

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

NORTH AFRICA (Algeria, Libya, Egypt)

The activities proposed hereafter are still subject to the adoption of the financing decision ECHO/WWD/BUD/2021/01000

AMOUNT: EUR 20 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes¹ is to serve as a communication tool for DG ECHO²'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

The HIP 2021 for North Africa focuses mainly on three political and protracted crises: the over four-decade-long Sahrawi refugee crisis in Algeria, the volatile Libyan crisis and the refugees and asylum seekers caseload in Egypt. This HIP may also respond to sudden or slow-onset new emergencies in Algeria, Libya, Morocco, Egypt or Tunisia, if important unmet humanitarian needs emerge.

1 CONTEXT

1.1 Algeria (Sahrawi refugees crisis)

Since 1975, Morocco and the Polisario Front have been competing for the control over Western Sahara, a former Spanish colony. In 1975 Algeria allowed for the establishment of refugee camps in the southwest part of the country. Direct hostilities between Morocco and the Polisario Front ended in 1991 with the implementation of a ceasefire brokered by the United Nations (UN). UN Security Council Resolution 690 (1991) established the UN Mission for the Referendum in Western Sahara (MINURSO) with the mandate to organise a referendum allowing the people of Western Sahara to choose between independence and integration into Morocco. Currently, the resolution of this political conflict is at a standstill.

Gathered in five camps around Tindouf in the Algerian Sahara desert, the Sahrawi refugees are dependent on external humanitarian assistance and this despite remittances from the diaspora and the presence of a formal and informal economy in the camps. DG ECHO considers the Sahrawi crisis to be a Forgotten Crisis. A stalemate in the resolution of the conflict and political sensitivities thwart any short-term perspectives for return, integration or resettlement and deter the interest of development actors. DG ECHO has been advocating for this forgotten humanitarian crisis to become more visible by sensitising other donors and other EU instruments better suited to cover medium to longer-term activities (in particular in the livelihood sector, social cohesion and prevention of youth radicalisation). Multi-year strategies were set up in order to achieve

¹ Technical annex and thematic policies annex

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

more efficiency, sustainability, and cost effectiveness, given the protracted nature of the crisis.

Beside the Sahrawi crisis, it is important to notice that Algeria is a country prone to multiple hazards such as earthquakes, flash floods and droughts. The Algerian Civil Protection (ACP) has a strong response capacity and nationwide expertise. ACP is certified by the International Search and Rescue Advisory Group (INSARAG) and signed an Administrative Agreement on Civil Protection with DG ECHO.

DG ECHO's Integrated Analysis Framework for 2020-2021 identified moderate humanitarian needs in Algeria and high vulnerability in the Sahrawi refugee camps (see detailed INFORM information in table hereunder).

1.2 Egypt

In Egypt DG ECHO provide support to a caseload of refugees and asylum seekers living in the most populated urban areas. Egypt remains a country of destination and transit for refugees, asylum seekers, and migrants despite high levels of poverty. Despite a relatively sound asylum space in place, refugees face severe and multiple barriers in accessing basic services. Protection services, safe access to quality education, and health services are the most pressing needs, besides a lack of livelihood opportunities. Non-Syrian refugees suffer higher vulnerability and discrimination, while receiving less assistance, and facing greater difficulties to access basic services. This is also due to the compounded effect of declining funds and unbalanced earmarking of donor funds based on nationality. Vulnerable groups such unaccompanied and separated children, women and girls, persons with disabilities, children and refugees lacking proper documentation are most at risk and in need of protection and other basic services. The COVID-19 socio-economic consequences and movement restrictions are aggravating the needs of the most vulnerable households, as well as increasing stigmatisation and discrimination of visible minorities.

1.3 Libya

Since the fall of the Qadhafi regime in 2011, Libya has experienced several rounds of intense conflict and political fragmentation between rival groups. Political power is *de facto* split between the Government of National Accord (GNA) in Tripoli and the House of Representatives in Tobruk supported by the Libyan National Army (LNA) in the East and South with a plethora of affiliated armed groups on either side. The announcement of a cease fire agreement signed in October 2020 may be the first step towards a new unity government, based in Sirte. The political process remains fluid but recent developments indicate that a Libyan consensus could be emerging from the need for change.

The positive trend on negotiation tables, combined with the partial end of the oil blockade, could lead to an improvement of the situation in the country. However, several years of conflict, the significant deterioration of the national oil infrastructure along with the socio-economic impact of the COVID-19 have stretched the coping capacities and resilience of the most vulnerable, turning Libya into a *multi-layered crisis* with pockets of humanitarian needs.

As a result, Libya is first and foremost a *political and governance crisis*. Due to conflict and political fragmentation, many of the issues identified in needs assessments have as

underlying causes poor governance, weak public finance management and underdevelopment resulting in sub-standard public service delivery.

During and after several rounds of intense conflict between rival groups, the local population has regularly been affected or even targeted by parties to the conflict, contributing to qualify the Libya crisis also as a *protection crisis* with people suffering from forced displacement, damage and destruction of private and public infrastructures including for energy and water supply, indiscriminate shelling of civilian areas, mining and booby-trapping of private property, arbitrary arrests, kidnapping and extrajudicial killings. The situation is characterised by violations of International Humanitarian law and Human rights law by all parties to the conflict.

In addition to political fragmentation and violent conflict, the Libyan crisis is also a *migration crisis*. Libya hosts an estimated 585 000 refugees, asylum seekers and migrants (RAM), including about 50 000 registered refugees and asylum-seekers³. While most RAM have come to seek job opportunities in Libya, less than 25% are reportedly in transit. The ongoing conflict and the COVID-19 have negatively affected the living conditions and job opportunities for RAM, who are also exposed to human trafficking, kidnapping, torture, extortion, forced labour, illegal detention and extrajudicial killing.

DG ECHO's Integrated Analysis Framework for 2020-2021 identified moderate humanitarian needs in Libya.

	Algeria	Egypt	Libya
INFORM Risk Index⁴	4.0	5.1	6.6
Vulnerability Index	3.0	3.9	5.1
Hazard and Exposure	4.9	7.5	8.2
Lack of Coping Capacity	4.7	4.4	6.8
Global Crisis Severity Index⁵	4	5	7
Projected conflict risk	0	3	3
Uprooted People Index	0	0	3
Humanitarian Conditions	2.0	1.5	4.0
Natural Disaster Index	0	0	0
HDI Ranking⁶ (Value)	N/A	0.7	0.709
Total Population⁷	43,053,054	100,388,076	6,678,567

³IOM DTM Migration Report, Round 31- June 2020 <https://dtm.iom.int/reports/libya-%E2%80%94migrant-report-31-may-june-2020>

⁴INFORM is a global, open-source risk assessment for humanitarian crises and disasters

⁵<http://www.inform-index.org/Global-Crisis-Severity-Index-beta>

⁶Humanitarian Development Index (HDI) developed by UNDP.

⁷World Bank data

2 HUMANITARIAN NEEDS

2.1 2.1. People in need of humanitarian assistance

2.1.1 Algeria

In 2018, UNHCR published a report estimating the number of refugees at 173 600. The report was disputed and UNHCR withdrew it. Currently, in its operational documents UNHCR refers to 90 000 most vulnerable refugees. This number is not sourced in any study and a full vulnerability assessment has not yet been done. Pending the formal registration of the Sahrawi refugees and awaiting a multisector vulnerability assessment by UNHCR, DG ECHO bases its funding considerations on the latest Food Security Assessment (FSA) performed by World Food Programme (WFP) in August 2018. WFP estimated the number of food insecure people living in the camps at 133 672 persons.

2.1.2 Egypt

As of June 2020, the UNHCR has registered 258 816 asylum seekers (71%) and refugees (29%). Women represent 52.6% of the total, among which are over 56 000 school age children and 3 870 unaccompanied and separated children (UASC). The asylum seekers and refugee caseload is split between 130 042 Syrians (50.2%) and 128 774 of other nationalities (49.7%). The latter are mainly from Sudan, South Sudan, Eritrea, Somalia, and Ethiopia. The majority of the most vulnerable refugees live in the most overcrowded and poorest neighbourhoods of Egypt's largest cities, where host communities suffer from similar levels of vulnerability. While Syrian refugees are generally less vulnerable and better integrated, they receive most of the international assistance due to a refugee nationality based earmarking of funds by some donors.

DG ECHO's Integrated Analysis Framework for 2020 identified high humanitarian needs and very high vulnerability for refugees and asylum seekers in Egypt.

2.1.3 Libya

According to estimates based on the multi sectoral needs assessment, out of 1.3 million people in need the most vulnerable requiring humanitarian assistance will be 430 000.

Displaced and conflict-affected populations

Displaced, returnees and conflict-affected people are first and foremost in need of protection and protection services. Ensuring safety and physical integrity, including responsive and remedial services for survivors of violence remain a priority. Thanks to a relatively high pre-crisis living standard, access to state employment and social safety net mechanisms, data show most Libyans have proven to be quite resilient with regards to meeting their basic needs. However, there are groups of people, due to specific protection profiles and vulnerabilities (e.g. IDPs, socially marginalised people, people with undetermined legal status, persons belonging to a specific ethnicity, tribe or political affiliation, etc.) who are unable to access existing services and meet their basic needs.

Refugees, Asylum-Seekers and Migrants (RAM)

While many RAM are able to access job opportunities in Libya and live self-sufficiently, RAM also face severe risks of violence, abuse and exploitation by human trafficking gangs and armed groups. There have been regular reports of illegal detention, torture,

extortion, forced labour and killings of migrants. The conflict and COVID-19 situation have also affected the labour market, reducing RAM’s abilities to access job opportunities and fulfil their basic needs. Moreover, RAM often face discrimination and have difficulty accessing public services such as healthcare and assistance programmes.

	Algeria	Egypt	Libya
Category of beneficiary (such as IDPs, refugees, food insecure people etc.	90 000 - 173 000 Saharawi refugees ⁸	182 671 asylum seekers & 76 145 refugees.	585 000 asylum seekers and migrants, including 45 000 refugees; 390 000 IDPs (HNO 2020)

2.2 Description of the most acute humanitarian needs

2.2.1 Food and nutrition

Algeria: According to the WFP FSA assessment, 78% of the refugees remain dependent on humanitarian assistance for their minimum daily food intake and access to basic services. Even if social cohesion and solidarity are strong among the refugee population, the support of humanitarian actors is critical to address the specific needs of the most vulnerable (e.g. people with disabilities, mental health disorders or chronic diseases). Food insecurity concerns one third of the refugee population (over 52 000 persons). This group constitutes the core target of DG ECHO assistance. Additional 47% (over 81 500 persons) are vulnerable to food insecurity. Significant differences in socio-economic status and access to food can be observed among refugees. Food Assistance could be provided in a more effective way if lists of beneficiaries be shared with humanitarian organisations.

On **nutrition:** according to the last nutrition survey⁹, malnutrition, in all its forms, increased between 2016 and 2019 among the most vulnerable group of women and children younger than 5 years. The Global Acute Malnutrition (GAM) rate rose from 4.5 % in 2016 to 7.6% in 2019 and the prevalence of stunting from 18.6 % to 28.2%. Anemia rate increased as well. It affects now almost 50% of children under 5 years of age and more than 52% of women in reproductive age. Untreated anemia in children may affect mental development and growth. It can also lead to increased risks of pregnancy complication and premature births. Obesity affects almost 30% of women in reproductive age with well-known consequences on morbidity risk and other non-communicable diseases such as diabetes.

⁸The refugees 'camps population figure is at the core of a sensitive political dispute. In 2018 UNHCR published results of a census that pointed to 173 000 refugees living in Tindouf. However, this study was contested and UNHCR withdrew the report since.

⁹WFP, CISP, UNHCR Nutritional Survey 2019

2.2.2 *Water, Sanitation and Hygiene (WASH)*

Algeria: on average, a single Sahrawi refugee has access to 12.6 liters of water/day while the minimum SPHERE standard is 15 l/person/day. After 45 years, 70% of the camps' population is still relying on water trucking. This is a highly expensive and unreliable solution normally used in temporary settings. On average, 50 to 70% of the distributed water is not treated and contains high levels of fluorides and minerals that constitute a public health risk. An investment in the local infrastructure is urgently needed. So is the reinforcement of an ownership culture by the local WASH authorities for the sake of management and maintenance of the existing and newly constructed structures.

2.2.3 *Health*

Algeria: the healthcare system in the refugee camps fully depends on international aid. Qualified Sahrawi health professionals are leaving the camps due to insufficient income and lack of perspectives. Timely supply of medicines and medical waste management is challenging. Specific health needs of the vulnerable groups (children, persons with disabilities, elderly, etc.) are covered only partially. COVID-19 outbreak, if it materialises, will put an additional burden on the weak health system. Depending on the evolution of the situation, there might be a need for important readjustments.

Libya: the healthcare system has been struggling to provide quality services due to the effects of the conflict, governance issues, closure, water and electricity outages, damage and destruction of facilities, lack of healthcare staff and shortage of medical supplies and equipment. Not only do people directly impacted by the conflict (war-wounded, mine victims etc.) need access to healthcare but also those in need of treatment of communicable and non-communicable diseases. Vulnerable groups such as people with no Libyan ID cards, migrants, refugees and people in remote locations face particular challenges accessing healthcare services.

2.2.4 *Education in Emergencies*

Algeria: access to free yearly childhood, primary and secondary education is in principle guaranteed by Algeria for all the refugees but requires constant international support. The quality standards of primary education in the camps are poor due to lack of qualified teachers, insufficient teaching material and infrastructure. Just as the medical doctors, teachers are insufficiently rewarded. This leads to a high turnover among the staff. Additionally, high rate of failures and dropouts are observed (in particular among the teenage girls). Access to education for children with disabilities is very limited. Only about 200 disabled minors have access to Special Education Centers or the Center for Sensory Disabilities. Impact of COVID-19 on EiE in the camps has been limited: effective preventive measures have allowed resumption of the school year as of 1st of September.

Egypt: due to COVID-19 all public and community schools were closed until 17 October 2020. While the quality of education is a concern for Syrian and Arab speaking refugees that are granted access to the national education system, access to education is a challenge for non-Arabic speakers, who rely on non-formal education options. Economic and protection vulnerabilities are high among adolescent and youth groups.

Libya: although the number of out-of-school children in Libya remains low, access to education does get disrupted due to closure of schools in conflict areas and displacement.

Children affected by the conflict not only struggle to perform in school but also suffer from conflict-induced trauma and stress. Closure of schools due to COVID-19 has negatively impacted on children with limited access to education. The HNO 2020 estimates that children are in need of support to access quality education with migrant children often having no access to the formal education system.

2.2.5 Protection

Egypt: only 31% of asylum seekers and refugees hold a valid residence permit¹⁰. This limits their livelihood opportunities and exposes the most vulnerable, notably of sub-Saharan origin, and in particular girls and women, to increased protection risks. Significant administrative barriers and fear for their physical safety limit access to basic services, causing refugee and asylum-seekers to resort to informal, exploitative, and often dangerous employment opportunities. The workforce also includes children who drop out of school in order to contribute to the household economy. Uncertainties and contingent difficulties caused by COVID-19 have widespread effects on the mental and psychological condition of people already living under these difficult circumstances.

Libya: the conflict has had a significant impact on the lives of civilians, both Libyans and non-Libyans, including RAMs. Lack of civil documentation and undetermined legal status are amongst the barriers to access services including protection. Many areas are contaminated with explosive hazards, putting people at risk, hindering the safe return of IDPs, and limiting early recovery activities. Survivors of violations, including of sexual and gender-based and other forms of violence, exploitation and abuse, are in need of protection. The HNO 2020 estimated that at least 475 000 people require protection assistance, amongst them 166 000 need sexual and gender-based violence (SGBV) services and 220 000 child protection services.

2.2.6 Basic Needs Approach

Egypt: the vast majority of refugees and asylum-seekers mention the ability to meet their basic needs as one of their biggest challenges in Egypt, a situation aggravated by the COVID-19 pandemic¹¹. This increases the need to assist the most vulnerable households to prevent them from resorting to negative coping strategies. The average income of refugees and asylum seekers in Egypt is USD 172, with 89% reporting being able to meet only half or less of their basic needs. Overall, the average income varies by population, with Syrians having an average income of USD 202, whilst other nationalities have USD 118 or less. Only 17% of eligible vulnerable refugees are benefiting from multi-purpose cash based assistance (MPCT)¹².

Libya: poor governance, weak public finance management and underdevelopment is resulting in sub-standard public service delivery. Vulnerable IDPs, migrants, refugees and other marginalised groups with less access to the labour market and assistance

¹⁰UNHCR: Egypt Vulnerability assessment for Refugee 2019

¹¹UNHCR Egypt briefing note 21.06.2020

¹²UNHCR Egypt Vulnerability Assessment 2019 - Overview

programmes struggle to access shelter, basic goods and services. In addition to the conflict, the COVID-19 restrictions have worsened the situation for vulnerable groups.

2.2.7 *Coordination*

Algeria: coordination among the humanitarian actors remains weak. Different aid sectors work largely independently. Contingency planning is not fully effective even if camps are regularly affected by small to mid-scale natural disasters.

Egypt: A significant coordination effort is required among donors, different stakeholders and the Government of Egypt to uphold the “one-refugee approach” and to respond to refugee needs based on vulnerability rather status.

2.2.8 *Environmental impact*

Algeria: currently only a very limited system of waste management exists in the camps. This results in people dumping garbage all over the desert. The problem should be acknowledged and addressed to ensure more environmental sustainability of the camps.

3 HUMANITARIAN RESPONSE AND COORDINATION

3.1 National/local response and involvement

3.1.1 *Algeria*

Algeria provides substantial assistance to the Sahrawi refugees such as access to water resources, free electricity, access to healthcare (including specialised care such as oncology treatment) and scholarships for secondary and high school education. Refugees receive also some support from civil society, which is channeled through the Algerian Red Crescent (ARC). Algerian authorities are proactively and effectively responding to natural disasters (2016 floods) in the Sahrawi refugees’ camps. Algeria integrated refugees and migrants in its COVID-19 national response plan and deployed a field hospital in the camps to maintain access to secondary and tertiary health care while isolating the camps during the first wave of the pandemic in spring 2020. Education and health services in the camps are organised by the Sahrawi camps’ authorities thanks to the commitment of qualified refugees volunteering to serve their community. The volunteers receive “incentives” for the service provided, which are not sufficient to avoid significant defections of qualified health and education personnel. The incentives policy needs to be urgently reviewed to prevent the collapse of essential social services in the camps.

3.1.2 *Egypt*

Besides the provision of an overall conducive asylum space, which includes free access to health and education for all Arabic speakers, the Government of Egypt does not provide direct material assistance to refugees. Local response by civil society organisations, charities, and local NGOs has significantly declined over time due to an increasingly restrictive operating and legislative environment.

3.1.3 *Libya*

Libya is a high middle-income country. Line ministries through safety nets, city councils, civil society and private actors have been actively engaged in humanitarian response but are insufficiently accounted for when planning and coordinating response and analysing gaps. Due to the conflict, split of authorities between West and East and recent economic problems, line ministries and local authorities at times struggle to respond and maintain basic public services. Nonetheless, line ministries, municipalities and local crisis committees continue to play a key role in providing emergency assistance to people in need, ranging from identification of shelter opportunities to in-kind and cash assistance.

3.2 **International Humanitarian Response**

3.2.1 *Algeria*

UNHCR is the leading UN agency for the response to the Sahrawi crisis. It is responsible for the coordination, protection, health and WASH sectors through dedicated working groups. UNICEF has the lead on education and WFP on food security. UN agencies release a project-based annual appeal. Humanitarian needs for 2020 were estimated at USD 70 million. At the end of June 2020, the total incoming funding amounted to USD 28.8 million (i.e. 41 % of the needs). In 2019 USD 20 million were allocated to the response.

The EU humanitarian funding represented close to 50% of the overall assistance in 2019 and accounts for 31% of the funds allocated to date for 2020. Most funding provided by donors (European Union, Spain, Germany, US, Italy, Sweden) is allocated to emergency operations of WFP and UNHCR. The rest is used to finance a limited number of international NGOs. Development assistance is very limited, as the Sahrawi Arab Democratic Republic (SADR) is not recognised by the EU and its Member States. In the recent years, the international funding has sharply decreased. That is due to the emergence of other large-scale conflicts in the world and the protracted forgotten character of the Sahrawi crisis, and a lack of strategic vision, efficient coordination and targeting based on vulnerability.

3.2.2 *Egypt*

In Egypt, the humanitarian funding architecture is structured around two appeal mechanisms: the Egyptian component of the 3RP-Syria (for Syrian refugees) and the Egypt Response Plan (ERP) for all other nationalities. The Egyptian chapter of the 3RP-Syria has requested USD 159 million for 2020/2021 and received USD 23.9 million (16.6%) while the Egypt Response Plan by UN agencies and partners have requested USD 53.7 million.

3.2.3 *Libya*

The international response is coordinated by a Humanitarian Coordinator/Resident Coordinator and a coordination system of sector working groups. The 2020 Humanitarian Response Plan (HRP) requested a total amount of USD 130 million with a contribution

received of 61%, out of which 30 % provided by the European Union as of October 2020. An additional USD 68.6 million has been committed outside of the HRP, bringing the total humanitarian funding to USD 147.2 million.¹³ In addition to humanitarian funding, Libya also benefits from significant international support towards stabilisation, development and migration management.

The international response is based on a yearly HNO/HRP for the humanitarian side but lacks a national development plan and a stabilisation/reconstruction plan that would allow stronger coordination and development of complementarities between humanitarian, stabilisation and development programmes and make it easier to devise a gradual exit strategy for humanitarian actors, especially in post-conflict areas, areas of return and underserved areas within the country.

3.3 Operational constraints

3.3.1 Access/humanitarian space

Algeria: The host country and the refugee camps' authorities exert a tight control on the international organisations as well as on the planning and delivery of aid. Sahrawi camp authorities act as local counterparts for the organisations involved in delivering humanitarian aid. This increases the ownership of projects and reduces the cost of humanitarian operations. However, it is also a constraint when it comes to transparency. DG ECHO partners are still facing difficulties to get long-term visas and registrations in Algeria. The use of armed escorts, strict movement restrictions and a curfew are compulsory for all international actors working in the camps and while meant to ensure the security of the humanitarian workers, they also limit independent access to beneficiaries. The capacity of the Sahrawi administration and local actors is usually low due to limited resources and poor technical expertise.

Egypt: Humanitarian space is severely constrained. The new NGO Law, which parliament passed in July 2019, maintains many of the existing restrictions on the work of NGOs such as conducting field research, surveys, or opinion polls without government approval. The law also prohibits cooperating with foreign organisations or experts, or participating in any “political” activities, or activities perceived to undermine “national security.” Since April 2017, a nation-wide state of emergency grants broad powers to the President and law enforcement officers.

Libya: Security conditions and restrictions linked to COVID-19 pandemic still hamper the permanent presence of international staff in all parts of Libya and abilities to conduct regular field missions to all project sites and target populations. Partial remote management is still used by most actors whilst others are increasing footprint either to conduct short-term missions into Libya or to open new offices in the country with the presence of some international staff. However, this does not necessarily result in access to field locations to conduct needs assessments and monitor projects. Therefore, partners need to include strong capacity building measures and put in place appropriate supervision and monitoring when working through local partners.

¹³FTS: <https://fts.unocha.org/appeals/931/summary>

3.3.2 Partners (presence, capacity), including absorption capacity on the ground

Algeria: Presence and capacity of international humanitarian actors are limited due to security and administrative constraints as well as harsh and restrictive working and living conditions in the environment of Great Sahara. The operations in the refugee camps are to a great extent implemented by refugees themselves with little room for qualitative change. The possibilities to conduct quality needs assessments and strategic multiyear planning remain limited.

Egypt: International humanitarian actors are limited to UN agencies and very few INGOs whose operational capacity is constrained by a restrictive environment for accreditation and project clearance. Their capacity is further reduced by a limited operational capacity of local implementing partners, who face heavy scrutiny and restrictions.

Libya: Presence of humanitarian actors in Libya is limited due to security, COVID 19 restrictions and administrative constraints. Active conflict, difficulties obtaining visas and other administrative obstacles result in limited presence of managerial staff, very limited access beyond the major cities to conduct needs assessments and monitor projects in field locations, and a high reliance on national staff, local authorities and local CSOs. This negatively impacts on the capacity to conduct quality needs assessments based on humanitarian minimum standards. Partial remote management may increase the risk of mismanagement of aid and aid diversion.

3.3.3 Other

Libya: Lines are often blurred between principled humanitarian assistance and other policies/programmes aimed to supporting political stabilisation and counter-migration policies; protection against sexual exploitation and abuse (PSEA) and accountability to Affected Populations (AAP) need to be further strengthened due to the high risk environment.

4 HUMANITARIAN – DEVELOPMENT – PEACE NEXUS

4.1.1 Algeria

A stalemate in the resolution of the conflict and political sensitivities continue to thwart any short-term perspectives for return, reintegration or resettlement and deter the involvement of development actors.

Some small-scale projects that aim at the improvement of livelihoods have been provided through charities and/or with the diaspora remittances. The results in terms of sustainability are mixed. DG ECHO has facilitated the design and implementation of an 18-month project funded by the Instrument contributing to Stability and Peace (IcSP) (EUR 800 000) that fosters perspectives and opportunities for the Sahrawi youth living in the camps. Another regional environmental project has been recently funded by DG NEAR. However, the promotion of a structural nexus approach remains challenging. DG ECHO core humanitarian mandate is being overstretched beyond its usual remit. DG ECHO will continue to engage with other EU financial instruments as well as EU Member States through COHAFSA. Finding support for the basic structural investments (in WASH, education and health) and addressing the non-humanitarian needs of the

refugee population (livelihood support, environment preservation, human development and security) is essential for peace maintaining.

4.1.2 *Egypt*

Nexus opportunities should be developed by building on Egypt's asylum policy and social protection programmes with the support of international donors (WB, US, UN, EU) that aim to include people in need. DG NEAR and the EUTF are both engaged in responding to some refugee needs through some of the same partners working with DG ECHO. Reinforcing coordination between DG ECHO and other EU instruments would foster complementarity, and would help EU support be more coherent, while also allowing a gradual phasing out of DG ECHO in Egypt.

4.1.3 *Libya*

While for some parts of the country and for certain population groups, humanitarian programming is the most suitable modality to respond to emergency needs, for those in a post-conflict situation structural stabilisation and development programmes are more appropriate to address the underlying causes of needs. However, Libya lacks a comprehensive stabilisation, reconstruction and development plan. While there is significant funding for stabilisation, reconstruction and development programmes, the absence of a strategic plan limits the strategic use of complementarities and the ability for humanitarian operations to gradually phase out.

EU support to Libya is close to EUR 400 million implemented through 8 different financial instruments deploying more than 50 ongoing projects across a wide range of sectors, namely: support to civil society, governance, health, youth and education, migration management, community stabilization, protection of vulnerable groups, community security and mediation. Since its creation in November 2015, the EU Emergency Trust Fund for Africa (EUTF) has been the EU's flagship funding instrument to support migration management issues in Libya. In the elaboration of the 2021 HIP priorities and identification of Nexus opportunities, DG ECHO has actively consulted the EU Delegation to Libya, DG NEAR, DG HOME and EEAS, including the FPI.

Even if the implementation of a nexus strategy for Libya is difficult, continuous exchange of information and assessments take place to improve complementarities in the sectors of health, education in emergencies and social protection. Education needs are mostly of structural nature; therefore in 2021, DG ECHO's Education in Emergencies programming should continue to target children that have no or restricted access to education (due to legal status, or other access barriers such as displacement) while other EU funding instruments could be addressing structural needs and strengthen the education system through rehabilitation of infrastructure and capacity building of the Education ministry, school administrations and teachers.

As for social protection, DG ECHO may continue to support protection cash and multi-purpose cash transfers to the people most vulnerable and in needs of assistance and not yet covered by any other type of assistance, whereas other EU funding instruments may support rehabilitation and expansion of existing social safety net systems.

In the health sector, DG ECHO, through its health support is addressing urgent health needs in underserved areas where existing health services are damaged destroyed due to

long lasting conflict and neglect. DG ECHO will be targeting the most vulnerable areas and populations without or insufficient access to primary health care. Other EU funding instruments will provide structural support, assisting in rebuilding and strengthening the health system through support to the rehabilitation of infrastructure and institutional capacity building.

5 ENVISAGED DG ECHO RESPONSE AND EXPECTED RESULTS OF HUMANITARIAN AID INTERVENTIONS

General considerations for all interventions

The humanitarian response shall be compliant with EU thematic policies and guidelines that are described in detail in the HIP Policy Annex. For instance, mainstreaming of protection, gender (including mitigation of risks of SGBV), age, and disability inclusion should be duly reflected in all proposals.

Furthermore, the increasingly negative consequences of environmental degradation and climate-related challenges and the COVID-19 pandemic will continue to impact humanitarian crises and the provision of humanitarian assistance for the foreseeable future. For these reasons, in their proposals partners are requested to follow an all-risks assessment approach, to contemplate measures to reduce the environmental footprint of operations and to factor in as appropriate the COVID-19 dimension.

DG ECHO will release an operational guidance on its renewed approach to preparedness in January 2021, for the consideration of its partners as well. This document will be the result of an extensive consultation with partners on the key policy elements and operational modalities of the approach.

5.1 Algeria

DG ECHO will ensure that the humanitarian needs of the most vulnerable Sahrawi continue to be met while promoting actions aimed at reducing dependence on in-kind assistance. The four dimensions of protection mainstreaming (access, accountability, safety/do no harm/dignity, participation) should be integrated into all actions (see the policy annex for details). In 2021, DG ECHO will prioritise funding to the following sectors and activities:

5.1.1 Food Assistance

Timely access to safe and well-balanced food, of sufficient quantity and quality is crucial for the most vulnerable households. In order to guarantee continuity of the distribution and to lower the administrative costs, multi-annual planning as well as multi-purpose cash based assistance are encouraged. The response should be adapted following the results of the vulnerability assessment. Livelihood activities could be considered if they effectively target the most vulnerable aiming to reduce their dependency on food assistance. Proven effectiveness of previous actions targeting the most vulnerable population must be documented.

5.1.2 Nutrition

The nutritional situation and trends in malnutrition in children under 5 years of age and women in reproductive age require special attention. DG ECHO intends to focus on nutrition-sensitive food distributions, targeted distribution of specialised nutritious food to prevent acute malnutrition and anaemia among young children and health and nutrition education. Targeted response to the specific nutritional needs of vulnerable groups (e.g. celiac or diabetic people), through specific interventions or actions integrated in healthcare response could be considered on the basis of a solid needs and risks analysis.

5.1.3 Water, Sanitation and Hygiene

Within the framework of the already established multi-annual WASH strategy, it is an absolute priority for DG ECHO to ensure that actions aiming at improving access to safe water are funded. The response will cover drilling of new boreholes and the optimal use of those already in exploitation. DG ECHO will also consider actions aiming to improve water distribution (mainly through the extension of the water network) to reach 20 litres/person/day. DG ECHO will also fund maintenance of the existing water infrastructure. It will also support actions promoting capacity building and development of ownership attitude among the Sahrawi population.

5.1.4 Health

The focus is on provision of basic healthcare and epidemics preparedness/response supply of essential drugs (including for non-communicable diseases). Support to emergency health services could also be considered. Specific health needs of people living with disabilities and the elderly will also be considered. In the context of the COVID-19 pandemic, health partners should also support epidemiological surveillance. Partners are expected to integrate into their projects appropriate, emergency preparedness measures and stand-ready to support health authorities in case of an outbreak.

5.1.5 Education in Emergencies (EiE)

DG ECHO will support actions that increase access to primary and secondary schools, with a focus on children at risk of dropping out. Priority is on improving access and retention at secondary level (e.g. remedial education, bridging support to upper-secondary education). Actions that improve the quality of education (e.g. teacher capacity development and rewarding), in coordination with ongoing initiatives and stakeholders, are encouraged. All EiE actions should consider child protection needs and the special needs of children living with disability. A holistic approach in schools will be promoted (e.g. WASH minimum standards/hygiene promotion). Generation of evidence and lessons learned, including from the COVID-19 experience, together with efforts to strengthen coordination and strategic planning, will be supported. DG ECHO supports multi-annual strategies in order to obtain greater efficiency, sustainability, and cost effectiveness.

5.1.6 Coordination

Coordination among the humanitarian actors, advocacy and visibility remain important to raise the profile of this forgotten crisis and to attract development/stabilization as well as non-traditional donors.

5.2 Egypt

In complementarity with the support provided to refugees and asylum seekers by development/stabilisation/migrations donors, and to promote vulnerability targeting and an effective “One Refugee” approach, DG ECHO will consider protection as the entry point for all programs in order to address the multi-faceted needs of the most vulnerable refugees and asylum seekers.

Enhanced coordination and advocacy shall aim to redress the overall discriminating response based on nationality, while addressing the basic needs of the most vulnerable and very specific gaps. The initiation of a Nexus framework with other EU instruments, in particular the EUTF, along with other like-minded donors, is expected to contribute to effectively implement an equitable “One Refugee” approach.

5.2.1 Protection

DG ECHO will support responsive/remedial protection services. Protection actions need to provide a full package of protection services: protection monitoring, identification of people at risk/survivors, case management/individual protection assistance and referral. A strong protection entry point will allow for identification of the most vulnerable regardless of status but based on protection needs and humanitarian criteria. DG ECHO protection interventions will focus on the impact of individual vulnerability on deprivation of fundamental rights, negative coping strategies, mental health, sexual and gender-based violence, and other forms of violence, abuse and exploitation. A gender and age analysis would advantageously drive the prioritization of needs.

5.2.2 Basic Needs Approach (BNA)/Multi-Purpose Cash Transfer (MPCT)

DG ECHO will consider a BNA integrated with protection actions. MPCT components will only be considered if there is a robust protection entry point. This must ensure the inclusion of people with specific protection risks who are excluded from other forms of assistance, combined with evidenced-based needs, and well identified vulnerabilities.

5.2.3 Education in Emergencies

DG ECHO will support actions that enable safe and sustainable access to quality education, with an integrated, differentiated, and equitable response targeting the most vulnerable out-of-school children and those at risk of dropping out. Coordination with education partners, donors, and other stakeholders, towards development of a gradual phase-out strategy, will be required. In case of persisting COVID-19, alternative modalities to ensure continuity of education should be considered, along with safe and effective return to schools.

5.3 Libya

In line with its mandate, DG ECHO will address humanitarian needs while stabilisation, reconstruction and development needs will be referred to other types of donors. As Libya is primarily a protection crisis, protection will be considered the entry point for all sectors/programmes in order to ensure access to the most vulnerable people excluded from state employment, social safety net mechanisms or other forms of assistance. Protection mainstreaming is mandatory across all sectors.

5.3.1 Protection

Violations of IHL/HRL and protection of civilians remains a major concern, especially in a context of escalating violence. DG ECHO will consider supporting advocacy initiatives to enhance evidence-based advocacy and efforts to promote respect for IHL/IHRL. Protection interventions should focus on the impact of the conflict on civilians as displacement, sexual and gender-based violence (SGBV), and other forms of violence, abuse and exploitation. DG ECHO will support both environment-building and responsive/remedial protection services. Protection interventions need to provide a full package of protection services including protection monitoring, identification of people at risk/survivors of violence, case management/individual protection assistance and referrals. A strong protection risk analysis shall allow for identification of the most vulnerable regardless of status but based on protection needs and humanitarian criteria. Humanitarian demining operations may be considered in areas of return, in close coordination with other funding instruments (IcSP) and if urgent unmet needs are identified.

5.3.2 Basic Needs Approach (BNA)/Multi-Purpose Cash Transfer (MPCT)

DG ECHO will consider a BNA integrated with protection actions. MPCT components will only be considered if there is a robust protection entry point. This must ensure the inclusion of people with specific protection risks and clearly identified needs and vulnerabilities, who are excluded from other forms of assistance. BNA/MPCT should not be used as an easy solution to protection issues but can contribute to reducing specific risks. They therefore should complement a wider package of protection interventions with a specific protection objective/outcome.

5.3.3 Health

DG ECHO will prioritise health interventions that address emergency health needs. In case of renewed open conflict emergency and trauma care will be supported in areas directly affected by conflict or facilities identified as referral facilities for trauma care/war surgery by provision of supplies, training, and deployment of specialised staff etc. Continuity of services and the delivery of a basic health package will be supported in areas where service delivery is at risk of disruption due to the conflict or in areas where existing healthcare systems are overwhelmed due to the impact of the long lasting conflict and COVID-19. Delivery of a basic health package should include Primary Health Care (PHC) services with integrated sexual and reproductive health services (SRH), integrated management of childhood illness (IMCI), mental health and psychosocial support (MHPSS) and a referral mechanism to secondary/tertiary care. In the COVID-19 context, health partners should support epidemiological surveillance,

integrate appropriate infection, prevention and control (IPC) measures and stand-ready to support health authorities in case of outbreak using crisis modifier modalities. As humanitarian programmes are not the appropriate tool to address development needs, DG ECHO will only consider delivery of PHC in areas that are affected by structural underdevelopment and underserved only if partners will demonstrate that the gap in public health services form a significant increased risk of disease outbreak or heightened levels of mortality.

5.3.4 Education in Emergencies

DG ECHO will prioritise provision of EiE in areas where access to education is at risk due to effects of conflict and displacement. EiE can include provision of non-formal education to facilitate enrolment into formal education and support to the formal education system (e.g. teachers' trainings, learning material, training on child protection, accelerated education etc.). Complementary to EiE activities, partners will need to analyse the barriers to access education (undetermined status, ethnic barriers or nationality, gender, safety, socio-economic barriers etc.) and support families to overcome such barriers. All EiE interventions will need to be linked to a strong child protection component including PSS and case management for children with psychological trauma and should include MRE in areas affected by active conflict, displacement or potential return movements. DG ECHO will not prioritise rehabilitation of school buildings in areas of return as these activities are included in reconstruction and development actions in many areas. DG ECHO will only consider rehabilitation works in schools prioritised for EiE and CP activities to ensure a safe learning environment. In case of persisting COVID-19, alternative modalities to ensure continuity of education should be considered, along with safe and effective return to schools

5.3.5 Coordination and Support Services

DG ECHO will consider supporting efforts to enhance evidence-based needs assessments and coordination. Access into Libya remains challenging and limits operational presence. Therefore, ECHO may support transport of personnel and supplies to and in Libya.

Other sectors such as Water, Sanitation and Hygiene (WASH) and Shelter & non-food items (NFIs) may be supported in case of proven emergency needs in areas of displacement and return.