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## **HUMANITARIAN IMPLEMENTATION PLAN (HIP)**

### **ALGERIA**

**The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2012/01000**

#### **1. CONTEXT**

Since 1975, tens of thousands of Sahrawi refugees have been hosted by Algeria in four camps in the south-western region of Tindouf (El Aaiun, Awserd, Smara and Dakhla). The presence of the refugees is the result of the conflict between Morocco and the Polisario Front over the former Spanish colony of Western Sahara following Spain's withdrawal in 1975.

In 1991, Morocco and the Polisario Front agreed to a United Nations Security Council conflict settlement plan, which proposed 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 April 2007 Morocco and the Polisario Front made proposals to the UN Secretary General for solving the dispute: Morocco offered wide-ranging autonomy to the territory, whilst the Polisario Front proposed a referendum on self-determination with post-referendum guarantees to Morocco in the event of a vote in favour of independence. Since that time, several rounds of negotiations have taken place under UN auspices without success to date.

The Sahrawi crisis scores 3/3, the most severe level, in the Vulnerability and Crisis Index of Directorate General for Humanitarian Aid and Civil Protection (DG ECHO) and has been declared a forgotten crisis for 2012.

#### **2. HUMANITARIAN NEEDS**

- 1) Affected people/ potential beneficiaries
  - Sahrawi refugees
- 2) Description of most acute humanitarian needs.

##### Nutrition, food and food security

Between October and November 2011, the World Food Programme (WFP) and the United Nations High Commissioner for Refugees (UNHCR) undertook a nutritional survey. Globally the results were the following: for children (0-59 months):  
- Global Acute Malnutrition (GAM): 8%, Underweight prevalence: 18%, Stunting: 30%. Between 2005 and 2010 stunting has dropped slightly from 39% to 30%, however, the percentage still remains very high. Regarding anaemia, 52.8% of children under 5 years old suffer from this condition, compared to 61% in 2008 and

69% in 2005. Anaemia rates with women (14-49 years old) remain high: 49%. The above represents the major public health problems of the refugee population.

However, the underlying causes are doubtless very complex: quantity and diversity of food intake, certainly, but also hygiene, general health, cultural and sanitary habits, and water quality. There is also a lack of comprehensive data on the actual level of food insecurity of the affected population as well as on wealth difference among the refugees.

A priority is to diversify the food basket (especially for cereals and pulses) and to secure regular funding to avoid interruptions in both the general distribution and the supplementary feeding programme.

### Water and sanitation

Given the arid environment of the Sahrawi refugee camps, water is the top priority for the refugees. It is supplied through wells and boreholes, which are linked through pipelines to distribution points on the outskirts of the camps or for 3 of the 4 camps through a water network. Water is then either transported to the households by water trucks or available through the network at various tap stands. Then, at household level, it is stored in family tanks for about 7 to 15 days depending on the camps. This system faces 2 main problems: the irregularity of water supply and risk of water contamination.

Only the Dakhla and Awserd camps have their own distribution network providing neighbourhoods with piped water. A similar network was introduced in three districts of the Smara camp in 2009 and extended to a further two in 2010 and 2011. The Layoune camp still does not have an operational network and is the only camp to be supplied exclusively by water tankers. Trucks, however, will always be necessary for contingencies and to supply a percentage of households and institutions that cannot be connected to the network.

The main needs identified are the supply of domestic hygiene products, improvements in households' hygiene and water-management practices and sanitation. Sanitation is a concern especially in communal establishments such as schools but also at household level in some of the camps where the coverage is rather low.

Sanitation is a key concern, particularly in communal facilities such as schools and health centres. The situation varies from one facility to the other, with some schools and dispensaries having no functioning latrines and others having latrines in need of rehabilitation or maintenance. The recurrent problems common to most facilities are lack of water, low levels of maintenance and the unavailability of hygiene and cleaning products.

There is a vacuum in term of water quality monitoring all along the supply chain until the end of use. This needs to be addressed to enable a better understanding of the potential contamination points.

## Health

The health system in the refugee camps suffers from two main weaknesses:

- An ongoing lack of resources and dependence on international aid for the supply of consumables, drugs and vaccines;
- Structural problems inherent in running a health system, such as: difficulties in keeping qualified staff (particularly doctors and nurses) since they are engaged on a voluntary basis; weak public-health policy (absence of protocols for major diseases, lack of epidemiological surveillance, insufficient training); insufficient coordination of efforts by donors and humanitarian agencies. High levels of anaemia among pregnant women and children under two along with worrisome levels of acute malnutrition in some camps are considered as the key public health issues.

## Shelter

Because of climate conditions, particularly sandstorms, tents have a limited lifespan of approximately five years (if they are of good quality), and must therefore be regularly replaced. There is also a need for new tents for newly formed families. Although DG ECHO (Directorate General for Humanitarian Aid and Civil Protection) and other donors support the provision of tents, demand is greater than supply. The Sahrawi Red Crescent estimates that it would take 5 600 tents per year to meet needs.

Experience also indicates that there is a need to develop and disseminate construction techniques adapted to local needs to improve resistance to flash floods and sandstorms. These last 5 years, DG ECHO funded the promotion of appropriate construction techniques improving, significantly and at a reasonable cost, the quality of the buildings

## 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 faces problems similar to those encountered in the health sector, namely the difficulty of maintaining the motivation and quality of unpaid staff, and the lack of teaching resources in schools, particularly books and educational materials. The physical state of school buildings is also an issue, as some schools require rehabilitation, especially of the sanitary facilities.

## Logistics

The remoteness of the Sahrawi refugee camps and the heavy dependence on food and non-food aid, and the need to bring water to the refugees, implies a substantial logistical effort in terms of transport. A fleet of trucks for the transport of humanitarian, food and non-food aid exists but it is largely made up of old trucks that constantly need repair and spare parts

### 3. HUMANITARIAN RESPONSE

#### 1) National / local response and involvement

Algeria provides a substantive assistance to the refugees such as free access to electricity, scholarship for secondary and high school education, grants in kind given by the Algerian population and distributed by the Algerian Red Crescent.

#### 2) International Humanitarian Response

A large part of the funding provided by the main official donors (Spain, Italy, European Commission/DG ECHO, United States) is spent in WFP and UNHCR operations, the rest being used to finance a limited number of international Non-governmental Organisations (NGOs). In addition to this official aid, the civil society of Spain and Italy provides also a significant amount of relief to the Sahrawi refugees.

#### 3) Constraints and DG ECHO response capacity

The local Sahrawi organisations and structures, which act as the local counterparts of the international agencies and NGOs involved in humanitarian aid, are self-managed. This is a positive factor in the success of the projects (ownership, lower cost of humanitarian operations due to the participation of beneficiary communities) but can also be a constraint (insufficient local capacity) and a risk, particularly as regards monitoring. Therefore, the efforts made by the DG ECHO as well as its partners to ensure the appropriate use of public funds these last years need to be maintained and consolidated.

Each project financed is supervised by the Commission through the frequent monitoring of operations in the field by DG ECHO experts. Partners receiving funds are also obliged to supervise their activities on the basis of criteria laid down by DG ECHO. Our partners are audited frequently either in the field or at head offices by external auditors to ensure that DG ECHO's financial contributions have been spent according to the rules laid down and have actually reached the beneficiaries identified.

Moreover, the climatic conditions and the hostile natural environment may have a negative effect on the expected results. Delays in getting aid to the refugees may be caused by the length of the supply chain.

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

The proposed humanitarian response includes the following activities :

**Food & Nutrition:** general food distribution with the contribution to World Food Program's **Protracted Relief and Recovery Operation (PPRO)**. Particular attention will be paid to diversifying the products which make up the basic food basket with the distribution of fresh food. Studies which will provide a detailed picture of the food and nutrition needs should also be considered particularly in the camps showing high levels of acute malnutrition. Different packages of interventions could be considered to address malnutrition problems.

**Health** The continued supply of health inputs, such as basic drugs is planned. Other activities, such as provision of specific support to the health structures to fight against anaemia could also be considered.

**Shelter:** Provision of tents to vulnerable families whose tent has not been replaced in the last five or more years will be considered. An extension of the drive to promote building techniques suited to the local environment in order to improve the resilience of mud-brick structures will also be considered

**Wash:** The continued supply of water through the extension of the piped distribution network and through improved water trucks. Local capacity building to improve operation and maintenance of the systems to guarantee required quantities and quality will be a component of the response. The continued support of school hygiene projects (sanitation/water and hygiene promotion) is planned. Extending support to the rehabilitation of latrines and water supply in dispensaries can be considered. Water quality monitoring will have to be covered through one of our implementing partner.

#### Expected results of humanitarian aid interventions

The principal objective is to provide humanitarian and food aid to vulnerable Sahrawi refugees living in the refugee camps in south-west Algeria. The expected result is the improvement of humanitarian situation of vulnerable Sahrawi refugees including their nutritional and dietary status.

#### **4. LRRD (LINKING RELIEF, REHABILITATION AND DEVELOPMENT), COORDINATION AND TRANSITION**

##### 1) Other DG ECHO interventions

In case of natural disasters or epidemics, according to the needs, other humanitarian actions could be financed either through the Disaster Relief Emergency Fund (DREF) or under the HIP for small-scale humanitarian response or the HIP for epidemics.

##### 2) Other services/donors availability (such as for LRRD and transition)

As the Sahrawi Arab Democratic Republic (SADR) is not recognised as a sovereign state by the European Union, no development cooperation programme has been negotiated between the Sahrawi authorities and the Commission. Therefore, it is hard to envisage an LRRD approach.

##### 3) Exit scenarios

As long as the Sahrawi crisis will not be solved and their own means do not enable them to sustain their livelihoods, it will be necessary to provide humanitarian assistance to the Sahrawi refugees. Therefore, for the time being, it is not possible to foresee an exit strategy.

## 5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2012/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

### 5.1. Contacts<sup>1</sup>

Operational Unit in charge : ECHO/B4

Contact persons at HQ : Thierry Bertouille (thierry.bertouille@ec.europa.eu)  
in the field: : Hugues Burrows (hugues.burrows@echo-algiers.eu)

### 5.2. Financial info

Indicative Allocation: EUR 10 million

Man-made crises: Hum. Aid: EUR 6 million

Food Assistance: EUR 4 million

### 5.3. Proposal Assessment

#### Assessment round 1

- a) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 3.4 of this HIP
- b) Indicative amount to be allocated in this round of proposals: Humanitarian aid EUR 6 million; Food assistance EUR 4 million
- c) Costs will be eligible from 01/01/2012<sup>2</sup>
- d) The expected initial duration for the Action is up to 12 months
- e) Potential partners: All DG ECHO Partners
- f) Information to be provided: Letter of intent<sup>3</sup>, based on the Single form format and including at least: area of intervention, sector, duration, beneficiaries, context/needs assessment, proposed response (results, activities), estimated

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<sup>1</sup> Letters of intent should be submitted using APPEL. Instructions on how to submit Letters of intent using APPEL are available at:

[http://www.dgecho-partners-helpdesk.eu/preparing\\_an\\_action/financing\\_decision/intention\\_letter](http://www.dgecho-partners-helpdesk.eu/preparing_an_action/financing_decision/intention_letter)

<sup>2</sup> The eligibility date of the action is not linked to the date of receipt of the single form. It is either the eligibility date set in the single form or the eligibility date of the HIP, whatever occurs latest.

<sup>3</sup> In case letters of intent are requested an initial analysis will be done on the basis of the information received, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the signature of an agreement.

costs, requested contribution, contact details. Alternatively, the Letter of intent can be free format (max 5 pages), including the same information.

- g) Indicative date for receipt of the above requested information: by 01/12/2011<sup>4</sup>
- h) Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, and knowledge of the Sahrawi crisis

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<sup>4</sup> The Commission reserves the right to consider letters of intent/Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received letters of intent/Single Forms.