
HUMANITARIAN IMPLEMENTATION PLAN (HIP)

NORTH AFRICA¹

The full implementation of this version of the HIP is subject to the adoption of the decision amending Decision C(2016) 8795

AMOUNT: EUR 20 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2017/01000 (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 ECHO'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

14 July 2017 – Modification N°2

The armed conflict in Libya has disrupted commercial supply routes, limiting the availability of food and significantly increasing prices. The loss of livelihoods has resulted in a reduction in household income, with many families unable to meet their food needs or having to reduce their health expenditures to feed themselves. Emergency support can be provided to different strata of vulnerable conflict-affected populations (including returnees), in line with evolving access. Overall it is estimated that 1.3 million people – i.e. 19% of the Libyan population - require humanitarian assistance. An additional allocation of EUR 5 million is therefore considered necessary to help further address gaps in the coverage of urgent needs, for instance health care and essential medicines, food assistance, water, sanitation and hygiene.

June 2017 – Modification N°1

Continued violence and instability seriously affect vulnerable populations in Libya. The country is also suffering from an economic downturn that has brought a liquidity crisis with rapid inflation and strong depreciation of the Libyan dinar. Public services are very limited in most parts of the country, local infrastructure has significantly deteriorated and livelihoods have been severely impacted. The conflict-affected populations' ability to meet their basic needs has been drastically reduced. Health remains the sector with the biggest needs. The health care system has largely collapsed, with 60% of health infrastructure not or only partially functioning, a significant deficit in medicine and medical equipment and lack of human resources. Given the highly volatile security context, access of humanitarian actors remains a challenge. In view of the increase in humanitarian needs, an additional allocation of EUR 3 million is considered necessary to help meet the basic needs of vulnerable conflict-affected populations in Libya, notably in the health sector. Support to other sectors, including to coordination and facilitation of humanitarian access may also be envisaged.

¹ For the purpose of this Humanitarian Implementation Plan, the North African countries concerned are Algeria, Libya, Morocco and Tunisia.

1. CONTEXT

The HIP 2017 for North Africa focuses largely on two political and protracted crises: the decade-old Sahrawi refugee crisis in Algeria and the more recent Libya crisis. A response could be foreseen for potential spill-over of these crises to other countries in North Africa. This HIP may also respond to sudden or slow-onset new emergencies in Algeria, Libya, Morocco or Tunisia, if important unmet humanitarian needs emerge. Disaster risk reduction (DRR) priorities will also be addressed, with a specific focus on the Sahrawi refugee crisis and Tunisia, including possible regional exchanges.

1.1 – Algeria: Since 1975, Morocco and the Polisario Front have fought for the control over Western Sahara, a former Spanish colony. The Polisario 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 a large autonomy. In 1975, Algeria allowed the set-up of refugee camps near Tindouf, in Southwest Algeria. Hostilities between Morocco and the Polisario Front ended in 1991, when a ceasefire brokered by the UN was implemented. 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) in the Sahara Desert, the Sahrawi refugees are largely dependent on external humanitarian assistance. Their prospect for self-reliance is limited as opportunities for income-generating activities are scarce.

Algeria ranks 83 on UNDP Human Development Index. Its overall INFORM Vulnerability Index is 3.3/10, Hazard and Exposure 5.5/10, Lack of Coping Capacity 4.8/10. The country has an INFORM Crisis Index of 2/3, resulting from a Conflict Intensity score of 2/3, Uprooted People of 0/3 and People affected by Natural Disaster of 0/3. Algeria has a total population of approximately 39 million.

The vulnerability of the population affected by the Sahrawi crisis is assessed to be high.

The Sahrawi crisis is identified as a Forgotten Crisis by 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. Armed groups, militias and factions have actually been in control of large parts of the territory ever since. Efforts of the international community and Special Representatives of the Secretary-General of the United Nations (SRSG) eventually led to the signature of the Libya Political Agreement (LPA) on 17 December 2015. Two months later, a Government of National Accord (GNA) composed of 32 members was formed. As of September 2016, this government has, however, not yet been recognised by the House of Representatives (elected parliament) that relocated to Tobruk in the East.

The security situation in Libya remains highly volatile. Insecurity affected the main urban centres in summer 2016, with violent fighting in Benghazi and Sirte in particular. As a result, the country's economy as well as the functioning of public services (e.g. health, water, education, electricity) have been severely affected. It will take time before the potential reopening of oil terminals actually translates into increased revenue for the GNA, and improved services to the population.

In zones directly affected by conflict, up to 60% of the buildings have been damaged or destroyed, and many areas are considered dangerous due to the presence of 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.

Humanitarian organizations have no access where ISIL (Islamic State of Iraq and the Levant) and associated groups are present, thus making it difficult to assess needs in these areas. Support to the internally displaced persons (IDPs), returnees and migrants in other areas remains largely dependent on available funding and the ability of local partners to deliver assistance. However, as per the Displacement Tracking Matrix (DTM) of the International Organisation for Migration (IOM), in mid-2016 (for the first time since 2014) the number of IDPs has started to decrease after access to several neighbourhoods has been re-established in Benghazi.

The country has an INFORM Vulnerability Index of 4.5/10. The Hazard and Exposure rating is 8.3/10 and the Lack of Coping Capacity is 7.0/10. The country has an INFORM Crisis Index of 3/3, resulting from a Conflict Intensity score of 3/3, Uprooted People of 3/3 and People affected by Natural Disaster of 0/3. Libya ranks 94 in UNDP Human Development Index. With the impact of the conflict having escalated in the first eight months of 2016, the vulnerability of the population affected by the crisis is assessed to be high. The total population of Libya is 6.5 million. 1.3 million of them are considered directly affected by the conflict (i.e. 20 %) and 0.9 million indirectly (i.e. 14%).

1.3 – Tunisia: Following the adoption of the new Constitution and the successful organisation of elections in 2014, the Tunisian authorities have had the difficult task of implementing the necessary institutional, legal and administrative reforms while also dealing with the immediate socio-economic and security concerns not only linked to the internal situation, but as well linked to the consequences of the on-going armed conflict in Libya. Poverty and a difficult socio-economic situation have increased the vulnerability of parts of the population. This has taken place against the background of continued exposure to multiple hazards and disaster risks. The Joint Communication on Strengthened EU Support for Tunisia (published on 29 September 2016) reaffirms the European Union's commitment to Tunisia's democratic transition and sets out a number of measures that the EU could take collectively to enhance its support for Tunisia's efforts to address the critical challenges that the country is facing and promote long-term stability, resilience, good governance, socio-economic development, and security in the country. As part of this collective effort, discussions have been initiated with Tunisia to foster cooperation in the area of disaster risk management. The country has an INFORM Vulnerability Index of 1.4/10. The Hazard and Exposure rating is 4.4/10 and the Lack of Coping Capacity is 4.9/10.

2. HUMANITARIAN NEEDS

2.1 HUMANITARIAN NEEDS - ALGERIA

1) Affected people/potential beneficiaries:

In Algeria, up to 90 000² Sahrawi refugees in the camps around Tindouf will be targeted. Disaggregated gender and age data are not available.

² In the absence of a registration exercise, UNHCR has been using the planning figure of 90 000 most vulnerable refugees for its assistance programmes since 2005.

2) Description of the most acute humanitarian needs:

The crisis derives from a 40-year-old political conflict resulting in a protracted refugee situation in South-western Algeria affecting refugees almost entirely dependent on humanitarian assistance, with little immediate prospect for return, integration or resettlement.

A Humanitarian Needs Overview for the Sahrawi crisis, covering both 2016 and 2017 was prepared by UN agencies and NGOs present in the camps in July 2016. Humanitarian needs for 2017 were assessed at USD 74.70 million. Food and Nutrition assistance needs account for 34% of the overall amount, while Water, Sanitation and Hygiene (WASH) represent 15% of requirements, Shelter and NFIs as well as Livelihoods and Resilience 14% each. Education (11%), Health (7%) and Protection (5%) are the remaining sectors where assistance is needed.

Food and nutrition - No nutrition survey has taken place in the camps since 2012, leaving a significant information gap in terms of nutritional data in the camps. The UN carried out a Joint Assessment Mission (JAM) in spring 2016 that confirmed that refugee households remain largely dependent on food assistance to cover basic needs (52% of overall food consumption). While 91% of families have an acceptable food consumption score, UNHCR and WFP identified “noteworthy differences between households” regarding access to food and livelihoods, where poorer families spend around 60% of income on food whereas wealthier ones would dedicate less than 30% on it. In line with the "do no harm" principle, it is also important to address nutrition issues linked to harmful food habits through targeted sensitization activities, including in particular in schools.

Water, sanitation and hygiene (WASH) - In desert-like conditions, adequate access to clean water is a top priority. Water is transported by trucks or available through a network of tap stands. At household level, it is stored in family tanks for seven to fifteen days. This system faces two main problems: the irregularity of clean water supply and the risk of water contamination. Despite efforts by humanitarian actors, drinking water availability stands at 18 litres/person/day (minimum international standards = 20 litres/person/day). The camps of Dakhla, Ausserd and Smara (partially) have their own distribution networks. The camp of Boujdour was connected to the water piping system in 2014, through the reverse osmosis plant in Smara, but still lacks a network. The Laayoune camp does not have an operational network and is supplied exclusively by water tankers. Water is tested all along the supply chain, based on a Water Quality Protocol adopted in 2014 that follows WHO standards. A preventive plan of maintenance has been implemented since 2014 but technical capacity building is needed to maintain a good level of management of the WASH system at large. Sanitation in public institutions, schools and hospitals has been identified as a priority and addressed partially. While latrines in education facilities were repaired between 2011 and 2014, sanitation in health institutions is still work in progress. Two hospitals were targeted in 2013 (Laayoune and Smara), and sanitation works in the central hospital in Rabouni were carried out in 2014 and 2015. Sanitation improvement in the medical centres of Ausserd and Dakhla is still needed, as well as in the boarding schools of Simon Bolivar and 12 October.

Emergency shelter and non-food items (NFI): Most shelters in the camps are made of tents and adobe-brick houses regularly damaged by sand storms and floods. Available stocks of tents and non-food items are quickly depleted when such natural disasters strike and there could therefore be a need for replenishment of emergency shelter and NFI stocks to respond to major disasters.

DRR - The Sahrawi refugee camps are at risk of disasters caused by natural events such as droughts or floods (e.g. recent ones in October 2015, August 2016), causing not only economic losses, but as well loss of life, significant damage to social infrastructure and basic services, housing or food reserves. The camps are also subject to frequent sand storms as well as waves of extreme temperatures in the summer (up to 55°C). The Sahrawi authorities have limited response capacity, except for a few ambulances, and rely almost entirely on the Civil Protection and Red Crescent capacity of the host country or on the international community to provide immediate relief. Local vulnerability is further exacerbated by the construction methods used for houses and public buildings such as schools or health centres (adobe, corrugated roofs), which are not adapted to extreme climate conditions. Some of these buildings are also constructed in flood-prone areas ("oueds") due to lack of knowledge and awareness in terms of possible risk. There is, hence, a need for awareness raising and capacity-building about disaster risk reduction, support to adequate disaster preparedness measures and the preparation of contingency plans addressing multi-hazards risks, support to small-scale mitigation works and practical disaster risk reduction techniques.

Education in Emergencies – The lack of quality education in the camps is somehow compensated by the possibility for the children to attend Algerian schools (in particular secondary and higher degree schools). It would, however, be important to support different aspects of education in emergencies and, for instance, invest in vocational training. This could allow the youth to develop skills adapted to potential livelihood opportunities and the creation of micro and small enterprises in the camps.

Livelihoods – The lack of work opportunities in the camps and elsewhere in Algeria is a major problem, in particular as regards the situation of the youth. Some experiences and pilot projects have demonstrated that creating activities and opportunities in the camp is, however, possible and desirable in order to maintain the social cohesion and peace. This sector needs to be further encouraged and supported.

Health - The health system in the refugee camps suffers from a lack of resources and dependence on international aid for supply of consumables, drugs and vaccines. It is also confronted with the need for regular training of health staff as a result of turnover or suboptimal public health policy. A Health Information System (HIS) is being developed in the camps that require continued support. People with special needs (children, disabled, elderly, etc.) should also be given due attention.

Logistics - The remoteness of the Sahrawi refugee camps and the need to bring in food, non-food items and water implies a substantial logistical effort. The replacement of the old fleet of water tankers has been achieved in 2016. A new central mechanical workshop is now operational. Decentralised workshops for daily maintenance of the fleet were also put in place in Laayoune (2011), in Boujdour (2014), and in Dakhla (2015).

Safety and security – They are still paramount where the camps are located. The threat of radical armed groups, gaps in regional security coordination, reported proliferation of the Libya and Mali conflicts, and limited resources for full border control and stronger security measures expose humanitarian workers to increased risks.

Coordination - It is de facto co-managed by UNHCR, WFP, UNICEF and the Sahrawi authorities. A coordination system was developed in October 2015 but only partially implemented from 2016 onwards. A systematic implementation of the refugee coordination system is required that should ideally promote the set-up of an integrated and effective strategy bringing all sectors together.

2.2 HUMANITARIAN NEEDS - LIBYA

1) Affected people / potential beneficiaries:

The Humanitarian response Plan for Libya published in November 2015 estimated that 2.4 million people were affected by the crisis of which 1.3 million would need to be targeted by humanitarian assistance³. The DTM of August 2016 identified 348 372 IDPs, 310 265 returnees and 276 957 migrants. Half of the IDPs and returnees are minors (below 18 years of age), and the ratio between male and female is nearly at parity. The Protection Working Group estimates that 268 246 IDPs in Libya are in needs of assistance (October 2016).

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

2) Description of the most acute humanitarian needs:

The IOM Displacement Tracking Matrix of July 2016 shows that the number of internally displaced persons (IDPs) has decreased for the first time since the summer 2014: minus 9% between June and August 2016, i.e. from 425 250 down to 348 372 IDPs. The number of returnees increased in parallel, even if the sustainability of the returns to several areas is threatened by the economic situation, the lack of provision of basic services (health, education, social security), the pollution by explosive remnants of war, mines and improvised explosive devices and the delays in repairs to damaged infrastructure, including electricity, water, roads.

NFI, shelter and medical services are the three primary needs expressed by IDPs. Access to food, water, sanitation and hygiene can also become important needs in those areas most exposed to the conflict. Protection and psychosocial assistance are also required. There are gaps in terms of education, too.

Health - Lack of access to basic health care is a major concern for the entire population as the sector has been heavily affected by the conflict and is on the verge to collapse. The main problems identified are related to restriction of movements of patients and health workers in conflict areas, shortage of medical professionals due to the departure of foreign workers; increase in the number of dead and injured, closure of hospitals in or near combat zones and serious shortages of medicines, vaccines and medical supplies. 40% to 50% of health facilities are either closed or partially functioning and the most vulnerable cannot afford existing services. Specific health needs of people with disabilities (estimated 520,273 by the Protection Working Group) have increased and are largely unattended. These factors contribute to increased mortality, risks of disease outbreaks, and inadequate management of health/medical emergencies.

Shelters and NFIs – Part of the conflict-affected population has lost everything and live in either formal or informal settings. While waiting for longer-term accommodation solutions, they will need shelters and NFI. This is in particular true for those who have seen their economic situation deteriorate and are without the support of a social or family network.

³ Conflict-affected population includes internally displaced persons (IDPs), host communities, returnees and migrants (including long-term migrants, refugees and asylum-seekers).

Protection - Protection of conflict affected population is a major concern. Conflict between armed groups, proliferation of small arms and light weaponry, remnants of war and improvised explosive devices, physical aggressions, gender-based violence, kidnappings, abductions and lack of freedom of movement are an unfortunate reality. Psychosocial assistance to children exposed to violence is essential to help them overcome trauma (440 848 children in need of psychosocial support according to UNICEF). Religious and ethnic minorities also face a high risk of discrimination and aggression from extremist groups.

Education in Emergency – In 19 municipalities evaluated by the multi-sector needs assessment update of June 2016, less than 20% of school-aged children are attending school mainly due to education facilities being transformed into shelters for IDPs, destruction and lack of staff. This could potentially lead to a "lost generation" should the decline in the education sector continue.

Food assistance – Access to food is hampered for different reasons, including inflation and lack of liquidity, delays in the payment of salaries. This has aggravated the food insecurity situation of the most vulnerable households.

Water sanitation and hygiene (WASH) - Access to clean water can be an issue where the network has been damaged due to the fighting. People residing 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 disarm and demobilize rebel militias after the 2011 conflict has translated into widespread insecurity and proliferation of weapons. Kidnappings no longer affect foreigners only. The porousness of Libya's borders and their susceptibility to smuggling oil and arms, as well as the circulation of criminals and armed groups will continue to undermine the security in the country and the broader region. In spite of the continuous instability, some few NGOs have started to relocate expatriate staff in the country. A progressive return of UN staff is also envisaged.

Coordination - A new Humanitarian Response Plan (HRP) will be published in November 2016. In a context where remote management remains the main modality of implementation of operations, humanitarian coordination must be maintained and reinforced.

2.3 HUMANITARIAN NEEDS DUE TO NATURAL DISASTERS OR EPIDEMICS IN NORTH AFRICA

Recent surveys and a stock-taking exercise^{4 5} show an increase in terms of impact of natural events over the last 15 years in Arab States and highlight gaps that remain to be addressed in disaster risk reduction (DRR).

The gaps stem from notably from inadequate DRR policies, governance, strategies and measures, inadequate construction standards or unplanned urbanization, Climate Change or population growth. Appropriate disaster risk reduction tools and approaches need to be implemented in order to reduce the negative effects of recurrent hazards. The risk of epidemics cannot be ruled out, in particular in case of major outbreaks in neighbouring countries, notably those with fragile health systems, affected by on-going armed conflict.

⁴ Source: UNISDR (United Nations Office for Disaster Risk Reduction) Regional Analysis of Disaster Loss Database in Arab States.

⁵ UNISDR Factsheet: Overview of Disaster Risk Reduction in the Arab Region.

The Tunisian population is recurrently affected by natural disasters such as droughts, floods, forest fires, earthquakes and desertification. The high concentration of both the population and economic assets in urban areas, coupled with limited urban planning and low reflection of disaster risk reduction concerns is making disasters even more devastating. This does not only concern economic loss but also access to and functioning of essential basic services. 66% of the total population of 11 million already lives in an urban context. Basic services are put under further pressure in areas hosting unregistered refugee population fleeing from the on-going armed conflict in Libya.

3. HUMANITARIAN RESPONSE

3.1 HUMANITARIAN RESPONSE - ALGERIA

1) National / local response and involvement

Algeria provides substantive assistance to the refugees such as access to specialized healthcare, scholarship for secondary and high school education, support from the civil society channelled by the Algerian Red Crescent (ARC). The request by the EU for registration of INGOs working in Algeria has not yet been granted by the Algerian authorities. Although VAT exemption on local procurement is now possible through the ARC, implementation modalities are still being discussed with ECHO-funded partners.

2) International Humanitarian Response

Funding over the period 2012 - 2016 has increased as compared to the previous five years (between 2007 and 2011)⁶. However, this is mainly due to increased funding in response to severe floods that affected the camps in October 2015. Funding for 2016 alone is the lowest since 2010. EU humanitarian funding now represents around 50% of the overall assistance. Most funding provided by donors (Spain, Italy, Sweden, European Commission, US) is allocated to WFP and UNHCR urgent operations, the rest being 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 40 years of displacement.

3) Constraints and ECHO response capacity

The local Sahrawi 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 cost of humanitarian operations, but can also be a constraint (insufficient local capacity) and a risk, particularly as regards monitoring and independent needs assessments. Efforts made by ECHO and its partners to ensure an appropriate use of public funds will be maintained. Each humanitarian project financed by the Commission is supervised through the regular monitoring of operations in the field by ECHO experts. ECHO partners are audited frequently either in the field or at headquarters by internal or

⁶ Source: Financial Tracking Service : <https://ftsbeta.unocha.org/countries/3/summary/2016>

external auditors to ensure that the aid has reached the intended beneficiaries. ECHO partners are still facing difficulties to get long-term visa and be registered in Algeria. This has a negative impact on humanitarian aid delivery in the camps. The hostile natural environment and exposure to recurrent disasters caused by natural events may also have a negative outcome on the timeliness of results. Security is an additional significant risk in the remote and unstable Sahara region linked to terrorism activities and the Malian and Libyan crisis.

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

Considering the lack of perspectives for local integration or return, and limited employment opportunities in the Sahara desert, it is unlikely that basic humanitarian needs (food, water, medicines) of the Sahrawi refugees will decrease in the short term. However, there is a need to maximise the impact of the assistance provided, ensuring that the support improves the quality of the daily lives of the refugees. The youth in particular feels increasingly frustrated by their dependency and lack of employment opportunities. Livelihood and self-reliance initiatives that started in 2016 provide some employment perspectives and should be continued. The use of cash and vouchers should also be encouraged.

The expected result of the 2017 ECHO strategy is to ensure that current humanitarian standards are maintained while favouring all actions aiming to reduce population's dependency on in-kind assistance and building local capacities for disaster risk reduction. ECHO funding in 2017 will focus on humanitarian food assistance, water, sanitation and hygiene, health, education in emergencies, logistics and targeted DRR activities. Security of humanitarian partners in the camps has also been included as a sector of possible support, though cost-sharing with UN agencies or other donors will be sought. Protection will be cross-cutting themes that should be considered in all projects to be financed. Coordination, advocacy and visibility remain important. So is support to education in emergencies.

Humanitarian Food Assistance - Support to humanitarian food assistance should pay particular attention to providing beneficiaries with timely access to safe and well balanced food, of sufficient quantity and quality to meet their dietary requirements. To the largest extent possible, food assistance should conform to local dietary preferences and be acceptable to beneficiaries. Strict monitoring of distributions will be required. The most appropriate transfer modalities should be used, including cash and vouchers. Risks associated to the transfer modality should be carefully appraised and considered. The possibility to differentiated food rations according to socio-economic criteria should be considered as well as the possibility to provide cash for work.

Livelihood - Support to self-reliance and livelihood activities is foreseen, aiming at protecting and improving household's coping strategies. Exit/transition strategies should be carefully explored.

Water, Sanitation and Hygiene (WASH) - Priority will be given to 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. Any support to operation and maintenance should clearly integrate into annual investment plans as part of a longer-term strategy. Interventions in the sanitation sector could still be considered provided the project design shows a clear

understanding of the cultural context and addresses the issue of long-term maintenance taking into consideration the lessons learned from past projects.

Health - Ensure the provision of basic healthcare and epidemics preparedness and response through the supply of essential drugs. Support to the handicapped, the elderly and their caregivers, will also be considered. Enhancing disease surveillance and health information systems could also be considered.

Logistics - Maintaining a functioning vehicle fleet is essential in such remote location and desert conditions. Operating the new central mechanical workshop and decentralised workshops is foreseen. Optimising cost effectiveness, efficiency and ownership by local authorities of the WASH-related fleet will be crucial. This would require better data collection and evidence analysis on this activity that would help in improving the current system.

Security - Providing adequate safety and security to the humanitarian community will still be needed in the volatile Saharan environment.

DRR – Taking into consideration the forced displacement nature of the Sahrawi crisis, support to raising awareness about DRR, the reinforcement of local capacities in DRR, the set-up of disaster preparedness and contingency plans addressing multi-hazards threats will be considered as well as support to small-scale mitigation works and practical disaster-reduction techniques. Particular attention will be paid to the safe schools and safe health structures concepts.

Education in emergencies – Different activities relating to education in this crisis context will be considered as appropriate, including vocational training in order to allow the youth to develop skills adapted to potential livelihood opportunities and the creation of micro and small enterprises in the camps.

Advocacy on the humanitarian consequences of the prolonged displacement of the Sahrawi refugees will be considered.

3.2 HUMANITARIAN RESPONSE -LIBYA

1) National / local response and involvement

The current conflict has curtailed access to revenue for the GNA and prevented the regular collection of taxes. The assets freeze that is part of sanctions imposed on Libya also prevents authorities to tap on existing resources. So far, support from municipalities, host communities, relatives and families has been instrumental in averting a crisis of a larger scale, but the protracted nature of the conflict starts impacting on host communities' capacity to cope with such prolonged displacement crisis. The provision of assistance and support through local networks and communities is likely to continue playing a role, although at reduced levels if the conflict goes unabated.

2) International Humanitarian Response

Fair attention has been given to the humanitarian dimension of the crisis in 2016. By October 2016, the Humanitarian Response Plan (HRP) launched in November 2015

had been funded at the rate of 28.1%⁷. However, humanitarian funding outside of the HRP had reached USD 36.7 million, bringing the total funding to USD 83.2 million, i.e. over 50% of initial requirements.

3) Constraints and ECHO response capacity

As long as security conditions do not permit a safe return of international staff, remote management will remain the only possible way to monitor the humanitarian operations. Though some INGOs have started short-term missions to Tripoli and surroundings, security in the capital remains highly volatile. At present, projects are carried out by local teams of international humanitarian organizations and UN agencies, as well as by local civil society organizations with greater access to areas affected by the conflict. Building and strengthening their capacities is still necessary to ensure proper understanding of aid modalities in terms of needs assessments, targeting, delivery and monitoring, and to guarantee that aid principles are adhered to. Monitoring of operations in the field by ECHO experts is currently not possible, owing to security constraints. Remote monitoring is done from Tunis, where partner organizations relocated in 2014.

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

The expected result is the improvement of the humanitarian situation of conflict-affected population. ECHO will support a comprehensive approach to address the humanitarian and protection needs of most vulnerable groups, in particular IDPs and returnees and women and children. Migrants, refugees and asylum seekers, including, if appropriate in detention centres, could be beneficiaries to the extent that they are part of the most vulnerable populations supported. Sudden movements of populations (returns included) may be addressed through multi-sectoral support, including through Rapid Response Mechanisms.

As fighting continues in parts of the country and access to lifesaving assistance remains difficult for civilians trapped in conflict, ECHO will support advocacy for respect of IHL, including through training and campaigns and directly reaching-out to key interlocutors. ECHO will also encourage initiatives to strengthen the quality of needs assessments, collection of data and local partners' capacities responsible for the direct implementation of humanitarian programmes. Regarding implementation, the most suitable transfer modality will be used, including multi-purpose cash transfers to the extent possible.

Health - Ensure the provision of basic health services, through the supply of essential drugs and equipment, is planned in those medical centres assessed as most in need. Support can also be envisaged through mobile clinics for IDPs and other vulnerable conflict-affected populations who have no access to functioning basic health care. Besides primary health care, support to victims of war in post-operative and rehabilitation can also be considered.

Water, Sanitation and Hygiene (WASH), Shelter and NFI - Interventions will be limited to basic rehabilitation of infrastructure in collective accommodation and

⁷ Source: Financial Tracking Service: <https://ftsbeta.unocha.org/appeals/1104/summary>. 28.1% , i.e. USD 46.5 million out of a total requirement of USD 165.6 million

existing or new camps, provided that a close collaboration and engagement of concerned municipalities has been obtained to ensure a continuity of services through maintenance of water and sanitation infrastructure. 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.

Food Assistance - Targeted food deliveries, especially in areas where the conflict continues, could be considered, provided that needs are well identified.

In order to respond to needs more efficiently and effectively, ECHO will support the most appropriate transfer modality. Cash-based transfers will be preferred over in-kind aid in selected regions where preconditions are in place.

Protection - Ensuring that international protection standards and associated response mechanisms are in place is a priority. Training of local crisis committees and NGOs, local and national authorities in charge of providing assistance to conflict affected populations will be pursued. Specific support to persons confronted to violence, in particular women and children, will continue.

Coordination - Humanitarian coordination will need to be reinforced, as international aid agencies progressively reopen offices and restart missions to Libya.

Advocacy/Capacity-building - Special attention will be given to relevant aspects related to displacement, advocacy, international humanitarian law and humanitarian access. ECHO will promote capacity building of local NGOs, authorities and crisis committees in all projects.

ECHO may support the reinforcement of displacement tracking mechanisms and needs assessments to ensure adequate monitoring of internal displacement and regional trends, early warning and rapid response to conflict affected populations.

Education in emergencies - ECHO may provide further support to meet the mounting needs of children in conflict affected contexts that are out of school or risk education disruption.

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

3.3 HUMANITARIAN RESPONSE – NORTH AFRICA

In case of natural disasters or epidemics, according to the gaps in the coverage of needs, a multi-sectoral response could be financed. Thereby, disaster risk reduction and protection concerns will be mainstreamed.

In Tunisia, the exposure to multiple natural hazards and the need to reinforce capacities at all levels render necessary support to targeted DRR interventions.

DRR - The impact of natural disasters affects mostly very vulnerable households at the local level. DRR actions supported will therefore aim to have an impact at local and decentralized levels (community, municipal levels, etc...), but also to contribute further to strengthening the DRR agenda in Tunisia. In this respect, both local authorities and civil society organizations will be involved as their joint effort can significantly contribute to reduce the risk faced by the local population.

In areas highly exposed to recurrent natural events with a high concentration of population vulnerable to disasters, support will be provided to actions aiming at further reinforcing local DRR capacities. This support will be implemented within the existing national DRR framework and should aim at using/adapting existing tools developed for example in the framework of global DRR campaigns such as “Resilient cities – my city is getting ready” or the “One Million Safe Schools and Hospital” campaigns. A link between local and national level will be sought for all DRR actions to be supported by ECHO, to foster integration as well as scaling up of tools and good practices into national DRR approach and priorities. For targeted DRR initiatives, exchanges with other North African countries could be fostered.

All interventions should systematically take into account aspects of cost-effectiveness, efficiency, quality and innovation. For implementation, the most adequate transfer modality will be supported, including multi-purpose cash transfers as appropriate. Where relevant, the ECHO response should be sensitive to demographic growth. To the extent possible, transition from stand-alone humanitarian interventions towards complementary actions with development and national actors and instruments is sought to strengthen the resilience of the most vulnerable populations.

4. LRRD, COORDINATION AND TRANSITION

1) Other ECHO interventions

Under the 2016 HIP, Libya had an initial allocation of EUR 3,000,000 and received a further EUR 800,000 for Education in Emergencies. At mid-term, the country was allocated a top up of EUR 4,000,000.

In Algeria, the Sahrawi crisis was allocated a EUR 9,000,000 under the HIP 2016.

In 2017, the Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of epidemics in North Africa. Also, under the mentioned HIP the Small-Scale Response and Disaster Relief Emergency Fund (DREF) instruments may be applied in the region.

2) Other services/donors availability

Algeria: As the Sahrawi Arabic Democratic Republic (SADR) is not recognised as a sovereign state by the EU, no development cooperation programme has been negotiated between the Sahrawi authorities and the Commission. Therefore, it is hard to envisage an LRRD approach in this context. However, ECHO is working closely with its implementing partners to ensure stronger ownership of longer-term assistance, increase self-reliance, improve articulation with other EU/UN funding and eventually develop innovative approaches with development actors, identifying opportunities for instance under the EUTF, the Emergency Trust Fund for stability and addressing root causes of irregular migration and displaced persons in Africa or the Instrument contributing to Peace and Stability (IcSP).

Libya: It is important to maintain a joint approach whereby ECHO's response and that of other EU services and EU Member States is complementary. Since the escalation of the conflict in mid-2014, EEAS and 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 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.

3) Exit scenario

Algeria: 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 such a day, the Sahrawi refugees in Algeria will not have the means to fully sustain their livelihoods. Innovative ideas for livelihoods initiatives should, however, be encouraged in order to reduce their dependency on external aid. 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 those sectors and regions most affected by the crisis. Continued coordination with Commission services and EU Member States will ensure a proper linkage between short-term assistance, early recovery and development activities. A progressive handover with early recovery and development instruments will be considered in 2017, should circumstances allow for such transition.