to concerns about exposure to GBV issues at the school and are reluctant to let teenage girls participate in sports and other recreational activities. The youth group also indicated that early marriage and teenage pregnancies are becoming more apparent in the camp. Therefore more needs to be done to encourage higher enrolment rates for secondary school in general and for girls in particular. It is recommended that a school feeding programme is also introduced for the secondary school, which might influence attendance and retention rates.

Recommendations from the JAM 2015 assessment also confirmed that more efforts need to be made to improve the quality and quantity of school feeding programme by increasing the number of meals provided at school; and by engaging the community and parents in the programme. Some suggestions for increasing school enrolment for minority and marginalized groups is by introducing a school uniform as the lack of adequate clothing is a factor in children not attending school and would also promote equality amongst children of different socio-economic and ethnic backgrounds. The Mission also recommended that more needs to be done to improve the school infrastructure and facilities; and training school teachers as only 26 percent are formally trained. Teachers are not well paid, which also has had an impact on the retention of qualified teachers, who are being mobilized to return to Mali or find employment elsewhere. Teachers, parents and children alike called for the need to increase sensitization for increasing school enrolment. More efforts also need to be made to support secondary school education by providing a more permanent structure for secondary school, with a library and computer centre to engage adolescents and reduce juvenile delinquency.

d) Shelter and non-food items

Most refugees live in tent structures constructed with wooden and metal poles and covered with plastic sheeting and reinforced with fabrics on the inside. The quality and size of the tents varies according to the household size, income level and productive capacity of the household. Most households have sufficient space around their tents for food storage and cooking, ruminants, waste collection and small garden plots. This again varies according to status and household size. Most shelters are self-constructed, while some vulnerable households are supported by organizations and others employ masons and carpenters in the camp to assist in the construction of their tent.

There is currently a shortage of adequate shelter in the camp and certain tents need rehabilitating, especially for households that arrived in 2012. Overall the shelter structures and materials are adequate and adapted to the lifestyle of the refugees, but some households need support in rehabilitating their tents and others require replenishment of resistant plastic sheeting and metal structures. Some refugees sold their plastic sheets before the raining season and were at risk during the rainy season. The Mission

recommended that a strategy is found to minimize the sale of shelter materials. On the whole, refugees appreciated the NFI package provided. Due to funding constraints NFI packages were only provided to new arrivals and individuals de-activated from UNHCR's database.

The Mission found that cooking utensils and stove utilized by households were available in sufficient quantities and were of good quality and adapted to their needs. However cooking fuel is increasingly becoming a problem due to the high prices and long distances required to collect fire wood. UNHCR, through its partner SOS Desert provided cooking gas for 200 families and charcoal for more than 1,500 families with specific needs. This service should be continued and expanded to other families also in need.

e) Protection and social change

One of the objectives of the JAM 2015 mission was to identify how protection issues led to food insecurity, and how food insecurity led to protection concerns and risks. Focus group discussions with children, adolescents, vulnerable households, minority groups, social workers, community leaders and local authorities revealed that protection and food security are closely interlinked in Mberra camp.

Vulnerable groups, in particular the elderly, disabled and chronically ill as well as minority and marginalized groups were extremely exposed to food insecurity as many of them subsist entirely on food assistance rations with little or no access to employment or income generation schemes. At the same time, more and more people, in particular women, girls and the youth are being increasingly exposed to protection risks as they adopt negative coping mechanisms to adapt to rising food insecurity, unemployment, and lack of educational opportunities or social exclusion.

Most refugee households have had to incur debts in order to meet their basic needs, while others resorted to negative coping mechanisms in order to make ends meet. The level of theft, banditry and delinquency has also reportedly increased. Focus group discussions also noted that there is increasing tensions within households; leading to divorce, separation and abandonment of families. Solidarity and community support networks are also increasingly being eroded and there is increasing conflict related to the payment of debts, which has forced some individuals and families to leave the camp. Some refugees return to instable regions of Mali in search of employment; while youth who cannot pursue their tertiary level education in the camp are susceptible to crime, putting their and their family's security at risk.

Discussions with youth groups revealed that despite the enormous efforts of the humanitarian community to support refugees since 2012, children continue to be victims of abuse, exploitation and neglect. Girls are increasingly exposed to early marriage and teenage pregnancy and are being withdrawn from school or prevented from participating in recreational activities by their parents. Girls and young women who been exposed to sexually exploitation and abuse are also being marginalized or abandoned by their families and require more comprehensive support.

Focus group discussions with children revealed that the quality of, and access to social services in the camp is good, however that the quantity of food assistance provided is insufficient, forcing some families to sell their household items and assets in order to buy food. The children estimated that about half of the GFD ration is sold to cover other needs or to settle debts. Traditional social norms and practices based on ethnic relations affects children from all socio-economic backgrounds; however, children from minority groups and poor households are particularly impacted as they are increasingly being withdrawn from school and used by their parents to support them in the collection of firewood, water, herding livestock or household chores. There is a good child protection network and system for supporting orphans and separated children, however they continue to be socially marginalized.

The refugee leaders feel that access to services and employment opportunities in the camp is inequitable and is based on favoritism and social connections. Illiteracy is a key factor in the marginalization of certain groups, limiting their ability to access employment. Humanitarian Organisations should employ people on a rotational basis so that more individuals and families can benefit from employment opportunities. Refugee leaders were in particular concerned about the children

of deactivated people living in the camp that don't have access to food assistance and NFI distributions and believe that they are at higher risk of malnutrition.

Social and community workers recommend that a more comprehensive and integrated strategy needs to be put in place to support vulnerable groups, in particular the elderly, the disabled and people with chronic illnesses, by supplementing their ration and connecting them with able bodied individuals who could help them manage an income generation scheme so that they can increase their revenues and not entirely depend on food assistance. Sensitization activities for encouraging more children to attend schools and the elimination of early marriages should be sustained and more minority groups need to be implicated in sensitization efforts and in camp activities in general. Specialized teachers and educators for children that are physically and mentally handicapped are also needed.

IV: PARTNERSHIPS & COORDINATION

Protection and assistance to Malian refugees in Mauritania is jointly coordinated by UNHCR and the Ministry of the Interior and Decentralization and the local authorities. The level of coordination, partnership and collaboration between all actors involved in the assistance and protection of refugees is very good, in particular at the Bassikounou level as well as in Mberra camp. The camp management agency and other actors involved in implementing programmes have several outreach offices in the camp have a good system of coordination and communication with review committees and community outreach workers.

V: CONCLUSIONS & FINAL RECOMENDATIONS

Overall, a comprehensive and well-coordinated assistance and protection programme has been put in place over the last three years to support Malian refugees in Mauritania. Nutrition and food assistance programmes have been well designed and effective in significantly reducing malnutrition rates over the past years. This is as a result of the sustained and collaborative efforts of actors involved in the nutrition sector, the high quality of health service and water provision as well as behavioral change and sensitization messages. However, irregular and incomplete food distributions in 2015 affected household food security and slightly increased moderate acute malnutrition rates; demonstrating the vulnerability of household food security and the dependence of refugees on food assistance as their main source of food. Many refugees adopted negative coping mechanisms to address their food deficits; in 2014 at least 3 percent of households adopted at least one coping mechanisms considered as extreme; while in 2015 between 7 and 32 percent of households adopted at least one coping mechanisms considered as extreme. These coping strategies have compounded over time and strained relations within and amongst households and communities; demonstrating the instability and fragility of their livelihoods and revenues.

Although refugees have access to natural resources such as land, water and pasture as well as the right to work and circulate freely, they are hosted in the most vulnerable province Mauritania, where they outnumber the local population and have put significant pressure on the natural resources leading to increased tensions and conflict with the host community. Projects and programmes to increase their self-reliance and promote household food security have been well designed and are pertinent and effective, however remain extremely limited in scale and scope in relation to the actual need. The environment and context is currently not favorable for refugees to be completely food self-sufficient and will require continued assistance and support over the next two years at least. Age, gender, marital status, ethnicity, literacy and household size are all factors that determine vulnerability and food security. Therefore assistance programmes and projects tailored to address the needs of vulnerable groups should be continued and reinforced.

Funding shortfalls in 2015, in particular for UNHCR, receiving only 13 percent of the required USD 24.4 million, greatly impacted the ability to continue or expand some of the programmes projects and initiatives put in place. Although WFP received 71 percent of the required USD 12.7 million, pledges were received late in the year, in a piecemeal fashion leading to pipeline breaks and incomplete and irregular distributions. Many of the shortfalls identified during the JAM were a direct result of lack of funding, therefore a sustained, comprehensive and joint resource mobilization strategy needs to be put

in place to mobilize resources nationally, regionally and internationally in order to sustain the gains the made over the past three years.

Key recommendations

- i. Develop a strategy for needs-based, rather than status-based assistance that includes the possibility of introducing alternative (cash based) transfer modalities; UNHCR and WFP should conduct a feasibility study and develop detailed action plans with participation of all actors, including local and national authorities and refugees;**
- ii. In the meantime, continue providing regular and complete General Food Distribution (GFD) rations to all refugees;**
- iii. Continue and maintain the quality of nutrition and public health programmes and sustain efforts that address the root causes of malnutrition, with particular emphasis on the prevention of malnutrition and anemia ;**
- iv. Reinforce and expand the scope and scale of self-reliance programmes (income generation schemes, food security self-reliance programmes; literacy and training);**
- v. Develop a comprehensive assistance and support strategy to assist vulnerable groups and people with special needs;**
- vi. Conduct a relevance and performance evaluation on the performance of the school feeding activity and its impact on school enrolment and accordingly adjust the school feeding ration for both primary and secondary school students;**
- vii. Continue and expand joint programmes to promote peaceful coexistence between refugees and host communities, focusing on livestock activities, water management and environmental protection;**
- viii. Provide complete and regular distributions of non-food items to all households; complete the rehabilitation of shelter structures in particular for the most vulnerable and continue the provision of cooking fuel to vulnerable households.**

VI: ANNEXES

Annex 1: List of secondary Data

FOOD SECURITY

- « Enquête de suivi de la securite alimentaire (FSMS) Mauritanie : (CSA, FAO, PAM) : Juillet 2015 ; 2014 ; 2013
- « Enquête de Suivi Post-distribution (PDM) ; Distribution Générale de vivres aux refugies maliens du camp de Mberra » : (PAM) : PDM1 (octobre 2012) ; PDM2 (mars 2013) ; PDM3 (octobre 2013) PDM4 (décembre 2013) PDM5 (mai 2014) PDM6 (octobre 2014) et PDM7 (Juin 2015)
- Tableau distribution alimentaire par programme : PAM : 2015
- « Rapport Mission enquête PDM7 au camp de Mberra, Bassikounou et collecte de donnes marches pour la mise à jour de l'étude de faisabilité » : (PAM) : Juin 2015
- « Rapport d'évaluation du projet des chevres laitiers, camp de Mberra » : (HCR, SOS Desert) : Octobre 2014
- « Termes de référence Analyse de l'économie des ménages (Household Economy Analysis : HEA), camp des refugies de Mberra, Mauritanie, » : (ACF) : Janvier 2014
- « Termes de référence ciblage des bénéficiaires 'ciblage des bénéficiaires de l'assistance alimentaire dans le camp de Mberra » : (HCR /PAM) : Juillet 2013
- « Joint Assessment Mission JAM 2013; Malian Refugees in Mauritania, Staying a little longer “: (UNHCR / WFP): Mai 2013
- « Synthèse : Mission d'évaluation conjointe du HCR et PAM au camp de refugies de Mberra » : (HCR, PAM) : Mai 2013

CASH & VOUCHERS

- « Etude de Marche des opérateurs financiers et mécanismes de paiement en Mauritanie pour un programme national des transferts sociaux » : (CCMQ) : Mars 2015
- « Note méthodologique de ciblage des bénéficiaires de l'activité 'cash transfert' » : (ACF) : Mai 2014
- « Note Interne sur l'introduction éventuelle du 'cash et vouchers' a Mberra » : (PAM) : Février 2014
- « Etude du Marche pour la faisabilité du programme 'cash et vouchers' au camp de Mberra » : (PAM) : Avril 2013
- « Cash feasibility study M'berra Camp, Mauritania »: (PAM) : Avril 2013

NUTRITION

- « Note de Synthèse des resultats preliminaires ; Enquette nutritionnelle nationale utilisant la metodologies SMART », (Minister de la Sante), Juin 2015
- « Strategie Multi-Sectorielle pour la nutrition au camp de Mberra » : (ACF, SOS Desert, CSA, HCR, PAM, FNUAP, OMS, UNICEF, LWF, ADICOR, MSF, ICRC, INTERSOS, CRQ, CRM, ESD, MDS, CRM) : Mars 2015
- « Enquête Nutritionnelle anthropométrique SMART/SENS dans le camp des refugies maliens de M'berra-Mauritanie » : (Ministère de la Sante, PAM, UNICEF, UNHCR) : Novembre 2014
- « Analyse qualitative des causes de la malnutrition dans le camp de refugies de Mberra » : (PAM, HCR, UNICEF) : Avril 2013

GENERAL

- “UNHCR Mauritania Fact Sheet”: (UNHCR) : June 2015
- « Evaluation Final indépendant, Projet de réponse humanitaire à la crise des refugies maliens en Mauritanie » : (ACF/ECHO) : Février 2015
- « Aperçu des besion humanitaire, Mauritanie » : (OCHA) : Novembre 2014
- « Misson interinstitutionnelle d'évaluation conjointe, Moughataa de Bassikounou : (OCHA) : Juin 2014
- “Mission coinjointe d'évaluation rapide des besoins des populations d'accueil de la moughataa de Bassikounou affectees par l'afflux de refugies maliens, region de Hodh el charghii, Mauritanie » : (FNUAP, OMS, UNICEF, PNUD, PAM) : Avril 2012

Annex 2: Map

