

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Communities in
Algeria

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid¹, and in particular Article 15(2) thereof:

Whereas:

- (1) Sahrawi refugees have been living in camps located in the desert region of Tindouf (South-West of Algeria) for three decades, enduring very harsh climatic conditions and disposing of very few resources apart from international aid;
- (2) Sahrawi refugees remain largely dependent on international aid for their survival, notably for securing basic food, tackling nutritional problems, ensuring access to water, sanitation and health, and covering other needs such as shelter and education;
- (3) The situation of the Sahrawi refugees can be qualified as a forgotten crisis, to which few institutional donors are responding;
- (4) Food needs of the Sahrawi refugees are not covered in the present funding decision as they are foreseen to be addressed in a separate funding decision drawing on the food aid budget line;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 16 months;
- (6) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field;
- (7) It is estimated that an amount of EUR 5,000,000 from budget line 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to tens of thousands of Sahrawi refugees, taking into account the available budget, other donors' contributions and other factors;
- (8) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC,

¹ OJ L 163, 2.7.1996, p. 1-6

² - OJ L 248, 16.9.2002, p. 1

Euratom) No 2342/2002³, and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁴.

(9) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 12 June 2007.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 5,000,000 for humanitarian aid operations in favour of the Sahrawi refugees by using line 23 02 01 of the 2007 general budget of the European Communities.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

- To improve the living conditions of refugees by ensuring adequate access to basic services
- To respond to the needs of most vulnerable refugees by providing them with essential non food items
- Technical assistance: to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations.

The amounts allocated to each of these specific objectives are listed in the annex to this decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 16 months, starting on 1 September 2007.

2. Expenditure under this Decision shall be eligible from 1 September 2007.

3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

³ OJ L 357, 31.12.2002, p. 1. as last amended by Council Regulation (EC, Euratom) No 1995/2006, OJ L 390, 30.12.2006, p.1

⁴ Commission Decision of 21.2.2007, C/2007/513

Article 4

1. The Commission shall implement the budget by direct centralised management.
2. The actions supported by this decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).
3. Taking account the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation. This means that in case of co-financing, the possible rate of co-financing can go up to 99% if needed.

Article 5

This Decision will take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To improve the humanitarian situation of vulnerable Sahrawi refugees living in the refugee camps in South Western Algeria	
Specific objectives	Amount per specific objective (EUR)
To improve the living conditions of refugees by ensuring adequate access to basic services	3,250,000
To respond to the needs of most vulnerable refugees by providing them with essential non food items	1,500,000
To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	250,000
TOTAL	5,000,000



Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid for the Sahrawi refugees

Location of operation: Algeria

Amount of Decision: EUR 5,000,000

Decision reference number: ECHO/DZA/BUD/2007/01000

Explanatory Memorandum

1 – Rationale, needs and target population.

1.1. - Rationale:

Since 1975, tens of thousands of Sahrawi refugees have been hosted by Algeria in camps situated in the South-Western region of Tindouf. This refugee situation results from the conflict opposing Morocco to the Polisario Front over the former Spanish colony of Western Sahara. Spain withdrew from the territory in 1975, following the Madrid Accords by which it ceded control to Morocco over two thirds of the territory and to Mauritania over one third. The Polisario Front, created in 1973 by opponents to Spanish colonisation, proclaimed the Sahrawi Arab Democratic Republic (SADR) in February 1976, and established a government in exile. Following Mauritania's withdrawal from the southern part of the territory, Morocco consolidated its control over most of the territory by building over the 1980's a defence wall against attacks from the Polisario Front.

In 1991 Morocco and the Polisario Front agreed to a United Nations Security Council conflict settlement plan, which foresaw a cease-fire and set up the United Nations Mission for the Referendum in Western Sahara (MINURSO) with a mandate to organise a self-determination referendum. In spite of the signature of the Houston accords at the instigation of James Baker, then UN special envoy for the Western Sahara in September 1997, the plan stumbled over the identification of voters. Since, several scenarios were proposed under the auspices of James Baker (the James Baker I, II and III plans), which were refused by one or the other party. The position of the Polisario Front is that the right to self-determination must be exercised, in order to achieve independence, which the movement pursues. Morocco, on the other hand, is unwilling to accept a self-determination plan that might compromise its sovereignty over Western Sahara.

The mandate of the MINURSO has been extended on a six-monthly basis, through regular UN Security Council resolutions. The latest of these resolutions, of 30 April 2007, takes note of the proposals of the Kingdom of Morocco (large autonomy to be the subject of negotiations and to be submitted to referendum) and of the Polisario Front (referendum on self-determination with post-referendum guarantees to Morocco in the event of a vote in favour of independence), respectively presented to the UN Secretary General on 11 and 10 April 2007, and calls on the United Nations Secretary General (UNSG) to set up direct negotiations without preconditions between the parties under his auspices and report on their status by 30 June 2007.

1.2. - Identified needs :

Needs in the Sahrawi refugee camps have been identified through: DG ECHO's⁵ own assessments on the ground, including missions of sectoral experts in food security, water and sanitation and health as well as frequent stays of the ECHO technical assistant in the camps and regular missions from headquarters; the 2007 Joint WFP-UNHCR Assessment Mission⁶ (JAM) to which DG ECHO participated as observer; discussions with key interlocutors on the ground such as United Nations agencies and partner NGOs, donors such as the Spanish Agency for Cooperation (AECI), and the Sahrawi authorities; other studies, such as the WFP-UNHCR Nutritional survey of August 2005⁷ and assessments made by DG ECHO partners; and the experience of almost 15 years of Commission humanitarian aid to the Sahrawi refugee camps.

Food and food security:

Sahrawi refugees remain heavily dependent on external assistance, notably for their access to food. The World Food Programme (WFP) is meant to supply a basic food basket equivalent to 2100 kcal per person per day, mainly consisting of cereals (mainly wheat flour), pulses (usually lentils) and oil. WFP has been operating in the context of successive Protracted Relief and Recovery Operations (PRRO), the latest of which covered the August 2004 to August 2006 period, and has been extended until 30 June 2007. The 2007 JAM was designed to prepare the subsequent PRRO, which is currently under discussion. The ongoing PRRO has often faced shortfalls in the food pipeline that could largely be compensated by resorting to a food buffer stock –set up with funding from DG ECHO in 2001- and to bilateral direct donor contributions. Since September 2006, shortfalls have become more frequent and are a source of concern. A priority in the context of the next WFP programme is therefore to re-establish a buffer stock to secure a regular supply of food. This is also a recommendation of the JAM⁸.

In addition to food provided by the international agencies, some Sahrawi refugees have limited additional sources of food: purchase from the local markets (either from own financial resources, such as remittances of working family members, or from the sale/exchange of products from the international assistance) or local production (family gardens, small-scale livestock). In addition to the family gardens, few collective food security

⁵ Directorate General for Humanitarian aid.

⁶ UNHCR/WFP Joint Assessment Mission (JAM) "Assistance to refugees from Western Sahara, Algeria 24 January to 3 February 2007.

⁷ UNHCR, WFP, National Institute of Research of Food and Nutrition: "Nutrition Survey Sahrawi refugee camps Tindouf-Algeria", August 2005.

⁸ In June 2006, DG ECHO agreed to allow WFP to use the existing buffer stock, without any "reimbursement collateral" to cover the food needs of refugees, thus exhausting the stock. This was done on the understanding that a new buffer stock may be set up in the context of the upcoming PRRO.

experiences exist such as a poultry farm, which has been supported in the past by DG ECHO and by the Spanish Cooperation and which allows a limited increase in the protein intake (2 eggs per month per person on average).

The nutritional status of the Sahrawi refugees remains a source of concern. The main findings of the latest nutritional survey of August 2005 showed a prevalence global chronic malnutrition of 39% (an increase of 6% compared to the 2002 survey) and a significant increase in anaemia levels, in children under five years of age (68% in 2005 against 35% in 2002) and women of child-bearing age (66% compared to 48% in 2002). Global acute malnutrition is 7.7% (2% of severe acute malnutrition), which is not alarming as such but is difficult to conceive in a stable camp context.

The causes of this nutritional picture of the refugees are diverse: quantity and diversity of the food intake, cultural and sanitary customs (such as excessive tea consumption), quality of the water, general health status etc. The JAM has recommended that a new nutritional survey takes place before the end of 2007, and has reiterated some of the recommendations of the 2005 survey, notably the diversification of the food basket (both within the WFP basket through the provision of different types of cereals and pulses, and through the regular provision of fresh fruit and vegetables), the implementation of supplementary feeding programmes, school feeding and the support to self-reliance activities.

Water and sanitation

Water has always been a priority need of the Sahrawi refugees who live in arid and desert areas. Water is supplied through pipes linking the boreholes to each of the camps. The ground water conditions vary from one location to the other and this is a factor to be taken into account when designing intervention strategies in the water sector but also in other sectors such as support to the development of agricultural initiatives. In most places, water is treated at source through a reversed osmosis system and then it is transported to the households by water trucks. Only the Dakhla camp (the most remote of the four) has its own distribution network, with water arriving into the neighbourhoods. At household level, water is stored in family tanks for about 10 days or so.

Assessments made by NGOs operating in the sector and confirmed by the findings of an ECHO mission in April 2006, indicate that water quality at source is adequate and point at the high contamination risk due to the transport by tanker trucks and during storage in the family tanks. The fleet of water trucks is old and in sub-optimal condition: a replacement of the trucks is an unsustainable and costly investment and does not address the problem of water storage in the family tanks. At household level, a recent DG ECHO funded study on hygiene conditions and practices amongst Sahrawi families (KAP study 2007⁹) highlighted the irregularity of water distributions (due to the maintenance problem of the trucks) especially in summer, the insufficiency of the water supply and the bad state of many family tanks, which increases the risk of contamination. Even if all the family tanks were replaced, issues of maintenance and of quality of stored drinking water in a very hot climate would still remain. This situation creates a serious risk for the health of the refugees (water related diseases, risk of cholera epidemics) and their nutritional status (bad water quality can be a factor of malnutrition).

⁹ KAP stands for Knowledge, Aptitude and Practices. It is a survey based on interviews, group meetings and field observation around the theme of hygiene. The survey was conducted by TRIANGLE GH, an ECHO-funded NGO for the distribution of hygiene kits. Field work took place in February-March 2007 and a report is expected end May.

Experience with the establishment of water distribution networks in the camps is mixed and has, in the past, been met with some resistance, largely due to some reluctance from the Sahrawis to accept durable systems. The experience in Dakhla is nonetheless rather positive and the Sahrawi authorities have accepted to conduct, under the 2006 ECHO funding decision, a small-scale pilot project in one of the districts of the Ausserd Camp. For the distribution networks to develop, there is a need not only for a sustained investment both on the new networks and on the maintenance of the existing systems, until the need for water trucking is significantly reduced, but also for accompanying measures and activities on hygiene awareness, water use, water point management, and so on.

In the sanitation sector, two main needs have been identified through discussions with the main stakeholders and through the KAP survey: waste management and availability of hygienic products.

Waste management at camp level is a growing problem, both with regards to general waste collection and disposal and to treatment of hospital waste. Under the 2006 funding decision, DG ECHO had already identified this sector and a pilot project is under study. The assessment made by the partner on one of the camps indicates that an amount of 60 tons of waste are generated every week. With regards to hospital waste, measures are underway, with ECHO funding, to treat both the accumulated waste and the new waste being generated by the health structures.

As far as personal hygiene is concerned, the main needs as identified by the KAP study are the following: soap, shampoo, hygienic pads, infant and incontinence nappies, hand-cream, washing soap etc.

Health

The Sahrawi health system, like the rest of the “public policy” sectors in this refugee context, is managed by the Sahrawi authorities themselves. It suffers from structural weaknesses similar to those found in other developing countries, whilst also exposing recurrent needs in consumables, drugs, vaccines which are characteristic of a humanitarian dependency situation.

In November 2006, DG ECHO and the World Health Organisation conducted a joint mission to look into the public health system in the camps. Whilst the system has the merit to exist (and is a separate system to that of the host country, Algeria), it does present a number of weaknesses such as: insufficient number and insufficient training of doctors and other staff, staff motivation, lack of means in the health facilities. The sector suffers from gaps (such as the absence of detection and treatment of acute malnutrition, absence of protocols for major diseases, lack of epidemiological surveillance) and possibly from overlaps. There is also a lack of coordination of donor efforts and agency efforts especially when it comes to linking up all-year round interventions (such as those of permanent NGOs and the UN, some which are ECHO funded) with the punctual interventions of the Spanish “health commissions” which visit regularly the camps and provide medical advice and treatment.

Under the 2006 funding decision, ECHO is funding the World Health Organisation (WHO) Health Action in Crisis to mobilise expertise in the health sector in order to: advice and support the authorities and practitioners on public health issues and intervention methods, establish an epidemiology surveillance system and more generally to improve donor/agency

coordination. A mid-term joint review of the WHO intervention is foreseen in the third quarter of 2007, which may lead to an extension of the intervention.

In addition to the overall public health needs, the health sector in the Sahrawi camps is fully reliant on international aid for the provision of basic drugs, equipment and vaccination. Under the 2006 funding decision, DG ECHO has funded the provision of the essential drug list and the vaccination campaign. These are recurrent needs that must be addressed on a yearly basis.

Shelter

The traditional housing of the Sahrawi refugees is made up of a tent made up by the refugees themselves and composed of three layers of fabric (the external fabric and internal lining are usually provided to the refugees who add an intermediate layer made of re-used fabric as an additional isolation). Near the tent, the refugees build small mud-brick rooms or houses, which provide additional living space.

Considering the climatic conditions, notably the sand storm, tents have a limited lifetime of 5 years approximately if they are of the appropriate quality, and have therefore to be regularly replaced. There is also a need for new tents for newly formed families. In 2006, following the floods of February 2006 that destroyed and washed away part of the shelters, “emergency” tents were provided notably by the United Nations High Commissioner for Refugees (UNHCR) (partly with ECHO funding), Algeria and Norwegian Church Aid. These tents are, however, not best suited for the climate conditions and many are already seriously damaged. Under the 2006 funding decision, DG ECHO has funded the provision of 1400 tents.

The floods of February 2006 also demonstrated the fragility of the mud-brick shelters that were literally washed away. There is a need to develop locally acceptable construction techniques to improve the resistance of these shelters to floods and to sand storms.

Education

Primary education is available in the camps but the students need to go to Algerian towns or travel abroad for secondary education. The education system in the camps is faced with a series of problems that result in growing absenteeism and early drop out of pupils. Students who move to the secondary education in the Algerian system face real difficulties to cope with the difference in the level of education, although most of the school programme follows the Algerian curriculum (except for some subjects, such as history, which have a specific Sahrawi curriculum). The main problems identified are: lack of motivation of unpaid teachers, lack of means in the schools, lack of schoolbooks and educational materials. The physical state of school building is also an issue, which was further aggravated by the 2006 floods. However, most of these schools have now been rehabilitated, in the three camps affected by the floods, leaving the schools in the Dakhla camp unattended.

Logistics:

The remoteness of the Sahrawi refugees camps, and the large dependence on international aid as well as the need to provide water through tankers, implies a substantial logistical effort to bring basic food, water and essential non food items to the refugees. A fleet of trucks exists but it is largely made up of old trucks that constantly need repair and spare parts. The bad

condition of the trucks is one of the reasons put forward for the sometimes inadequate food distribution pattern (each item being distributed at once, very short notice of the distributions etc) and is also a reason for the irregularity of the water supply to the household tanks. The need in the transport sector is both for partial renewal of the fleet, a sector on which the Spanish Cooperation has taken the lead with the setting up of a logistic base, which can optimally manage the trucks for the food distribution, and for the continuation of the repairs workshop, run in the context of the UNHCR operation. The purchase of new trucks by the Spanish Cooperation, as well as by UNHCR (with ECHO funding) somehow eases the pressure for the food aid, but it does not address the problems of the aging fleet for water trucks, ambulances, transport of non-food items etc.

Logistics of the humanitarian aid operation is however not limited to transport. A serious gap exists at the level of coordination and exchange of information in all the sectors. In 2005, the nutritional survey already recommended the resuming of general coordination meeting under the UNHCR auspices as well sectoral meetings. This recommendation has been reiterated by the JAM in 2007. DG ECHO and the Spanish Cooperation are deploying significant efforts to ensure a basic level of exchange of information, notably at sectoral level.

1.3. - Target population and regions concerned:

The target population is made up of Sahrawi refugees, mainly living in four camps located in the Tindouf region of South-Western Algeria. Three camps are within 50 km from the town of Tindouf whereas a fourth one, Dakhla, is located 150 km south.

In most sectors, the catchments population is the entire refugee population. This is notably the case for blanket food distributions, the distribution of fresh food (which are not covered by the present decision), health interventions, water and sanitation and, indirectly, logistics. However, even in those sectors, the most vulnerable segments of the population, i.e. children and women in child-bearing age, are particularly targeted, as they are most likely users of the health facilities, and primary objective of the nutritional diversification in the food sector.

In other sectors, specific groups are being targeted, such as under-fives for the nutrition, school-aged children for education and women for the hygienic kits. Specific actions are also foreseen for the handicapped.

1.4. - Risk assessment and possible constraints:

Unlike other refugee contexts, sectors supported by international aid, including food and non food distributions, are run by structures set up by the refugees, or the refugee representatives, themselves. There is a self-management by the local Sahrawi organisations (notably the Red Crescent) and by local structures (such as ministry of health, hydrology department, ministry of equipment, ministry of education), who are the local counterparts of the international agencies and NGOs involved in humanitarian aid. The quality of aid monitoring by these organisations -both to measure impact and to ensure an appropriate use of public funds- is dependent on the arrangements that they reach with their Sahrawi counterparts, and the latter's acceptance of accountability and control requirements. Since 2005, DG ECHO has noted an improvement in this respect, especially following an agreement between DG ECHO and the Sahrawi authorities in 2004. These improvements, which mainly concern the distribution programmes implemented by NGOs need to be maintained and consolidated, and they need to be extended to the UN-run programmes. The issue of monitoring and post-

monitoring of the basic food aid distribution has been addressed in the JAM report, which has recommended concrete actions to improve distribution management and monitoring and reporting.

The unresolved question of a population registration, and in its absence the disagreement between Algeria and the Sahrawis on the one side, and the United Nations agencies (UNHCR and WFP) on the other side, as to the number of beneficiaries to be targeted by international assistance, constitutes another important constraint and risk factor. It is important - for the sake of smooth implementation of aid operations as well as for the protection of refugees and advocacy in their favour- that the mandated UN agencies continue to play their part in the assistance to the Sahrawi refugees.

In addition, in the context of this forgotten crisis, it is important that as many donors as possible express their solidarity, thus allowing for a more diversified provision of aid, which is less dependent on the funding capabilities of few donors.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives :

Principal objective: To improve the humanitarian situation of vulnerable Sahrawi refugees living in the refugee camps in South Western Algeria

Specific objectives:

- To improve the living conditions of refugees by ensuring adequate access to basic services

- To respond to the needs of most vulnerable refugees by providing them with essential non food items

- To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations

An additional specific objective of the humanitarian intervention in favour of the Sahrawi refugees is to maintain a regular and diverse food supply. This specific objective is not the subject of the present decision and will be covered from a global food aid decision¹⁰, in which an allocation of EUR 5,000,000 has been foreseen for this purpose to cover both basic food aid and the provision of fresh food.

2.2. - Components :

¹⁰ Draft decision ECHO/-FA/BUD/2007/02000, submitted to the Humanitarian Aid Committee of 12 June 2007.

Access to basic services:

The two priority components of specific objective 1 will be to support the health sector and the water and sanitation sectors. Depending on the needs in these two sectors and on available donations from other sources, a minor support to the education sector may be envisaged. Finally, support to the logistics/transport sector will be continued.

Health:

The strategy in the health sector will focus on two aspects:

To continue supporting the public health system's capacity to deliver the basic health services which are needed by the population. Such support can be done through a public health intervention and by integrating the capacity building dimension in other health operations (for example, training of staff in the context of a vaccination campaign);

To provide health inputs: basic drugs, vaccination, therapeutic nutrition.

Water and sanitation:

A continuation of the sectoral support through the secondment of expertise in the water and sanitation sector is key to improving the quality of interventions in the sector, especially at a time when the humanitarian community, in coordination with the local authorities, is trying to move from an approach based on water tankering to the connection of the camps to water networks.

Depending on the preliminary results of the pilot project which is funded under the 2006 decision, the extension of the water network, and related accompanying measures, will be considered.

Specifically on sanitation, two main problems are likely to require an intervention: waste management in the refugee camps and sanitation, notably in schools where the condition of latrines is deplorable.

Education: Although the issue of salaries and the overall improvement of the education sector cannot be addressed by the Commission with the humanitarian aid instrument, a small-scale support in the education sector may be envisaged, to encourage school attendance and motivate staff. Specific actions could be, inter alia, the provision of educational materials.

Logistics: Support will be envisaged both for maintaining and improving the capacity of the UNHCR mechanics workshop to maintain the fleet, notably that of the water tanks, and for increasing the capacity of the food aid fleet.

Provision of non-food items to vulnerable refugees:

The following components are envisaged under the second specific objective:

Hygiene items: based on preliminary results of the KAP study, it is envisaged to continue with regular distributions (every two months) to women in child-bearing age of a hygienic kit composed of soap, shampoo and hygienic pads. However, considering the soap and shampoo are used by the whole family, the quantity of these products –which is now below SPHERE¹¹

¹¹ The Sphere Project is a programme of the Steering Committee for Humanitarian Response (SCHR)
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standards- might be increased. Consideration will also be given to distributing adapted additional hygienic kits to households with a handicapped family member.

Shelter: based on the results of the ongoing operation, distribution of tents to vulnerable families whose tent hasn't been replaced in the past five years will be considered.

Self-reliance activities: ownership of animals and/or availability of a kitchen garden is a way to reduce vulnerability in the refugee context, as it allows a better food intake. In this component, support to households with a handicapped family member may be considered by providing them with a couple of goats and some fodder that will improve their daily food intake. Depending on the results of the kitchen gardens experience, and on funding availability, consideration may be also be given to providing seeds and tools to refugee households.

Technical assistance:

In order to maximise the impact of the humanitarian aid for the victims, the Commission will maintain a DG ECHO support office located in Algiers. This office will appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and the necessary logistics for the achievement of these tasks. A regular presence of the DG ECHO support office will also be ensured in the refugee camps.

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be 16 months, starting on 1 September 2007, to allow, inter alia, an implementation period from January to December 2008 for partners (UNHCR) who work on the basis of an annual programme.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 September 2007.

Start Date : 1 September 2007

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous DG ECHO operations in Algeria				
Decision Number	Decision Type	2005 EUR	2006 EUR	2007 EUR
ECHO/DZA/BUD/2005/01000	Non Emergency	9,311,000		
ECHO/DZA/BUD/2006/01000	Prim. Emergency		900,000	
ECHO/DZA/BUD/2006/02000	Non Emergency		10,000,000	
Subtotal		9,311,000	10,900,000	0
Grand Total		20,211,000		

Dated : 27 April 2007
Source : HOPE

5 - Overview of donors' contributions

Donors in Algeria the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	10,000,000		
Belgium		Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France					
Germany					
Greece					
Hungary					
Ireland					
Italy	200,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	2,528,630				
Sweden					
United kingdom					
Subtotal	2,728,630	Subtotal	10,000,000	Subtotal	0
		Grand total	12,728,630		

Dated : 27 April 2007

(*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.ec.europa.eu>

Empty cells means either no information is available or no contribution.

6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 5,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To improve the humanitarian situation of vulnerable Sahrawi refugees living in the refugee camps in South Western Algeria</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹²
Specific objective 1: To improve the living conditions of refugees by ensuring adequate access to basic services	3,250,000	Refugee camps in Tindouf	Public health project; Nutrition project; Supply of medicines; Child vaccination programme; Waste disposal; Water connection systems; Hygiene promotion; School latrines; Support to the transport/logistics sector; Education materials	- MdM E - MDM-GR - MPDL - NRC - OXFAM GB - UNHCR - UNICEF - WHO
Specific objective 2: To respond to the needs of most vulnerable refugees by providing them with essential non food items	1,500,000	Refugee camps in Tindouf	Distribution of hygiene kits Provision of goats, fodder, seeds and tools Distribution of tents	- OXFAMSOL - TGH - UNICEF
Specific objective 3: to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	250,000	Algiers-Tindouf		
TOTAL:	5,000,000			

¹² MEDECINS DU MONDE, (GRC), MEDICOS DEL MUNDO ESPAÑA, MOVIMIENTO POR LA PAZ, EL DESARME Y LA LIBERTAD, (E), NORWEGIAN REFUGEE COUNCIL (NOR), OXFAM (GB), OXFAM-Solidarite(it), (BEL), TRIANGLE Génération Humanitaire, (FR), UNICEF, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

7 - Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://ec.europa.eu/echo/evaluation/index_en.htm.

8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2007	485,000,000
Supplementary Budgets	
Transfers	
Total Available Credits	485,000,000
Total executed to date (by 02/05/07)	354,155,694.95
Available remaining	130,844,305.05
Total amount of the Decision	5,000,000

Payment Schedule:

	2007	2008	2009
EUR	3,730,000	750,000	520,000

9. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at http://ec.europa.eu/echo/partners/index_en.htm.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.