

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

ALGERIA

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/ BUD/2014/01000

AMOUNT: EUR 10 000 000

1. CONTEXT

DG ECHO¹'s Integrated Analysis Framework for 2013-14 identified extreme humanitarian needs in the Sahrawi refugee camps. The vulnerability of the population affected by the crisis is assessed to be very high. The Sahrawi crisis scored 11, the most severe level, in the **Forgotten Crisis** Assessment index of DG ECHO in 2013.

Soon after the International Court of Justice declared that the people of Western Sahara had the right to self-determination in October 1975, Spain agreed to hand over the territory to Morocco and Mauritania. On 26 February 1976, Spain completed its withdrawal. The following day, the Polisario Front, founded in 1973 by the opponents to the Spanish occupation, proclaimed the **Sahrawi Arab Democratic Republic** (SADR). A war broke out between the Polisario Front, Morocco and Mauritania, who pulled out in 1979. Hostilities between Morocco and the Polisario Front eventually ended up in **1991**, when a **ceasefire** brokered and monitored by the United Nations (UN) was implemented. In April 1991, Resolution 690 established the UN Mission for the Referendum in Western Sahara (MINURSO) with the mandate to organise a referendum that should enable the people of Western Sahara to choose between independence and integration with Morocco. In spite of four rounds of official talks in 2007 and 2008, nine rounds of informal talks between 2009 and 2012, and “shuttle diplomacy” since November 2012, both parties have not yet reached an agreement.

Gathered in 5 main camps (Ausserd, Boujdour, Dakhla, Laayoune, and Smara) spread in the desert, **refugees are almost entirely dependent on external humanitarian assistance with little prospect for self-reliance**, because income generating activities are scarce and difficult to implement in the desert, or for return, as the peace process has been stalled for years.

2. HUMANITARIAN NEEDS

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

Dry and fresh food, water in sufficient quantity and adequate quality as well as sanitation, and essential medicines remain the basic needs. Connected logistics and adequate monitoring of distributions in a context where independent needs assessment remain difficult are essential components of a basic package of assistance to keep refugees afloat.

¹ Directorate General for Humanitarian Aid and Civil Protection

Nutrition, food and food security

The latest nutritional survey of Sahrawi refugees in Algeria carried out in October 2012 by the World Food Programme (WFP) and the Office of the United Nations High Commissioner for Refugees (UNHCR) shows a limited improvement of global acute malnutrition from 2010 among children under 5, but levels are still above the regional averages. Anaemia rates among these children are also decreasing (-46% from 2010), but no changes are reported among pregnant and lactating women. The Food Consumption Score (FCS) is also improving compared with the 2010 survey, though in a limited way. Finally, the nutrition status in the camps of Dakhla and Smara seems to have improved (-53% and -27% respectively from 2010).

Water and sanitation

Given the arid environment of the Sahrawi refugee camps, water is the top priority for the refugees. Water is 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 the risk of water contamination.

Only the Dakhla and Ausserd camps have their own distribution networks 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 last two districts are still supplied by water tankers. The Laayoune and Boujdour camps still do not have operational networks and are the only camps to be supplied exclusively by water tankers. Trucks, however, will always be necessary in all camps for contingencies and to supply a percentage of households and institutions that cannot be connected to the network.

Access to water remains unequal among the camps; while in Dakhla, Smara and Boujdour, refugees would receive 15 to 20 litres /day / person (l/d/p), the camps of Laayoune and Ausserd would receive less (9 to 11 l/d/p). In order to provide the latter camps with 20 l/d/p, a shortfall of at least 30m³ / hour has to be filled. It still requires important investments and prior coordination with Algerian authorities.

There is a vacuum in terms of water quality monitoring all along the supply chain until the end of user. This needs to be addressed to enable a better understanding of the potential contamination points. The lack of maintenance of the existing water infrastructure is also of concern, and technical capacity building is needed to improve the management of the WASH² system at large.

Sanitation in public institutions, schools and hospitals in particular, has been identified as a priority by DG ECHO and its partners and addressed as such in the last few years. While in schools and kindergartens the works have been completed and the responsibility for the maintenance handed over to the Sahrawi Ministry of Education, the lack of sanitation facilities in health institutions remains a major issue. Two hospitals have been targeted in 2013 (Laayoune and Smara). Latrines and water access

² Water, Sanitation and Hygiene

points in hospitals of other camps and in the central hospital in Rabouni could be considered for funding in 2014.

Health

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

- An on-going lack of resources (further aggravated by the almost complete stop of Spanish decentralised cooperation projects since 2012) and steady dependence on international aid for the supply of consumables, drugs and vaccines;
- Structural problems inherent to the specific context, such as: need for permanent training of health staff (engaged on a voluntary basis) as the sector has to face mass departure of its doctors and nurses (88 doctors in 2006, 32 in 2007, 18 in 2008, and just 10 in 2013); suboptimal public health policy (absence of protocols for major diseases, lack of epidemiological surveillance, insufficient training); insufficient coordination of efforts by donors and humanitarian agencies.

Shelter

Because of extreme weather 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 and other donors support or have supported 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.

Logistics

The remoteness of the Sahrawi refugee camps and the heavy dependence on food and non-food aid, along with 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. The mechanical workshop in charge of maintaining the bulk of the fleet (except the trucks distributing food aid, maintained by the workshop of the Spanish organisation ATTSF³ on AECID⁴ funds) needs urgent support to cope with an increasing workload. Decentralised workshops for the maintenance of the fleet of water trucks should also be put in place in Ausserd, Smara and Dakhla, as was done in Laayoune in 2011.

Security

Security is also paramount in such a remote location and unstable environment: recent threats from the deterioration of security in the Sahel are creating additional constraints to the smooth delivery of humanitarian assistance to the Sahrawi refugees. Between 2001 and 2011, terrorist attacks by al-Qaeda in the Islamic Maghreb (AQIM)

³ Asociación de Técnicos y Trabajadores Sin Fronteras

⁴ Agencia Española de Cooperación Internacional para el Desarrollo

and other militant groups were multiplied by five in this part of the world. Algeria alone concentrates 85% of these attacks. Gaps in regional security coordination, reported arm proliferation from the Libya and Mali conflicts, and limited resources for border control and for stronger security measures expose humanitarian workers to increased risks.

Coordination

There is no Consolidated Appeal Process for this crisis. Coordination is ensured *de facto* by the UNHCR, who published a Global appeal 2013 for Algeria. The appeal with a budget of USD⁵ 28.16 million outlined the main objectives and targets that the UN⁶ agency intended to reach during the year to respond to identified needs, the great bulk of it being for refugees from Western Sahara stranded in camps south of Tindouf.

3. HUMANITARIAN RESPONSE

1) National / local response and involvement

Algeria provides 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. However, the long-standing request of DG ECHO for the exemption of VAT⁷ on local purchases has still not been granted by Algerian authorities.

2) International Humanitarian Response

The major part of the funding provided by the main official donors (Spain, Sweden, European Commission/DG ECHO, United States of America) is spent in WFP and UNHCR operations, the rest being used to finance a limited number of international Non-Governmental Organisations (NGOs). Relief assistance from the Spanish and Italian civil society has largely decreased as a consequence of the financial crisis in Europe.

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 (as it fosters a sense of ownership and entails 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 and independent needs assessments. Therefore, the efforts made by DG ECHO and its partners to ensure the appropriate use of public funds these last years need to be maintained and consolidated.

⁵ United States Dollar

⁶ United Nations

⁷ Value Added Tax

Each humanitarian project financed by the Commission is supervised 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 headquarter offices by external auditors to ensure that DG ECHO's financial contributions have been spent according to the rules 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.

At last, security is a major risk in the remote and unstable Sahara region. As underlined above, recent threats from the deterioration of security in the Sahel are creating additional constraints to the smooth delivery of humanitarian assistance to the Sahrawi refugees.

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

The proposed humanitarian response includes the following activities:

Food and Nutrition: Support to the general food distribution of the World Food Programme through its Protracted Relief and Recovery Operation (PPRO) is planned, as well as the funding of fresh food distributions. Particular attention will be paid to diversifying the products that make up the basic food basket and the distributions of fresh food, and to the best complementarity of dry and fresh food rations in terms of micro-nutrients. Stricter monitoring will be encouraged, if security conditions allow.

WASH: Priority will be given to the operation and maintenance of the existing water infrastructure and to the improvement and monitoring of water quality. Local capacity building to enhance the management as well as operation and maintenance of the systems and, thus, guarantee water minimum quantity and quality standards will be a component of the response. Continuing the rehabilitation of latrines, water supply and waste water disposal in hospitals will also be considered.

Health: The continued supply of health inputs, such as basic drugs, is planned. Other activities, such as the continued support to the handicapped population, will also be considered.

Shelter: Provision of tents to the most vulnerable families will be considered, provided that humanitarian criteria prevail for their selection.

Logistics: Maintaining a functioning vehicle fleet is essential in such remote location and desert conditions. Further support to the mechanical workshop run by “Triangle Generation Humanaire” is envisaged as part of a wider fleet management objective. Optimising cost effectiveness, efficiency and appropriateness of WASH-related fleet should be considered. It is also foreseen to envisage the funding of additional trucks for water distribution or waste water disposal.

Security: Providing adequate security to humanitarian workers will still be needed in such a volatile environment. Provision is made to support the continued presence of a

security liaison officer, the setting-up of a VHF network in the camps, and relevant training to local and international humanitarian staff.

Expected results of humanitarian aid interventions

The principal objective is to alleviate the lives of the vulnerable Sahrawi refugees living in the refugee camps in south-west Algeria through the provision of humanitarian and food aid in a coordinated way. The expected result is the improvement of the humanitarian situation of vulnerable Sahrawi refugees, including their nutritional and dietary status.

Effective coordination is essential. DG ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

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

4. LRRD⁸, 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 in this context.

3) Exit scenario

Traditional durable solutions, be it repatriation, resettlement or local integration, are hardly foreseeable in the Sahrawi context. As long as a political solution to the Sahrawi crisis is not achieved, Sahrawi refugees in Algeria will not have the means to sustain their livelihoods in such harsh environment and it will be necessary to support them with humanitarian aid.

⁸ Linking Relief, Rehabilitation and Development