

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

NORTH AFRICA

AMOUNT: EUR 19 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2018/01000 (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 ECHO's partners and to assist them 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

April 2018 - Modification N°2

An amount of EUR 1 million earmarked for Algeria on the DIPECHO budget line remains unused due to the limited capacity to implement DRR projects in the country. This amount will therefore be de-committed and allocated to another HIP with urgent and uncovered needs.

This modification will bring the total amount of the HIP North Africa to EUR 19 million.

March 2018 – Modification N°1

There are significant uncovered needs in Libya due to further increase of violence over the past months, causing new forced displacement. Public services remain very limited in most parts of the country, with local infrastructure significantly deteriorated. The health care system has largely collapsed and requires more support, especially in remote areas. In view of the continuous unmet 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 through rapid multi-sectoral response following new displacement, may also be envisaged.

1. CONTEXT

The HIP 2018 for North Africa focuses mainly on two political and protracted crises - the decade-long Sahrawi refugee crisis in Algeria and the Libyan crisis - and their potential spill-over to other countries of the Region. 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 Tunisia and Algeria.

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, whilst 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 establishment of refugee camps near Tindouf, in Southwest Algeria. Hostilities between Morocco and the Polisario Front ended in 1991,

when the implementation of a ceasefire, brokered by the UN, started. 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, given the extremely harsh environment.

Algeria ranks 83 on the UNDP Human Development Index. Its overall INFORM Vulnerability Index is 3.3/10, Hazard and Exposure 5.5/10, Lack of Coping Capacity 4.6/10. The country has an INFORM Crisis Index of 1/3, resulting from a Conflict Intensity score of 1/3, Uprooted People of 0/3 and People affected by Natural Disaster of 0/3. Algeria has a total population of approximately 39.5 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 DG ECHO. In 2017, a strategy was initiated to raise the profile of the crisis based on three strands:

- 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;
- Building up multi-year strategies with relevant partners in order to seek greater efficiency, sustainability and reduce costs, appropriate for the protracted nature of the crisis (e.g. in the food security and water sector).

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 UN backed Government of National Accord (GNA) established beginning of 2016, never managed to be recognised by the House of Representatives - HoR (elected parliament) that 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 in the East and the former Government of National Salvation still based in Tripoli. New elections could be held in the first semester of 2018 in an attempt to find a solution to this crisis.

The security situation remains volatile, affecting the main urban centres, with clashes between militia and tribes, absence of rule of law, smuggling and trafficking of all kinds, including migrants. Radical jihadist armed groups remain active in various part of the country including in Derna, while ISIL (Islamic State of Iraq and the Levant) is reportedly reorganizing.

Despite the increase in oil production to pre-2014 level (above one million barrel/day in July 2017), high inflation rates (30%), the liquidity crisis and black market, caused a rapid pauperization of the most vulnerable. The lack of institutional capacity and the absence of centre-periphery relations, combined with corruption, contributed to worsening the humanitarian situation of people affected by the conflict. In fact, most humanitarian issues are not linked to the conflict but are the result of governance

problems. Of particular concern is the lack of a coherent policy for safety nets for social protection.

Essential public services are severely affected, in particular the health sector confronted with a lack of qualified staff and shortages of essential drugs (including for high prevalence non communicable diseases e.g. diabetes, hyper tension). In zones directly affected by conflict many areas are considered dangerous due to the presence of unexploded remnants of war 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. 85 000 migrants, refugees and asylum seekers reportedly crossed the sea from Libya to Italy in the first half of 2017. As of July 2017, 390 198 migrants were recorded in Libya by IOM. 91% are displaced for economic reasons and 3% as a consequence of conflict, insecurity or political reasons. 7% are minors.

Humanitarian organizations face challenges of access in remote areas and where fighting continues, thus making it difficult to assess needs in these areas. Support to the internally displaced persons (IDPs), returnees and migrants in other areas remain largely dependent on available funding and the ability of local partners to deliver assistance. As per the Displacement Tracking Matrix (DTM) of the International Organisation for Migration (IOM), in mid-2017, 226 164 persons are still forcibly internally displaced (IDPs). Although highest concentrations are located in Benghazi (42 300), Misrata (37 704) and Tripoli (25 800), thousands of others are displaced in other regions like Ghat, Murzuq and Alkufra out of reach of most humanitarian actors.

249 298 displaced persons have been returning to their area of origin since 2016 and are confronted to collapsed public services. 96% of the returnees reported that there was no regular access to medicine.

The country has an INFORM Vulnerability Index of 4.1/10. The Hazard and Exposure rating is 8.4/10 and the Lack of Coping Capacity is 6.7/10. 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 102 in UNDP Human Development Index. With the impact of the conflict having escalated in 2017, 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 to be 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 the elections in 2014, the Tunisian authorities have had the difficult task of implementing the necessary institutional, legal and administrative reforms whilst also dealing with the immediate socio-economic and security concerns not only linked to the internal situation, but linked as well 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. It 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. It could also 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. A DRR project has been financed under the HIP North Africa 2017 and civil protection cooperation is being strengthened.

The country has an INFORM Vulnerability Index of 1.5/10. The Hazard and Exposure rating is 4.2/10 and the Lack of Coping Capacity is 4.8/10.

2. HUMANITARIAN NEEDS

2.1 ALGERIA

1) People in need of humanitarian assistance:

In the absence of a census, it is estimated that 90 000¹ Sahrawi refugees are in need of humanitarian assistance. Disaggregated gender and age data is not available. A vulnerability working group was created by UN agencies to provide much needed assessments and targeting mechanisms to categorize and prioritize vulnerable refugees or households for food assistance, with limited outcome so far.

2) Description of the most acute humanitarian needs:

A Humanitarian Needs Overview (HNO) 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 74.7 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 (non-food items) as well as Livelihoods and Resilience, 14% each. Education (11%), Health (7%) and Protection (5%) are the remaining sectors where assistance is needed. As the situation is not evolving from one year to the other, it can be assumed that this overview remains valid for 2018.

Food and nutrition - A nutrition survey was conducted in late 2016. Results suggest an improvement of the overall nutritional situation of women and children since 2012. Both GAM (Global Acute Malnutrition) and chronic malnutrition among children of 6-59 months has decreased. However, anaemia rates are alarmingly high, at 39 % amongst children between 6-59 months and 45% amongst women of reproductive age. This survey suggests also the emergence of issues of public health concern, namely overweight and obesity affecting mostly women, as well as diabetes. The quality of the food ration and strategy to address anaemia should be reviewed accordingly.

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%.

¹ 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.

Water, sanitation and hygiene (WASH) - In the desert, adequate access to clean water is a top priority. Water is transported by trucks or available through a network of tap stands. At the 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 in theory tested all along the supply chain, based on a Water Quality Protocol, adopted in 2014 that follows WHO standards, but in practice there is room for improvement.

A preventive plan of maintenance has been implemented since 2014 but technical capacity building as well as work incentives are needed to maintain a good level of management of the WASH system at large. Sanitation in public institutions, schools and hospitals were identified as a priority and addressed partially through a project targeting 11 schools across the five camps and two DRR projects funded in 2017 within the safe hospital framework.

Emergency shelter and NFI - Typical dwellings in the camps are made of tents and adobe brick houses that are sensitive to natural disasters such as flash floods. Available stocks of tents and non-food items are quickly depleted when such natural disasters strike and when there could be a need for replenishment of emergency shelter and NFI stocks, although emergency stocks including tents were included in a DRR project funded mid-2017 that would be carried over in 2018.

Livelihoods - The lack of work opportunities in the camps and elsewhere in Algeria is a major problem, in particular with regards to the situation of the youth. Some experiences and pilot projects have demonstrated that creating activities and opportunities in the camp would 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.

Health - 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 and must be further supported. A Health Information System (HIS) is being developed in the camps, and requires 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 and maintenance 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).

Education in Emergencies – Primary and secondary school is compulsory. However, the poor quality of the infrastructure and equipment, and limited availability of material as well as the low level of education, high rates of repetition and drop out, the rapid

turnover of teachers due to a lack of incentives (USD30/day), reflect the need for an adequate support to the sector.

Safety and security - 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. Coordination remains weak, poorly structured and not sufficiently strategic 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.

2.2 LIBYA

1) People in need of humanitarian assistance:

According to the IOM Displacement Tracking Matrix of May 2017, there were still 240 188 forcibly internally displaced (IDPs) and 249 298 returnees in Libya. Although highest concentrations are located in Benghazi (42 300) and Tripoli (30 635), thousands of others are displaced in other regions like Ghat, Murzuq and Alkufra out of reach of most humanitarian actors. If we add host populations and non-displaced vulnerable households affected by the conflict, as well as refugees and migrants, it is estimated that 1.3 million people are in need of humanitarian assistance.

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:

An integrated basic needs approach is recommended and a humanitarian coordination structure is evolving to merge different sector working groups into an “access to basic goods and services” working group. This appropriate shift shall be reflected into the HNO/Humanitarian Response plan (HRP) 2017.

Health, food and shelters 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. Coordination with stabilization/reconstruction actors that received significant funding is so far ineffective and not strategically driven.

Health - 19 baladiyas (out of a total of 100 districts) report less than 20% health facilities functioning but almost all of them claim that there is no regular access to medicine. 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 are 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 offers somehow compensate the gap in public services. Although the number of physicians is sufficient, their capacity is inappropriate and there is a gap of 4 997 nurses and 359 midwives.

The budget dedicated to the health sector has sharply declined and is mostly allocated towards salaries, although many staff reported 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.

After security, health is the first priority need for displaced persons and returnees according to the latest DTM report.

Shelters and NFIs – Approximately 15% of the forcibly displaced population are living in either formal or informal settings. As low intensity conflict continues, newly vulnerable displaced people are in need of shelter and NFI support.

Protection - Protection of affected population is a major concern due to continuous conflicts between armed groups, the proliferation of small arms and light weaponry, remnants of war and improvised explosive devices, physical aggressions, gender-based violence, kidnappings and lack of freedom of movement. Psychosocial assistance to children exposed to violence is essential to help them overcome trauma (43% of behavioral changes are reported amongst the displaced children). Religious minorities, people associated with the former regime and ethnic minorities also face a high risk of discrimination, exclusion and aggression.

Education in Emergency – Education is not a top priority for 2018 as the sector is relatively well funded and access to education has slightly improved with more schools becoming functional again.

Food assistance – Food insecurity is growing among vulnerable people as the economic indicators, inflation and the exchange rate as well as the liquidity crisis has worsened. Food distributions are increasingly reduced due to funding gaps. Markets across the country are fairly supplied but high prices and fluctuations hamper access to food and essential goods for the most vulnerable. In 2017, 78 000 out of 175 000 targeted have received food assistance. Food distribution is outsourced to local actors that lack capacity. There is also little supervision over its impact on vulnerable people's needs.

Water sanitation and hygiene (WASH) - Access to clean water can be an issue where the network has been damaged due to 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 are still of concern for Libyans and foreigners and are expected to increase when expatriates presence will be further allowed in the country. The porousness of Libya's borders and their susceptibility to smuggling oil and arms, as well as the circulation of criminals and armed groups, continue to undermine the security in the country and the broader region.

Coordination - A new HRP will be published in November 2017. 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

The average number of natural disasters in North Africa has actually almost tripled since 1980 and drought, floods and earthquakes are common hazards threatening the people of the region.

Climate change, water scarcity and rapid urbanization have aggravated the impact of natural hazards in a region where 3 % of the surface is hosting 92 % of the population (data may vary at country level). Trends show that the urban population is expected to double in the next three decades.

The gaps stem notably from inadequate DRR policies, governance, strategies and measures, inadequate construction standards and unplanned urbanization, climate change and 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 the case of major outbreaks in neighboring countries, notably those with fragile health systems, affected by on-going armed conflict.

Most countries in North Africa have approached disaster risk management by focusing on post-disaster relief and recovery activities. Following these efforts and with a regional push, the Governments of the region have shown a stronger interest in early warning systems, preparedness plans, and risk assessments.

Decentralization of the disaster risk management approach is progressing slowly, but additional efforts are still required for an effective DRR approach at all levels and at completing on-going support to civil protection institutions. Increased transboundary cooperation would also be welcome to increase the effectiveness of DRR measures (eg. transboundary river basins).

The Tunisian population is recurrently affected by natural disasters such as droughts, floods, forest fires 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 live in an urban context. Basic services are put under further pressure in areas hosting unregistered refugee populations fleeing from the on-going armed conflict in Libya.

In Algeria, the typology of hazards is varying between North and South: Earthquakes represent a major risk due to rapid urban population growth in the Northern part of the country, also exposed to recurrent floods, landslides, storms, cold waves, or bush fires.

Drought, sandstorms, floods are major hazards in the southern part of the country, together with locust and a growing water scarcity. This slow onset disaster is emerging and is likely to be worsening due to the impact of climate change.

Desertification, growing water scarcity, the impact of a deteriorating regional insecurity combined with influx of population (migrants and refugees) are creating a higher level of vulnerability in the Southern part of the country.

In terms of capacity, Algeria has a strong civil protection at the central level but low capacity at the decentralized level. Despite progress made in the national framework, DRR capacities at local level remain to be strengthened to create conditions for effective preparedness for early response.

3. HUMANITARIAN RESPONSE

3.1 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).

2) International Humanitarian Response

EU humanitarian funding now represents close to 50% of the overall assistance. Most funding provided by donors (Spain, Italy, Sweden, European Commission, US) is allocated to WFP and UNHCR emergency 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 42 years of displacement.

3) Constraints and DG 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 the cost of humanitarian operations, but it can also be a constraint (insufficient local capacity) and a risk, particularly with regards to monitoring and independent needs assessments. Efforts made by DG ECHO and its partners to ensure an appropriate use of public funds will be maintained. DG 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 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 and the Malian and Libyan crisis.

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

The expected result of the 2018 DG ECHO strategy is to ensure that current humanitarian standards are maintained whilst favouring all actions aimed at reducing the population's dependency on in-kind assistance. DG ECHO's funding in 2018 will focus primarily on humanitarian food assistance, water, sanitation and hygiene and health. Security of humanitarian partners in the camps will be integrated in all projects. Coordination, advocacy and visibility remain important. Multi-year funding, in particular in the sector of food assistance, could be considered.

Humanitarian Food Assistance - Timely access to safe and well-balanced food, of sufficient quantity and quality to meet their dietary requirements is crucial. The priority

will be given to the distribution of dry food. In order to guarantee continuity in the distribution and avoid high administrative costs, a multi-year planning and funding could be considered.

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. 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, thus 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.

3.2 LIBYA

1) National / local response and involvement

Libya faces worsening currency and a liquidity crisis which deepen distrust towards Libya's public financial system as a whole. Black market exchange rates are spiralling and the price of a loaf of bread quintupled. At the same time, oil production continues to ramp up to 1 000 000 barrels per day (a record since 2014). Although public servants salaries are paid and fuel remains highly subsidized, resources for the functioning of essential public services is running short. The liquidity crisis continues amidst attempts by the Central Bank of Libya and limited dispatch of cash. The frozen assets that are part of sanctions imposed on Libya also prevent authorities to tap into existing resources. So far, support from municipalities, 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

Fair attention has been given to the humanitarian dimension of the crisis in 2017. By September 2017, the HRP launched in November 2016 had been funded at the rate of 42.4%². However, humanitarian funding outside of the HRP had reached USD 7.3 million, bringing the total funding to USD 71.3 million, out of USD 151 million of initial assessed requirements.

3) Constraints and DG ECHO response capacity

Security conditions still hamper the safe permanent presence of international staff in all parts of Libya. Remote management is still used by many INGOs whilst others are increasing footprint and semi-remotely managed national staff from Tunis and/or conducting short term missions into Libya. In the Libyan context, outsourcing activities to local actors presents a high risk of diversion, exclusion and/or a risk to contribute to

² Source: Financial Tracking Service: <https://fts.unocha.org/countries/127/summary/2017>. 42.4% , i.e. USD 71.3 million out of a total requirement of USD 151 million

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 is currently not possible, owing to security constraints in particular the high kidnapping risk of international staff.

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 will be in the sectors of health, food assistance, shelter, WASH, protection, depending on where uncovered needs are most important. The operational capacity and acceptance of potential partners will be established where a DG ECHO intervention is demonstrated to have added value.

Support to comprehensive Rapid Response Mechanisms that allow an efficient response to displacement, epidemics and consequences of the new on-set of violence in hard to reach areas and significant uncovered needs 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 and is time-bound because it can link with broader, will be envisaged for more structural or developmental approaches mainstreaming of DRR considerations.

As fighting continues in parts of the country and access to lifesaving assistance remains difficult for civilians trapped in conflicts, DG ECHO will 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 will 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 programmes. 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 - Ensuring access to essential health services, including maternal and child health, immunization through the supply of medicines including for Non Communicable Diseases, and equipment, as well as reinforcing the quality and functioning of health services, is planned in the medical centres assessed as most in need. Integrated psychosocial support and gender-based violence care including effective referral to specialized service is encouraged. 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.

Protection – Granting access and inclusivity of beneficiaries to essential services, 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 manage trauma are a priority. Specific support to persons confronted to violence and exclusion, in particular women and

children, people living with a handicap, that are elderly, discriminated and/or are stigmatized communities will continue.

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

Water, Sanitation and Hygiene (WASH), Shelter and NFI – 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. This provided that a close collaboration and engagement of concerned municipalities has been obtained to ensure a continuity of services through the 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.

Coordination - Humanitarian coordination will need to be reinforced, as international aid agencies progressively reopen offices and restart missions to Libya. The humanitarian-development nexus should be encompassed in the coordination mechanism, and a joint programming multi-year strategy should be implemented, taking into account the evolution of the security situation.

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

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

Education in Emergencies – In case significant gaps have been identified and can be covered through adequate operational capacity, DG ECHO may provide further support to meet the uncovered needs for children affected by humanitarian crises to access and learn in safe, quality and accredited primary and secondary education.

3.3 Other Northern African countries

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 to continuously support targeted DRR interventions. The impact of natural disasters affects mostly very vulnerable households at the local level. DRR supported actions 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 local populations.

Actions 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 levels will be sought for all DRR actions to be supported by DG ECHO, to foster integration as well as scaling up of tools and good practices into national DRR approach and priorities. Exchanges with other North African countries could be fostered.

4. LRRD, COORDINATION AND TRANSITION

1) *General provisions*

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy³.

Effective coordination is essential. DG ECHO supports the **Inter-Agency Standing Committee’s Transformative Agenda (ITA)** and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

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.

2) *Other DG ECHO interventions*

Under the 2017 HIP, Libya received EUR 10 000 000, the Sahrawi crisis was allocated EUR 9 000 000 and for the first time, Tunisia benefited from a EUR 1 million DRR project, a support that will be pursued in 2018.

In 2018, 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.

3) *Other concomitant EU interventions (e.g. IcSP, EU Trust Funds) including EU pledges to EU Trust Funds and an elaboration on risks/opportunities.*

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, DG ECHO is working closely with its

³ Gender Age Marker Toolkit, DG ECHO, 2013 - http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf; Gender and Age Sensitive Aid, DG ECHO, 2017 - http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

implementing partners to ensure stronger ownership of longer-term assistance, to increase self-reliance, and improve articulation with other EU/UN funding. 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 will seek to identify opportunities for an intervention of the Instrument contributing to Stability and Peace (IcSP).

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

4) Other donors availability (such as for LRRD and transition). Includes reference to coverage of international appeals

Libya: The USD 151 million HRP 2017 was funded at 47.2% by the end of August 2017 (including humanitarian funding outside of the HRP). In addition, UNDP manages a multi-donor stabilization fund of USD 32 million for early recovery and rehabilitation activities. Donor coordination should be reinforced and a real LRRD strategy remains to be defined among the various actors.

Algeria: The lack of clear information on the number of vulnerable refugees, together with the length of this protracted crisis, has led to a reduction of donor support to the Sahrawi crisis. In 2017, the US contribution for food assistance was cut drastically from USD 5 million to USD 1 million. 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.

5) 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. Whilst DG ECHO's contribution remains crucial 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 Commission services and EU Member States will ensure a proper linkage between short-term assistance, early recovery and development activities. Specific effort to develop an LRRD strategy considering massive (but poorly coordinated) international investment for

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stabilization/reconstruction/resilience as well as Libyan government growing financial capacity is expected.

The situation in the region is likely to remain volatile in 2018 and for next few years with a potential spill over effect in Tunisia, Algeria, Egypt and Morocco, which could face an increased influx of refugees and migrants seeking their way to Europe.