

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

NORTH AFRICA

AMOUNT: EUR 17 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2019/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for DG ECHO¹'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

May 2019 - Modification N°1

There are increasing humanitarian needs in Libya since the armed conflict started south of Tripoli on April 4th. As of May 27th over 82 000 people have been displaced and the number is likely to increase as no ceasefire is expected in the short term. In view of the current unmet humanitarian needs, an additional allocation of EUR 2 million is considered necessary to help meet the basic needs of vulnerable conflict-affected population, notably in the health and protection sectors.

This modification will bring the total amount of the HIP North Africa to EUR 17 million.

1. CONTEXT

The HIP 2019 for North Africa focuses mainly on two political and protracted crises: the over four-decade-long Sahrawi refugee crisis in Algeria and the volatile Libyan crisis. This HIP may also respond to sudden or slow-onset new emergencies in Algeria, Libya, Morocco or Tunisia, if important unmet humanitarian needs emerge.

1.1 Algeria (Sahrawi refugees): Since 1975, Morocco and the Polisario Front have fought for the control over Western Sahara, a former Spanish colony. The Polisario Front claims to represent the aspirations of the Western Sahara inhabitants for independence, while Morocco's claim dates back to its own independence in 1956 and is based on an offer for large autonomy. In 1975, Algeria allowed the establishment of refugee camps in Southwest Algeria. Direct hostilities between Morocco and the Polisario Front ended in 1991 with the implementation of a ceasefire brokered by the United Nations (UN). The UN Security Council Resolution 690 (1991) established the UN Mission for the Referendum in Western Sahara (MINURSO), with the mandate to organise a referendum to allow the people of Western Sahara to choose between independence and integration with Morocco. MINURSO continues to advocate for a just and lasting solution. Gathered in five camps (“Ausserd”, “Boujdour”, “Dakhla”, “Laayoune”, and “Smara”) around Tindouf in the Algerian Sahara desert, the Sahrawi refugees are largely dependent on external humanitarian assistance. Given the extremely harsh environment, their prospect for self-reliance is limited as opportunities for income-generating activities are scarce.

¹ Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO).
ECHO/NF/BUD/2019/91000

Algeria ranks 83² on the Human Development Index (HDI). Its overall INFORM Vulnerability Index³ is 4.3/10 (medium), Hazard and Exposure 5.4/10, Lack of Coping Capacity 4.6/10. The country has an INFORM Crisis Index of 0/3, resulting from a Conflict Intensity score of 0/3, Uprooted People of 0/3 and People affected by Natural Disaster of 0/3. Algeria has a total population of approximately 42.2 million⁴.

DG ECHO considers the Sahrawi crisis as a Forgotten Crisis⁵. A stalemate in the resolution of the conflict and political sensitivities continue to thwart any short-term perspectives for return, reintegration or resettlement, and deter the interest of development actors.

Since 2017, DG ECHO has been actively engaged in rendering this forgotten humanitarian crisis more visible. This has been done through advocacy towards other donors; advocacy towards other EU instruments better suited to cover some specific, medium to longer-term activities (in particular in the livelihood sector, support to social cohesion, and prevention of youth radicalization). Furthermore, multi-year strategies have been built up with relevant partners in order to seek greater efficiency and sustainability, and to reduce costs, appropriate for the protracted nature of the crisis (e.g. in food assistance, water and Education in Emergencies sectors).

DG ECHO's Integrated Analysis Framework (IAF) for 2018-2019 identified moderate humanitarian needs in the Sahrawi camps. According to the UN Refugee Agency (UNHCR), Tindouf (Algeria) refugee population living in the camps is 173 600. The vulnerability of the population affected by the crisis is reportedly high. According to UNHCR, since 2006, 90 000 refugees are allegedly highly vulnerable. A vulnerability study is to be completed under UNHCR leadership by December 2018 to update this figure.

According to the latest Food Security Assessment for the Sahrawi crisis⁶, 94% of Sahrawi refugees depend on humanitarian food assistance, while 17% are completely dependent without any alternative source of income. One third of the refugee population (30%) is reportedly food insecure. Access to drinking water is estimated at 12.6 litres/person/day (below SPHERE⁷ minimum standards (20 litres/person/day). The provision of basic healthcare, and epidemic preparedness and response through the timely and adequate supply of essential drugs is challenging, considering the limited fund available, logistic constraints, and high prevalence of non-communicable diseases among the refugees. The education system has a limited capacity (poor infrastructure, underqualified teachers, lack of basic education supplies) as reflected in the high rates of repetition and drop out, in particular among girls.

² Human Development Report 2016

(http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf).

³ INFORM 2018 (Index for Risk Management): <http://www.inform-index.org/>.

⁴ January 2018: <http://worldpopulationreview.com/continents/>.

⁵ DG ECHO defines Forgotten Crises as severe, protracted humanitarian crisis situations where affected populations are receiving no or insufficient international aid and where there is no political commitment to solve the crisis, due in part to a lack of media interest (http://dgecho-partners-helpdesk.eu/financing_decisions/dgecho_strategy/fca).

⁶ World Food Program, May 2018

⁷ Humanitarian Charter and Minimum Standards in Humanitarian Response (<http://www.sphereproject.org/>)

Algeria is a country prone to multiple hazards such as earthquakes, flash floods and droughts. The Algerian Civil Protection (ACP) has a strong response capacity and nationwide expertise. ACP is certified by the International Search and Rescue Advisory Group (INSARAG), and has signed an Administrative Agreement on Civil Protection with DG ECHO.

1.2 Libya: Since the fall of the Qaddafi regime in October 2011, the authority of a central government that would represent the three regions of the country (Tripolitana in the West, Cyrenaica in the East, and Fezzan in the South) has been challenged. The internationally recognised Government of National Accord (GNA) established at the beginning of 2016 has never been recognised by the House of Representatives (HoR), also known as the Libyan Parliament, that has relocated to Tobruk in the East. This has led to a protracted political crisis with three centers of power: the GNA in the West, the Government supported by the HoR and by the Libyan National Army (LNA) in the East, and the former Government of National Salvation (GNS) still based in Tripoli. Discussions around new legislative and presidential elections are ongoing in an attempt to find a political solution to the crisis, but with limited progress so far.

The security situation is volatile, affecting the main urban centres, characterised by fighting between the militias vying for control over state resources; and occasional terrorist attacks, absence of Rule of Law, all kinds of smuggling and trafficking, including of migrants.

The economy of the country has improved thanks to the consistent increase of the oil production, above one million barrels/day. However, life remains precarious for many Libyans, who continue to experience cash shortages, power cuts and the deterioration of public services. Out of an estimated 6.5 million population⁸, 1.8 million people received government salaries, while 1.6 million people reportedly benefit from some form of safety nets. However, given the current political and security challenges, it is not clear whether the social protection programs are operational in all regions across Libya. Regardless, they do not seem able to meet the current fragility and social protection challenges posed by the increasing violence across the country. In addition, there is no clear community-led approach to provision of social protection⁹.

Essential public services are severely affected. In particular the health sector is confronted with a lack of qualified staff and shortage of essential drugs (including for high prevalence non-communicable diseases, e.g. diabetes, hypertension). In conflict-affected areas, some territories in Sirt, Derna and Benghazi are considered dangerous due to the presence of unexploded remnants of war, such as mines and improvised explosive devices.

Since Libya has traditionally been both a final destination for migrants and a transit country for those attempting to reach Europe, many migrants (including refugees and asylum seekers) are caught up in the conflict in a situation of high vulnerability and in need of protection. As of July 2018, 679 897 migrants were recorded in Libya by the International Organisation for Migration (IOM). 91% are displaced for economic reasons

⁸ <http://worldpopulationreview.com/countries/libya-population>

⁹ World Bank presentation: "Social Safety Nets to support energy subsidy reform in Libya: lessons from international experience", dated 30-31 March 2017

and 3% as a consequence of conflict, insecurity or political reasons. 90% are men, 10% women, 8% are minor out of which 33% are unaccompanied.

Humanitarian organizations face access challenge in remote and conflict-affected areas, thus making it difficult to assess the needs in these zones. Support to the Internally Displaced Persons (IDPs), returnees and migrants remains largely dependent on the capability of local partners to deliver assistance. As per the IOM Displacement Tracking Matrix (DTM), in mid-2018, 192 513 persons are still forcibly internally displaced out of which more than 40 000 mainly around Derna following the Libyan National Army (LNA) offensive and in the South as a consequence of ethnic based conflicts. Although highest concentrations are located in Benghazi (29 790), Sabha (22 955) and Abusliem (17 555), thousands of others are displaced in other regions, in particular in Ghat, Murzuq and Alkufra (in the south of the country), out of reach of most humanitarian actors. 81% of IDPs were reported to live in private accommodation and 16% in public or informal shelter.

Since 2016, 372 741 displaced persons have returned to their area of origin and been confronted with collapsed public services. 96% of the returnees reported that there has been no regular access to medicine.

Libya has an overall INFORM Vulnerability Index of 5.9/10. The Hazard and Exposure rating is 8.4/10 and the Lack of Coping Capacity is 6.9/10. The country has an INFORM Crisis Index of 3/3, resulting from a Conflict Intensity score of 3/3, Uprooted People of 2/3 and People affected by Natural Disaster of 0/3. The country ranks 102 in UNDP Human Development Index. DG ECHO's IAF for 2018-2019 identified low humanitarian needs. The vulnerability of the population affected by the crisis is assessed to be low. The total population of Libya is 6.3 million. 1.1 million people, including migrants, refugees and asylum seekers are considered to be directly affected by the conflict (i.e. 20 %) and 0.9 million indirectly (i.e. 14%).

2. HUMANITARIAN NEEDS

2.1 ALGERIA (SAHRAWI REFUGEES)

1) People in need of humanitarian assistance:

Since 2006, amidst conflicting population figures, UNHCR estimated the most vulnerable refugees to be around 90 000 people, while 125 000 food rations were distributed on a monthly basis. As of 31 December 2017, the total number of Saharawi refugees has been updated and it now stands at 173 600 people living in the camps (UNHCR), 38% of whom are under 17. A vulnerability assessment has been announced for the end of December 2018.

2) Description of the most acute humanitarian needs:

Saharawi refugees rely largely on humanitarian actors for the provision of all essential basic services like health, education, water, hygiene and sanitation in the camps. The most vulnerable largely depend on food assistance.

Food and nutrition - Refugees allocate at least 65% to food expenditures, 37% have poor or borderline diets and limited consumption of protein foods (dairy, meat, pulses), fruits and vegetables. While stunting and wasting are not common, iron deficiency anaemia prevalence is of public health significance among children and women, largely due to inappropriate dietary habits (excessive tea consumption).

Water, Sanitation and Hygiene (WASH) - In the desert, adequate access to drinking water is a top priority. Water is transported by trucks or is available through a network of tap stands. At the household level, it is stored in family tanks for seven to fifteen days. Water trucking is an expensive emergency temporary solution, but only 40% of the households have access to the water network. Irregularity of potable water supply and risk of water contamination remain a problem. 50 to 70% of the distributed water is not treated and contains high levels of fluorides and minerals.

A preventive plan of maintenance has been implemented since 2014. However, technical capacity building and effective appropriation by local WASH authorities are still needed to maintain a good level of management of the WASH system at large. Sanitation in public institutions, schools and hospitals has been partially addressed through a project targeting schools across the five camps and two Disaster Risk Reduction (DRR) projects funded in 2017 within the Safe Hospital framework.

Health – Although the recent health information system is not providing an exhaustive range of health indicators yet, the health system in the refugee camps responds adequately to refugees' needs but fully depends on international aid for both the incentives of the Sahrawi health practitioners and the supply of consumables, drugs and vaccines. Medical waste management remains a challenge. Specific health needs of vulnerable groups (children, disabled, elderly, etc.) are only partially covered.

Emergency shelter and NFI (non-food items) – Typical dwellings in the camps are made of tents and adobe brick houses that are sensitive to natural disasters such as flash floods. However since the significant 2016 floods which destroyed many dwellings, Sahrawi authorities authorized concrete block housing construction and most of the reconstruction or new houses are designed to resist local severe climatic conditions. An emergency stock of tents and NFI is supported by DG ECHO within the framework of an ongoing DRR project.

Livelihoods - The lack of income-generation opportunities in the camps and working restrictions faced by refugees in Algeria are a major problem. Some experiences and pilot projects have demonstrated that creating activities and opportunities in the camp could contribute to reduce aid dependency and increase the resilience of the most vulnerable households. Creating work opportunities is also important to maintain the social cohesion and prevent radicalization.

Education in Emergencies – Access to free nursery, primary and lower secondary education is well established in all camps, but requires constant international support to be maintained. Algeria education authorities provide free access to upper secondary and tertiary education for Sahrawi refugees. The quality of education remains challenging as a consequence of the lack of qualified teachers, insufficient teaching material and poor infrastructure that led to high rates of repetition and drop out (in particular for teenage

girls). The quality of education is further jeopardized by increasing resignations and rapid turnover of teachers as a consequence of limited incentives.

Safety and security - The threat of kidnapping posed by radical armed or criminal groups, gaps in regional security coordination, reported proliferation of the Libya and Mali conflicts, expose humanitarian workers to security risks. Despite effective border control and tight security management by the Algerian authorities, restrictions of movement and armed escort are imposed on international actors working in the camps.

Coordination - It is *de facto* co-managed by UNHCR, WFP, UNICEF and the Sahrawi camp authorities. A coordination system was developed in October 2015 but only partially implemented from 2016 onwards. Coordination remains weak, poorly structured and not sufficiently strategically oriented. Contingency planning is not fully effective although the camps are regularly affected by small to mid-scale natural disasters. A systematic implementation of the refugee coordination system is required, which should ideally promote the set-up of an integrated and effective multiyear strategy bringing all sectors together.

Logistics - Harshness and remoteness of the Sahrawi refugee camps necessitate adequate logistic and maintenance to ensure the continuity of essential services and distribution of essential goods. The water truck fleet was renewed in 2016. Considering the on-going multi-year strategy for water network expansion, a similar exercise should be conducted by logistics actors to scale down operational costs and significantly improve the overall efficiency of logistic services, in line with the expected related reduction in the transport needs.

2.2 LIBYA

1) People in need of humanitarian assistance:

According to the IOM DTM of June 2018, there were still 192 513 IDPs and 372 741 returnees in Libya. 51% of IDPs are below 18 years old and 10% are above 60.

The UN estimates that 1.1 million people are in need of humanitarian assistance, including refugees, asylum seekers and migrants.

A response in other countries in North Africa affected by the Libyan crisis will depend on an informed assessment and analysis of needs, vulnerabilities and protection risks.

2) Description of the most acute humanitarian needs:

The identification of the most acute humanitarian needs is hampered by confusion between the humanitarian crisis stemming from the conflict and the mixed migration crisis, exacerbated by the conflict. Nevertheless, according to latest DTM report, health, food and shelters remain the three primary needs expressed by IDPs. Health, education and security are the three primary needs of returnees. Access to food, water, sanitation and hygiene can also become important needs for newly affected people in areas exposed to the conflict. Protection and psychosocial assistance are also required. Coordination with stabilization/reconstruction actors that have received significant funding should be improved further through the operationalization of an effective Humanitarian-Development Nexus.

Health – Health is the first priority need for displaced persons and returnees. The Libyan health system continues to face serious challenges: institutional capacity is limited; the

human resource capacity is heterogeneous and its availability is very variable with a higher concentration in major urban centers as compared to Southern and rural areas. According to the Service and Availability Readiness Assessment (SARA) of the public health facilities in Libya, 19 baladiyas/100 (districts) report less than 20% health facilities functioning. 94 baladiyas claim that there is no regular access to medicines. Service readiness index score for the Primary Health care public services is 36.8%. 20.1% of the Public Health Centres and 17.5% of public hospitals have been closed (damaged or not accessible). Only one third of Primary Health Care (PHC) clinics are fully functional and only 40% offer basic maternal and child health care. General medical curative services, general surgical services, patient services, and emergency services are available in at least 60% of hospitals, but only 50% of hospitals have the capacity to offer maternity services. 19.3% of public health facilities offer antenatal services. Only 9% of hospitals have appropriate staffing and care for mental health patients. Inpatients functional bed density (11 beds/10 000 people) is two times lower than the target value (25 beds / 10 000 people) but the private sector offer somehow compensates the gap in public services. Although the number of physicians is sufficient, their capacity is considered inappropriate (in 2016 there was a gap of 4 997 nurses and 359 midwives).

At present, the budget dedicated to the health sector has sharply declined and is mostly allocated to salaries, although many staff reported that they had not been paid for months. Some basic cares, including routine immunization, are covered as part of the budget, but the release of funds is often delayed.

In the future, support to the health sector could possibly be taken over by DG NEAR¹⁰ in the Humanitarian-Development Nexus framework as they could closely coordinate with the other development actors such as the World Bank and UN agencies.

Protection – Protection of affected population is a major concern due to the absence of rule of law, continuous fighting between the armed groups, indiscriminate shelling, the proliferation of small arms and light weaponry, remnants of war and improvised explosive devices, physical aggressions, gender-based violence, extortion, kidnappings and lack of freedom of movement. Sub-Saharan migrants endure systemic heinous abuse including sexual violence, torture, slavery and trafficking.

The number of IDPs with mental health and psychosocial issues is increasing due to the on-going conflict, forced displacement, and other negative experiences. Psychosocial assistance to children exposed to violence is essential to help them overcome trauma (43% of behavioural changes are reported amongst the displaced children). Religious minorities, people associated with the former regime and ethnic minorities are also facing a high risk of discrimination, exclusion and aggression.

The Tawerghans have been repeatedly and forcefully evicted from their IDP camps by the armed groups, while the conditions for a safe and dignified return to their home town are not yet met. Humanitarian advocacy is key to ensure that IDPs rights are respected by all parties and that people affected by the conflict are protected.

However, protection needs are hardly informed as a consequence of access constraints but also due to cultural habits and secular distrust of foreigners that seriously limits the capacity of international aid actors, while national response capacity and specific expertise are marginal and limited to the biggest cities.

¹⁰ Directorate general for Neighbourhood and Enlargement Negotiations

Shelters and NFIs – 84% of all IDPs in Libya are reportedly hosted in private accommodation and 16% in public or informal shelter settings. The majority of IDPs in private houses live in self-paid rented accommodation. 12% are hosted with relatives. Shelter is reportedly among the three main needs expressed by IDPs as a consequence of the cash crisis that prevents people from accessing their savings account to pay for their bills and rental charges.

94% of returnees managed to retrieve their former house. Severe damages to house occurred in Benghazi, Sirt and Tawergha city. However, government has committed to fund reconstruction of private houses.

As sporadic low to medium-intensity conflict continues, newly vulnerable displaced people could be in need of shelter and NFI support.

Education in Emergencies – Prior to 2011, Libya had one of the highest school enrolment rates in the Middle East and North Africa, with no significant differences between boys and girls. Gross enrolment is still 96.7% for children in primary and secondary school, including almost total enrolment of displaced Libyan children. However, the quality, inclusivity and relevance of education and the disparities between regions are of concern. An estimated two out of five registered teachers are inactive. Many of those who are working as teachers lack essential education and classroom management skills. Early childhood education is provided by the private sector and is not accessible to most of the population. Access to technical and vocational education and training and life skills education is limited and enrolment has steadily decreased since 2012. Technical and vocational education is generally considered less important than the traditional curriculum and enrolment of girls is particularly low.

Food assistance – There is an overall lack of comprehensive data. However, market availability is fair although the prices of essential goods have drastically increased due to the liquidity crisis and the booming of the black market. In the 2017 Multi-Sector Needs Assessment (MSNA), food security was not reported as a major concern. However, IDP households were more likely to have a worse Food Consumption Score (FCS) across all mantikas (regions) assessed with an overall of 79.5% ‘acceptable’ Food Consumption Score (FCS), 12.5% ‘borderline’ and 7.9% ‘poor’. The lowest FCS was found in Tripoli (15.3% of households).

Several assessments are ongoing, including a new MSNA which will capture FCS and CSI (Coping Strategy Index) at household level across ten mantikas, and is to provide a better insight of the current needs.

Water, Sanitation and Hygiene - Risks are increasing in the WASH sector as the management of public utilities and governance of municipalities continue to deteriorate. Large parts of the population are at risk, notably the conflict-affected (IDPs and returnees) who are particularly vulnerable. The needs are structural and require mid to long-term investments. Access to clean water can be an issue where the network has been damaged due to fighting. People accommodated in IDP camps and collective shelters are in need of safe water provision and sanitation items and services.

Safety and security - The failure to restore the rule of law and demobilize rebel militias after the 2011 conflict has resulted into a widespread insecurity and proliferation of weapons. The porousness of Libya’s borders, especially in the south along the migratory

route, also allows for trafficking and smuggling, and the circulation of criminals and armed groups. Kidnappings are still of concern for Libyans and foreigners.

Coordination / Support Services - Access to people in need by humanitarian actors is particularly challenging due to insecurity, administrative bottlenecks and arbitrary restrictions. Access support requires dedicated resources for real-time constraints and risk analysis as well as to facilitate humanitarian diplomacy. In a context where (partial) remote management remains an important modality of implementation of operations, humanitarian coordination must be upheld and reinforced.

3. HUMANITARIAN RESPONSE

3.1 ALGERIA (Sahrawi refugees)

1) National / local response and involvement

Algeria provides substantive assistance to refugees, such as access to specialized healthcare, scholarship for secondary and high school education and support from civil society channelled through the Algerian Red Crescent (ARC).

2) International Humanitarian Response

Humanitarian needs for 2018 were assessed at USD 66 million. As per August 2018, total incoming funding is reportedly at USD 15 million (22% of the HNO). USD 21.8 million were allocated to the response in 2017.

EU humanitarian funding represented close to 50% of the overall assistance in 2017 and accounts for 69% of the funds allocated to date for 2018. Most funding provided by donors (European Commission, Italy, Spain, Sweden and US) is allocated to emergency operations by WFP and UNHCR; the rest is used to finance a limited number of international NGOs. Development assistance is close to nil, as the Sahrawi Arab Democratic Republic (SADR) is not recognised by the EU and its Member States, leaving it to the humanitarian community to cater for needs that go well beyond pure immediate relief, after 43 years of displacement.

3) Constraints and DG ECHO response capacity

The local Sahrawi camp institutions and structures, which act as local counterparts of the international agencies and NGOs involved in delivering humanitarian aid, are self-managed. This is positive to increase ownership of projects and reduce the cost of humanitarian operations but can also be a constraint (in terms of capacity) and a risk, particularly with regards to vulnerability targeting, monitoring and independent needs assessments. DG ECHO partners are still facing difficulties to get long-term visa and be registered in Algeria. Despite official commitment from the Algerian government, VAT exemption is not yet effective. This has a negative impact on efficient humanitarian aid delivery in the camps. The hostile natural environment and exposure to recurrent natural disasters may also have a negative impact on the timeliness of results. Security is an additional significant risk in the remote and unstable Sahara region linked to terrorism activities. The use of armed escorts is compulsory for all international actors working in the camps.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions.

The expected result of the 2019 DG ECHO strategy is to ensure that current humanitarian standards are maintained while promoting actions aimed at reducing the population's dependence on in-kind assistance. DG ECHO funding in 2019 will focus primarily on humanitarian food assistance, WASH, health and Education in Emergencies. Coordination, advocacy and visibility remain important notably to raise the profile of this truly forgotten crisis. Multi-year funding, in particular in the sector of food assistance, WASH and Education in Emergencies could be considered.

Humanitarian Food Assistance/Livelihood - Timely access to safe and well-balanced food, of sufficient quantity and quality to meet essential dietary requirements is crucial. In order to guarantee continuity in the distribution and avoid high administrative costs, multi-year planning and funding could be considered. The response could be adapted following the results of the expected vulnerability assessment. Livelihood activities could be considered. Proven effectiveness of previous actions targeted towards the most vulnerable population must be demonstrated and documented.

Nutrition - A high prevalence of anaemia, especially among children and women is noted. The insufficiency in iron resulting in low haemoglobin production is largely due to inappropriate dietary habits. DG ECHO intends to focus on ensuring nutrition-sensitive food assistance and health education. Targeted response to the specific nutrition needs of vulnerable groups (e.g. pregnant and lactating women, celiac, people living with disabilities) could be considered, if based on solid recent data.

Water, Sanitation and Hygiene – Within the framework of the multi-year WASH strategy, priority will be given to the extension of the water network and the operation and maintenance of the existing water infrastructure with the aim to provide 20 litres/person/day in accordance with international minimum standards. Local capacity building to enhance the management and maintenance of the systems and guarantee minimum water quantity and quality standards will be a component of the response. Interventions in the sanitation sector could be considered provided the partners ensure appropriate technical supervision of construction works, and project design shows a clear understanding of the cultural context and addresses the issue of long-term maintenance, thus taking into consideration the lessons learned from past projects.

Health - The provision of basic healthcare and epidemics preparedness and response through the supply of essential drugs (including for NCDs) is important, however the related needs assessment must be based on Health Information System data. Specific health needs of people living with disabilities, the elderly and their caregivers will also be considered.

Education in Emergencies (EiE) -The aim is to promote quality education through continuous capacity development of under qualified teachers and provision of teaching aids and *ad hoc* school materials that are not included in the kits provided by UNHCR/UNICEF. It is also important to help tackle barriers for access to secondary education and address retention rates through tailored awareness campaigns (stay in school).

A holistic approach in schools will be promoted (WASH minimum standards/Hygiene promotion and Child Protection particularly).

3.2 LIBYA

1) National / local response and involvement

Libya faces a worsening currency and a liquidity crisis, which deepens distrust towards Libya's public financial system as a whole. Black market exchange rates are spiralling and the price of a loaf of bread has significantly increased. At the same time, oil production continues to ramp up to one million barrels per day (a record since 2014). Although public servants salaries are paid (with delays) and fuel remains highly subsidized, resources for the functioning of essential public services is not effectively met. So far, support from municipalities, charities, host communities, relatives and families have been instrumental in averting a crisis of a larger scale, but the massive corruption, economy and liquidity crisis impacts on host communities' capacity to cope with such prolonged displacement crisis.

2) International Humanitarian Response

By July 2018, the Humanitarian Response Plan (HRP) has been funded at 20%. The humanitarian funding outside of the HRP reached USD 22.3 million, bringing the total funding to USD 83.8 million out of USD 312.7 million (26.8%). This does not indicate a funding gap as it is estimated that not all funding is being reported and because the HRP requirement is considered over inflated (from USD 151 million in 2017 to USD 312.7 million in 2018 without evidence based needs assessment). Indeed, the Humanitarian Needs Overview (HNO) published end 2017 encompassed stabilization, recovery and development needs, blurring the lines with humanitarian needs. It did not adequately factor in the national and local response capacities, or the extensive social protection mechanism that still covers hundreds of thousands of vulnerable Libyans across the country.

The 2019 HRP should reflect a humanitarian narrative based on principled humanitarian action that is distinct from, but complementary to, other international assistance (stabilization, development or political). It is expected to target the most vulnerable according to internationally recognized humanitarian standards and factor in proper national and local capacities for risk-informed programming that truly does not cause harm and prevents duplication.

3) Constraints and DG ECHO response capacity

Security conditions still hamper the safe permanent presence of international staff in all parts of Libya, especially in the Southern parts of the country. Partial remote management is still used by most actors whilst others are increasing footprint and began either to conduct short-term missions into Libya or to open new offices in the country with the presence of some international staff. In the Libyan context, outsourcing activities to local actors presents a high risk of aid diversion, exclusion and/or a risk to contribute to the shadow economy. This should be considered as the last resort. Partners are encouraged to build local capacity if appropriate supervision and monitoring measures are implemented. Monitoring of operations in the field by DG ECHO experts has not been possible so far (owing to security constraints in particular the high

kidnapping risk of international staff), but monitoring missions in Libya are expected to start gradually.

4) Envisaged DG ECHO response and expected results of humanitarian aid interventions

DG ECHO will provide adequate support to the most vulnerable conflict-affected population, in particular women and children. Emergency support can be envisaged in the sectors of health, food assistance, shelter, WASH, protection, depending on where uncovered needs are the most significant and there is adequate access.

Support to comprehensive Rapid Response Mechanisms that allow for an efficient response to new needs stemming from violence, forced displacement or epidemics in hard-to-reach areas will also be encouraged. Support to resilience-building and early recovery for the most vulnerable conflict-affected populations within the remit of the humanitarian mandate, and where a DG ECHO intervention has a clear added value, could be envisaged.

As fighting continues in parts of the country and access to life-saving assistance remains difficult for civilians trapped in conflicts, DG ECHO may support interventions meant to enhance the capacity for better delivery and efficiency of humanitarian assistance (e.g. humanitarian aid and logistics operations, coordination mechanisms, security management).

DG ECHO may also encourage initiatives to strengthen the quality of needs assessments, collection of data and capacity building of partners responsible for the direct implementation of humanitarian actions. Regarding implementation, the most suitable transfer modality will be used to effectively and efficiently meet assessed needs, including multi-purpose cash transfers to the extent possible.

Health – DG ECHO will contribute to ensuring access to essential health services for conflict-affected people, including emergency and trauma surgery; mental and psychosocial rehabilitation services, maternal and child health, immunization through the supply of medicines (including for non-communicable diseases) and equipment. *Ad hoc* support to reinforce the quality and functioning of health services which are assessed as most crucial in the conflict-affected areas, may be considered. While integrated psychosocial support and gender-based violence (GBV) care are encouraged, Post-Exposure-Prophylaxis and effective referral to specialized service of GBV survivors will be integrated in health-related activities. Support can also be envisaged through mobile clinics or the temporary deployment of mobile health teams, for IDPs and other vulnerable conflict-affected populations who have no access to functioning basic health care services.

Protection – Protection mainstreaming through granting access to essential services to all persons in need, ensuring accountability mechanisms towards beneficiaries and communities, preventing and reducing the risks and consequence of violence, and preparing communities to integrate victims, to reduce stigmatisation and to manage trauma, will be considered as a priority. Specific support to persons confronted to violence and exclusion, in particular women and children, people living with disabilities, the elderly, discriminated and/or part of stigmatized communities may also be supported through expanding protection monitoring activities and developing of an inter-agency

referral system. Provision of specialized protection activities, including Child Protection, legal assistance, GBV and MHPSS (Mental Health and Psychosocial Support) will be considered.

Food Assistance - Targeted food assistance, especially to assist newly affected most vulnerable people in areas where the conflict continues, could be considered, provided that needs are well identified.

Water, Sanitation and Hygiene, Shelter and Non Food Items – With the objective to respond to the lifesaving requirement of people affected by the conflict, interventions will be limited to basic rehabilitation of infrastructure in collective accommodation and existing or new camps. Close collaboration and engagement of relevant municipalities will be required to ensure a continuity of services and their maintenance. Basic support to shelters and the provision of NFI could be considered, notably to mitigate the consequences of harsh climatic winter conditions for newly displaced people.

The coordination of the humanitarian response should first and foremost ensure the quality of the humanitarian assistance based on vulnerability, regardless of status, and accountability to beneficiaries. In Libya, the revision of the current coordination architecture would be most welcome, in line with the three-pillar approach (Integrated Basic Needs, Protection and Rapid Response) proposed by OCHA. This would enable better technical guidance and oversight of interventions. It would also improve the efficiency of the overall assistance by avoiding duplication of interventions based on beneficiaries' status. Such an approach should also facilitate the registration/renewal of NGO agreements. DG ECHO could support the reinforcement of needs assessments for an informed programming of the humanitarian response and to ensure adequate monitoring of internal displacement and regional trends, early warning and rapid response to conflict affected populations

Advocacy / Capacity-building - Special attention will be given to relevant aspects related to access, advocacy, International Humanitarian Law and humanitarian space. DG ECHO could contribute to promoting capacity building of local NGOs, authorities and crisis committees in the framework of the humanitarian response.

Education in Emergencies – In case significant gaps have been identified and can be covered through adequate operational capacity, DG ECHO will provide further support to meet the uncovered needs for children affected by the conflict in order to access and learn in safe, quality and accredited primary and secondary education. All actions supported by DG ECHO are expected to be designed and implemented according to the principles of Conflict-Sensitive Education (CSE).

4. NEXUS, COORDINATION AND TRANSITION

1) Other DG ECHO interventions

Under the 2018 HIP, Libya received EUR 9 million, the Sahrawi crisis was allocated EUR 9 million, and Tunisia benefited from a EUR 1 million allocated to DRR projects.

In 2019, the Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of epidemics in North Africa as well as the response to natural disasters.

2) Other concomitant EU interventions

Algeria (Sahrawi refugees): As the Sahrawi Arabic Democratic Republic (SADR) is not recognised as a sovereign State by the EU, no development cooperation programme could be envisaged. It is therefore difficult to promote a LRRD approach in this context. However, within the limits inherent to the Sahrawi context, DG ECHO is working closely with its implementing partners to increase self-reliance of populations. Considering the high risk of radicalization and conflict resumption as a consequence of the growing frustration of the second generation of youths born in the camps, DG ECHO facilitated the design and implementation of an 18-month project funded by the Instrument contributing to Stability and Peace (IcSP) (EUR 800 000) that fosters perspectives and opportunities for the Sahrawi youth living in the camps.

Libya: It is important to maintain a joint up approach to reinforce complementarity among DG ECHO's response, other EU services and EU Member States' responses. Since the escalation of the conflict in mid-2014, DG NEAR and other Commission services have worked to strengthen the links between short-term humanitarian assistance, early recovery and development. Definition of roles and articulation of the various EU funding instruments (in particular the European Neighbourhood Instrument and the EU Trust Fund for Africa) have been developed in order to adequately respond to the needs of vulnerable populations in Libya. EU institutions and Member States have carried out a Joint Coordination exercise to make sure that Libya receives a comprehensive and coordinated package of support from the EU, which also feeds into the overarching coordinating role of the UN. A specific joint needs analysis exercise is planned in the health sector.

3) Other donors availability

Algeria (Sahrawi refugees): The USD 66 million appeal for 2018 was funded at 22.7% (USD 15 million) by August 2018. The complex political sensitivity, lack of accountability and recurrent constraints to independently assess the level of vulnerability and monitor the impact of aid, together with the length of this protracted crisis, has led to a reduction of donor support to the Sahrawi crisis. US contribution in particular drastically reduced. However, USAID is supporting innovative livelihood opportunities in the camps. There is no significant contribution to cover important existing non-humanitarian needs as the political stalemate hampers the design and implementation of any LRRD or transition scheme.

Libya: UNDP manages a multi-donor stabilization fund of USD 32 million for early recovery and rehabilitation activities. The humanitarian-development nexus approach should focus on both preventing the collapse of essential public services and restoring the full functionality of extensive social protection mechanisms as an exit strategy for humanitarian assistance. In April 2018, a Nexus workshop between DG ECHO, DG NEAR and the World Health Organization (WHO) was organized in Brussels, focusing on the health sector. It aimed at fostering an integrated approach between humanitarian and development actors with a view to reinforcing synergies and enhancing a joint support to the restoration of Libya's public health services. The

World Bank is looking into the possibility of a multi-year programme to restore the Libya health system.

4) Exit scenarios

Algeria (Sahrawi refugees): Long-lasting solutions, such as repatriation, resettlement or local integration will depend on the capacity of the MINURSO to bring all stakeholders around the table of negotiation and to strike a deal. Until then, the Sahrawi refugees in Algeria will not have the means to fully sustain their livelihoods. However, innovative ideas for livelihood initiatives should be encouraged in order to reduce their dependency on external aid. While DG ECHO's contribution remains important as long as the deadlock persists, other funding instruments should also be considered to complement humanitarian aid, including for livelihood support, human development and security in the camps.

Libya: The delivery of well-coordinated humanitarian aid should remain focused on sectors and regions most affected by the crisis. Continued coordination with European Commission services, EU Member States and other donors (including the World Bank) will ensure proper linkage between short-term assistance, early recovery and development activities. Specific efforts to develop a Nexus strategy are crucial in view of the massive (but poorly coordinated) international investment for stabilization/reconstruction/resilience as well as Libyan government's growing financial capacity.

The situation in the region is likely to remain volatile in 2019 and the coming years. A spill-over effect in neighbouring countries is expected to continue, which could face an increased influx of refugees fleeing conflict and migrants seeking their way to Europe.