

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

### **NORTH AFRICA (Algeria Egypt, Libya)**

**AMOUNT: EUR 20 000 000**

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision DG ECHO/WWD/BUD/2022/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes<sup>1</sup> is to serve as a communication tool for DG ECHO<sup>2</sup>'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 2022 for North Africa focuses mainly on three 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, Egypt, Libya, Morocco or Tunisia if important unmet humanitarian needs emerge.

#### **0. MAJOR CHANGES SINCE THE LAST VERSION OF THE HIP**

As a result of the wider impact of Russia's aggression against Ukraine and earlier COVID-19 pandemic, global prices for food and other commodities have sharply increased in 2022 as well as the related logistics costs. Because of the Sahrawi refugees' camps remote location, this humanitarian operation is being particularly affected. The continuity of the provision of food assistance to the Sahrawi refugees is at risk of being interrupted, thus aggravating the dire humanitarian situation of this heavily aid dependent population.

The results of the WFP and UNHCR Joint Assessment Mission (JAM)<sup>3</sup> and the nutrition survey of March 2022<sup>4</sup> show that the nutrition indicators for the refugee population have already deteriorated at the beginning of the 2022. For example, the Global Acute Malnutrition rate among children under 5 years went from 7.6% in 2019 to 10.7% in February 2022. In March 2022, one third of the surveyed population in the refugee camps near Tindouf were found to have borderline to or poor food consumption. More than three in every four households (78%) reported limiting the portion size of their meals. This assessment does not yet reflect the full impact of the food and nutrition pipeline cuts that the Sahrawi refugees experienced later in 2022.

The additional budget (EUR 2 million) will support the most vulnerable refugees to maintain the food rations of 2 100 kcal/person over the next months. It is therefore earmarked for the World Food Programme.

#### **1. CONTEXT**

##### **1.1. Algeria (Sahrawi refugee 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

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<sup>1</sup> Technical annex and thematic policies annex

<sup>2</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

<sup>3</sup> WFP UNHCR: Joint Assessment Mission Algeria 2022

<sup>4</sup> UNHCR WFP 2022 Nutrition Survey Sahrawi Refugee Camps  
ECHO/NF/BUD/2022/91000

of the Sahrawi 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). Hostilities resumed in November 2020 and continue, albeit now at a low intensity. In October 2021 Staffan de Mistura was appointed as the new UN Secretary General Personal Envoy for Western Sahara. In the meantime, political and diplomatic tensions between Algeria and Morocco are mounting. Gathered in five camps around Tindouf in the Algerian Sahara desert, Sahrawi refugees are dependent on external humanitarian assistance. The lasting stalemate in the resolution of the conflict and political sensitivities, as well as extreme climatic and environmental conditions, 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 financial EU instruments better suited to cover medium to longer-term activities (in particular in the livelihood sector, social cohesion and prevention of youth radicalisation). Given the protracted nature of the crisis, UN Agencies and International Non-Governmental Organisations (INGOs) working in the camps have set up multiannual sectorial strategies in order to achieve more efficiency, sustainability and cost effectiveness.

DG ECHO's Integrated Analysis Framework for 2021-2022 identified moderate humanitarian needs in Algeria and high vulnerability in the Sahrawi refugee camps. DG ECHO considers the Sahrawi crisis to be a Forgotten Crisis.

## **1.2. Egypt**

In Egypt, DG ECHO provides humanitarian support to a caseload of refugees and asylum seekers living in the most populated urban centres. Egypt remains a country of destination and transit for refugees, asylum seekers, and migrants. Notwithstanding 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 experience higher vulnerability and discrimination, while receiving less assistance, and are 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, demonstrating hereby a lack of full-fledged one-refugee approach. Vulnerable groups such as unaccompanied and separated children (UASC), 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 are aggravating the needs of the most vulnerable households.

DG ECHO's Integrated Analysis Framework for 2021-2022 identified high humanitarian needs and very high vulnerability for refugees and asylum seekers in Egypt.

## **1.3. Libya**

After the fall of the Ghaddafi regime in 2011, several rounds of intense conflict and political fragmentation between rival groups have significantly impacted Libya's social fabric, basic services, and national infrastructure. The ceasefire of October 2020 paved the way for a political process that led to the appointment of the Government of National Unity (GNU) in March 2021. By mid-2021 progress has stalled on the political front. Rifts between the Government of National Unity (GNU), the House of Representatives (HoR)

and other political actors have become more apparent and there is a risk that conflict returns.

The number of IDPs in Libya has decreased reaching 212 593 in April 2021. This trend was further confirmed in September 2021, with a reduction of 36% of people in need. If this trend continues in 2022, and considering that humanitarian needs are steadily decreasing, DG ECHO humanitarian assistance will end in 2023.

Meanwhile, the absence of an approved 2021 budget for development and rehabilitation delays recovery remains a major stumbling block for durable and dignified returns of IDPs. Destruction of houses, unexploded ordnance (UXOs) and Explosive Remnants of War (ERWs) in some areas also prevent return of displaced and resumption of agriculture and other economic activities, while eviction threats to displaced populations are increasing. The human rights situation remains characterised by a lack of accountability for violations. Many refugees, asylum seekers and migrants (RAM) have come to seek job opportunities in Libya. COVID-19 has negatively affected their living conditions and livelihood opportunities. RAM are also exposed to human trafficking, kidnapping, torture, extortion, forced labour, illegal detention and extrajudicial killing.

Despite the fragile political landscape, the more stable security situation as compared to last year has allowed for some improvements in access to services and cash, and some important milestones have been achieved such as the opening of the coastal road linking Libya's East and West and the launch of the COVID-19 vaccination.

Libya is also one of the driest countries in the world. Climate change and increased temperatures will result in more frequent episodes of droughts, sandstorms and floods, along with increased desertification. By 2050, annual precipitations are feared to decrease by 7%, with an increase in intensity of rainfall events. It will have a negative impact on agriculture, water resources and human health.

DG ECHO's Integrated Analysis Framework for 2021-2022 identified high humanitarian needs in Libya. The vulnerability of the population affected by the crisis is assessed to be high due to the volatile situation; however, if stability persists humanitarian needs are expected to decrease.

	Algeria	Egypt	Libya
<b>INFORM Risk Index<sup>5</sup></b>	4	4.8	6,6
Vulnerability Index	2.9	3.9	5,2
Hazard and Exposure	5.1	6.1	8,2
Lack of Coping Capacity	4.4	4.6	6,8
<b>Global Crisis Severity Index<sup>6</sup></b>	2.3	2.4	4,0
Projected conflict risk	7.5	9.3	9,8
Uprooted People Index	5.3	6.6	9,1
Humanitarian Conditions	4.7	4.9	10,0
Natural Disaster Index			3,7

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<sup>5</sup> INFORM is a global, open-source risk assessment for humanitarian crises and disasters

<sup>6</sup> <http://www.inform-index.org/Global-Crisis-Severity-Index-beta>

<b>HDI Ranking<sup>7</sup> (Value)</b>	0.748 (2019)	0.707 (2019)	105
<b>Total Population<sup>8</sup></b>	<b>44,738,036</b>	<b>104,776,633</b>	<b>6,871,287</b>

## 2. HUMANITARIAN NEEDS

### 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 carried out. Pending 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 and sectorial ad hoc needs assessments. WFP estimated the number of food insecure people living in the camps at 133 672 people.

#### 2.1.2. Egypt

As of June 2021<sup>9</sup>, the UNHCR has registered 265 013 asylum seekers (69%) and refugees (31%)<sup>10</sup>. Women represent 48.3% of the total population, among whom are almost 87 000 school age children and 4 176 unaccompanied and separated children (UASC)<sup>11</sup>. The asylum seekers and refugee caseload are split between 133 568 Syrians (50.4%) and 131 445 of other nationalities (49.6%). 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.

#### 2.1.3. Libya

According to the 2021 Humanitarian Needs Overview (HNO) there are 803 587 people in need (PiN), a 36% reduction if compared to the 2020 figures. There are no longer people classified in the category "catastrophic", and there has been an 87% reduction of the people classified in the category "extreme needs". In view of the sharp decrease of humanitarian needs, Libya Humanitarian Country Team members agreed to extend the 2021 Humanitarian Response Plan by five months into 2022. Through access to state employment and social safety net mechanisms, many Libyans have proven rather resilient and been able to meet their basic needs. However, some individuals or groups of people,

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<sup>7</sup> Humanitarian Development Index (HDI) developed by UNDP

<sup>8</sup> World Bank data, 2021

<sup>9</sup>Source [https://www.unhcr.org/eg/wp-content/uploads/sites/36/2021/08/Monthly\\_StatisticalReport\\_May2021\\_External.pdf](https://www.unhcr.org/eg/wp-content/uploads/sites/36/2021/08/Monthly_StatisticalReport_May2021_External.pdf)

<sup>10</sup> However, according to IOM, out of the 6.3 million internationals living in Egypt, 900,000 to 1,000,000 are estimated in need of assistance with overlapping vulnerabilities. Due to limited available funding, DG ECHO will continue focusing on refugees and asylum seekers, most of those presenting a higher degree of vulnerability.

<sup>11</sup> Source: UNHCR August 2021 unpublished data

e.g. IDPs, returnees socially marginalised people, people with undetermined legal status, persons belonging to a specific ethnicity, tribal or political affiliation, etc., may be unable to access services, such as health and education, meet their basic needs and rebuild their lives due to lack of economic opportunities and protection threats.

*Internally displaced persons, returnees and other conflict affected populations*

According to IOM's DTM (Displacement tracking matrix)<sup>12</sup>, 212 593 persons (42 506 families) remain internally displaced (IDPs), while 643 123 people (128 512 families) have returned to their place of origin by end of June 2021.

*Refugees, Asylum-Seekers and Migrants (RAM)*

IOM estimates that the number of migrants has increased to 597 611<sup>13</sup> including 43 000<sup>14</sup> refugees and asylum seekers from over 40 nations. Among them 10% are women, 10% are children, and among them 2% are unaccompanied. 78% of RAM<sup>15</sup> are able to access job opportunities in Libya and are self-sufficient. However, the most vulnerable amongst them are unable to meet their most basic needs. RAM often face discrimination and have difficulty accessing public services and assistance programmes.

	Algeria	Egypt	Libya <sup>16</sup>
Refugees and asylum seekers	90,000 – 173,000 refugees	181,107 asylum seekers 81,352 refugees	597,611 migrants 42,000 refugees

## 2.2. Description of the most acute humanitarian needs

### 2.2.1. Food and nutrition

**Algeria:** According to the latest WFP Food Security Assessment, 78% of the refugees depend on humanitarian assistance for their minimum daily food intake and access to basic services. 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. Food Assistance could be provided in a more effective way if the lists of beneficiaries were shared with the humanitarian organisations. *On nutrition:* according to the latest available survey<sup>17</sup> 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%. Anaemia affects now almost 50% of children under 5 years of age and more than 52% of women in reproductive age. Obesity affects almost 30% of women in reproductive age with well-

<sup>12</sup> IOM's DTM round 37

<sup>13</sup> IOM DTM Libya, round 37: data collected in May and June 2021

<sup>14</sup> UNHCR, 2021

<sup>15</sup> 5% more than in August 2020, but 5% less than before the pandemic

<sup>16</sup> 1,251,000 people in need (PIN), rounded to 1.3 million people in the HRP

<sup>17</sup> WFP, CISP, UNHCR Nutritional Survey 2019

known consequences on morbidity risk and other non-communicable diseases such as diabetes.

#### 2.2.2. *Water, Sanitation and Hygiene (WASH)*

**Algeria:** On average, a single Sahrawi refugee has access to 12.6 litres of water/day while the minimum SPHERE standard is 15 litres/person/day. To improve the situation DG ECHO asked partners to work out a multiannual WASH strategy with the objective of making considerable savings by gradually switching water delivery system from water trucking to water piping. Dependency on water trucking has already decreased from 70% in 2019 to 56% at the end of 2021. On average, 37% of the distributed water needs additional treatment by osmosis as it contains high levels of fluorides and minerals that constitute a public health risk.

#### 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 has put an additional burden on the weak health system. COVID-19 immunisation coverage remains patchy and should be expedited.

**Libya:** The healthcare system has been struggling to provide quality services due to COVID-19, the effects of the conflict, weak governance, closure, damage or destruction of facilities, water and electricity outages, lack or misallocation of healthcare staff and shortage of medical supplies and equipment. Out of the total 803 587 people in need in 2021 451 000 people have severe or extreme health needs<sup>18</sup>. The lack of an approved country budget for health and persisting weaknesses of the system has led to repeated stock outs of critical vaccines, and shortages of medicines for patients with life-threatening diseases such as Tuberculosis and HIV/AIDS. Capacity and presence of national health NGOs remains extremely limited. Vulnerable groups such as people with no Libyan identity cards, migrants, refugees and people in remote locations face particular challenges accessing public healthcare services. In the South, people with disabilities (PWD) have difficulties to access physical rehabilitation services.

The roll-out of a countrywide COVID-19 vaccination campaign started mid-April 2021. As of end September 2021, 1 388 714 people at risk had received their first dose (18.5% of the population) and 207 265 were fully vaccinated<sup>19</sup>. Partners report challenges of the COVID-19 vaccination roll out such as lack of IT equipment, personal protective equipment (PPE) and reliable cold chains. The vaccination of migrants has started but is progressing at a slow pace.

#### 2.2.4. *DRR/DP*

**Libya:** Several years of armed conflict in Libya, compounded by the COVID-19 pandemic, have disrupted the health system, including epidemics surveillance. A recent evaluation conducted nationwide concluded that serious gaps in the epidemic surveillance

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<sup>18</sup> 2021 Libya HRP that will be extended by five months

<sup>19</sup> COVID-19 vaccination tracker for EMRO countries  
ECHO/NF/BUD/2022/91000

and rapid response systems lead to increased risks of outbreaks, due to limited capacity in alert verification, outbreak investigation, confirmation and response.

#### 2.2.5. *Education in Emergencies*

**Algeria:** Access to free early childhood, primary and secondary education is in principle guaranteed for all the refugees but requires constant international support. The quality of primary education in the camps is poor due to the lack of qualified teachers, insufficient teaching material and infrastructure. Just as for the medical doctors, teachers are not sufficiently rewarded. This leads to a high turnover among staff. Additionally, poor educational performance and increasing dropouts are observed, especially at secondary level. Information on children with disabilities is scarce and their access to education is limited.

**Egypt:** Egypt hosts a predominantly young refugee population in need of adequate education services at all levels. According to UNICEF, most of them have experienced considerable disruptions to their education in their country of origin and during their subsequent displacement to Egypt. Barriers to education range from enrolment, to integration and retention. Both policy and learning barriers prevent refugees from enrolling in public schools. Insecurity, protection concerns, and school closures related to COVID-19 further exacerbate education exclusion<sup>20</sup>. Many have poor educational support at home and few opportunities to access remedial education. According to UNHCR, economic constraints are one of the factors contributing to discontinued education, as refugee adolescents/youth are often compelled to enter the labour force. 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 with patchy quality and perspectives, in the so-called ‘refugee community schools’<sup>21</sup>. Overall, while the Education sector offers opportunities to advance on the humanitarian-development nexus, there is still a lack of a common interagency sectoral strategy, and a lack of consistency in the standards and approaches.

**Libya:** The 2021 HNO estimates that 171 309 children are in need of support to access quality education (a 56% reduction if compared to 2020), with migrant children often having no access to the formal education system. Although the number of out-of-school children in Libya remains low, access to education has suffered from the conflict and the closure of schools due to COVID-19. 253 schools were partially damaged or destroyed during the 10 years of intermittent conflict. Fourteen schools are still used as IDP shelters<sup>22</sup> resulting in overcrowding in some of the functioning schools. The 2020/21 school year was reduced to a couple of weeks due to COVID. The Ministry of Education (MoE) still lacks a centralised database with information about schools, students and teachers (EMIS Education Management Information System).

Children affected by the conflict not only struggle to perform in school but also suffer from conflict-induced trauma and stress. Reasons for not attending school include lack of civil

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<sup>20</sup> As reported by Saint Andrews Refugee Services’ report on *Education for Integration: an analysis of barriers to mainstreaming refugees into public schools in Egypt* (October 2020)

<sup>21</sup> Syrian, Sudanese, South Sudanese, and Yemeni refugee children have access to education in public schools in Egypt. Refugees and asylum-seekers from other nationalities rely on private or informal education institutions as they have no access to public education; many attend refugee community schools which are outside the formal education system.

<sup>22</sup> Information on # of schools as IDP shelter, according to the Education sector working group.

documentation, inability to afford the cost, or because there are no schools in the area. For few, schooling is not seen as a priority.

#### 2.2.6. *Protection*

**Egypt:** The barriers faced by refugees and asylum seekers in obtaining and renewing national residency permits severely limit their access to livelihood opportunities and basic services. This exposes the most vulnerable, notably of sub-Saharan origin, and in particular girls and women, adolescents, youth, and unaccompanied and separated children (UASC), to increased protection risks. Uncertainties and contingent difficulties caused by COVID-19 have had widespread impact on the mental and psychological health of people already living under these difficult circumstances. Overall, some NGOs report a severe impact of COVID-19 on refugee communities in Egypt; it has allegedly worsened vulnerabilities and stigmatisation, especially toward sub-Saharan refugees and migrants.

**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. The increase in eviction threats against IDPs in their current location has created push factors for unprepared and rushed returns. The premature return without adequate planning and support to reintegration is likely to aggravate protection risks. Despite huge mine clearance efforts, several areas remain heavily contaminated putting people at risk, hindering the safe return of IDPs, and limiting early recovery activities. Survivors of protection violations, including of sexual and gender-based and other forms of violence, exploitation and abuse, are in need of specialised protection services. Migrants disembarked in Libya, including a significant number of unaccompanied children, are exposed to inhumane conditions and lack protection in overcrowded detentions centres (DCs) where humanitarian organisations have limited access.

The 2021 HNO estimates that at least 349 574 people require protection assistance (a 25% decrease compared to 2020), amongst them 152 767 persons at risks of GBV and victims of GBV incidents and in need of specialised protection services and 270 524 specialised child protection services.

#### 2.2.7. *Basic Needs Approach*

**Egypt:** Most 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 pandemic. Negative coping mechanisms are prevalent among refugee populations struggling to meet their basic needs since the outbreak of COVID-19<sup>23</sup>. 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 25% of eligible vulnerable refugees are benefiting from multi-purpose cash-based assistance (MPCT), with a persisting imbalance in targeting between Syrian and non-Syrian refugee caseloads due to some donors' earmarking of funds towards Syrians. It is acknowledged that without sustainable livelihood options, refugees and asylum-seekers remain dependent on humanitarian aid and will increasingly resort to

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<sup>23</sup> Source: Sagaci Research (2021), UNHCR



harmful coping strategies to meet their basic needs. The government of Egypt expressed an interest to expand the national social assistance targeting eligible Egyptians to all residents, if classified as vulnerable. However, it will possibly require several years to transition the current parallel MPCT programmes into a national-led system.

**Libya:** As of mid-2021, the banks' cash liquidity crisis has eased, enabling people to access some of their income and savings, self-initiated rehabilitations of businesses and accommodation; prices have remained relatively stable but central government support to reconstruction remains absent for lack of an approved 2021 country budget.

Poor governance, weak public finance management and underdevelopment is resulting in sub-standard public service delivery<sup>24</sup>. Vulnerable groups including IDPs, migrants, refugees and other groups with less access to livelihood opportunities and assistance programmes struggle for shelter, basic goods and services, with healthcare, education and cash support cited as key priorities. The economic impact of COVID-19 restrictions has worsened the situation and further eroded the most vulnerable people resilience. Political stabilisation and government -led recovery and reconstruction efforts may improve access to services and economic opportunities thus helping people to bounce back.

#### 2.2.8. *Coordination*

**Algeria:** Coordination among the humanitarian actors remains weak. Different aid sectors work largely in silos. Contingency planning is not fully effective yet, even if the 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 accordingly to refugee needs based on vulnerability. There is currently a lack of common vision and strategy between some of the key humanitarian stakeholders on how to best address the needs and promote sustainable solutions. However, during 2021 an intensified strategic dialogue amongst international donors and specialised agencies – including ministerial counterparts - has promoted a better understanding of the dynamics of migrants and forcibly displaced persons hosted in Egypt.

**Libya:** Coordination of humanitarian assistance has improved over the last 12 months, sector working groups and inter-sector coordination are established but access constraints are hampering better synergies amongst humanitarian actors.

#### 2.2.9. *Environmental impact*

**Algeria:** Only a very limited system of waste management exists in the camps. The problem should be acknowledged, studied and addressed to ensure more environmental sustainability of the camps.

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<sup>24</sup> The Minimum Expenditure Basket (MEB) is 12.3% higher than in March 2020, before the COVID pandemic. In the East of Libya, the cost of the MEB has risen by 5.4%. The food proportion of the MEB has decreased by 8.2%, whereas the price for medication such as paracetamol and antibiotics has increased.

### **3. HUMANITARIAN RESPONSE AND COORDINATION**

#### **3.1. National / local response and involvement**

**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) and scholarships for secondary and high school education. Refugees also receive some support from civil society, which is channelled through the Algerian Red Crescent (ARC). Algerian authorities are proactively and effectively responding to natural disasters (such as the 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. Education and health services in the camps are organised by the Sahrawi camps' authorities thanks to the 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 reviewed to prevent the collapse of essential social services in the camps.

**Egypt:** In the absence of a national asylum system, all activities pertaining to registration, documentation, and refugee status determination for asylum seekers from any country are carried out by UNHCR under a framework agreement signed with the government in 1954. With the support of EASO, Egypt is currently in the process of drafting a national "asylum law" (not clear yet when it will be finalised and enforced). Besides the provision of an overall conducive asylum space, which includes free access to health and education for most 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 a restrictive operating and legislative environment.

**Libya:** In Libya, a high middle-income country under Ghaddafi's rule, line ministries through social safety nets, city councils, civil society and private actors have been actively engaged in the humanitarian response mainly through municipalities and local crisis committees. They have remained the first responders in crisis situations, helping those in need of live saving assistance. Planning, coordination, analysis of response gaps and accountability have remained weak. Due to the conflict, the split of authorities between West and East and interruption of oil revenues, line ministries and local authorities have struggled to respond and maintain basic public services. In particular, the healthcare system has been struggling. Weak governance has also hampered an effective response to the COVID-19 pandemic in Libya. While municipalities, communities and individuals have been very active in supporting displaced Libyans seeking to return to their neighbourhoods, central government support to reconstruction and rehabilitation of neighbourhoods has remained absent. The reunification of authorities and line ministries may improve the preparedness and response capacity of the government.

#### **3.2. International Humanitarian Response**

**Algeria:** UNHCR is the leading UN agency for the response to the Sahrawi refugee crisis. It is responsible for the coordination, protection, health, and WASH sectors through dedicated working groups. UNICEF leads on education and WFP on food security. UN agencies release a project-based annual appeal. As of July 2021, the total incoming funding amounted to USD 18.8 million compared to USD 26.1 million in 2020. The EU humanitarian funding allocated so far in 2021 represents 58% of total humanitarian funding. 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. In recent years, the international funding has been decreasing. That is due to the emergence of other large-scale conflicts in the world, the protracted forgotten character of the Sahrawi crisis and a lack of strategic vision, efficient coordination and targeting based on vulnerability.

**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 requested USD 127 million for 2021 and received USD 34 million (27%), while the Egypt Response Plan by UN agencies and partners have requested USD 99.6 million<sup>25</sup>.

**Libya:** The 2021 Humanitarian Response Plan (HRP) requested a total amount of USD 189.1 million to support 451 000 people in need. By end-September 2021, the HRP had received 49.4 % (USD 93.5, million) of their total requested funding<sup>26</sup>, and additional USD 38.2 million was provided outside of the HRP, with the US and the EU being the largest donors.

The humanitarian response has been based on a yearly HNO/HRP. In view of uncertainties around the political process and resulting scenarios and the decrease in humanitarian needs, the Libya Humanitarian Country team has agreed on the extension of the 2021 HRP for five months, with a total funding requirement for 2022 of USD 78 million. The first months of 2022 will be used to design an adequate framework depending on the evolution of the situation. Libya lacks a national development plan and a stabilisation/reconstruction plan that would facilitate stronger coordination and development of complementarities between humanitarian, stabilisation and development programmes.

### 3.3. Operational constraints

#### 3.3.1. Access/humanitarian space

**Algeria:** The host country and the refugee camps' authorities exert a tight control on 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, movement restrictions and curfew are compulsory for all international actors working in the camps. While meant to ensure the security of the humanitarian workers, they also limit independent access to the beneficiaries. The capacity of local actors is in most cases low due to limited resources and weak technical expertise.

**Egypt:** Humanitarian space has faced restrictions due to the legislation regulating NGO work. The implementation of the reformed NGO Law (adopted in 2021), and its new

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<sup>25</sup> Source UNHCR, June 2021 unpublished data

<sup>26</sup> Source OCHA FTS

bylaws, will soon determine whether a more enabling environment is now present for NGOs, notably for conducting field research, surveys or opinion polls.

**Libya:** Security conditions in some areas of Libya and restrictions linked to the COVID-19 pandemic, compounded by bureaucratic obstacles and the difficulties of many international organisations to obtain visas still hamper the presence of international staff in Libya and their ability to conduct regular field missions to all project sites and target populations. Consequently, the limited operational presence of humanitarian actors on the ground severely impacts humanitarians' ability to reach people in need.

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

**Algeria:** Only a handful of implementing partners work in the refugee camps. Mobilising partners in such a context (remoteness, extreme climate conditions and lack of development opportunities and limited humanitarian space) is difficult. The operations in the refugee camps are to a great extent implemented by the refugees themselves with little room for improvement. The possibilities to conduct comprehensive needs assessments and strategic multiannual planning remain limited.

**Egypt:** International humanitarian actors are limited to UN agencies and a few INGOs, whose operational capacity is constrained by restrictive barriers and delays in accreditation and project clearance, and operational challenges and government scrutiny faced by their local implementing partners.

**Libya:** Partial remote management is still used by most actors whilst others have regained access either permanently or to conduct short-term missions into Libya. INGOs and UN will need to further enhance their footprint across Libya for an improved analysis and a better targeted response.

### *3.3.3. Other*

**Algeria:** Given the geographical location of the camps, the logistics costs are high. Some improvements can still be made, such as ensuring local purchase of medicines and medical consumables.

**Libya:** Lines have been blurred between principled humanitarian assistance and other policies/programmes aimed to supporting political stabilisation and migration policies. Protection against Sexual Exploitation and Abuse (PSEA) and Accountability to Affected Populations (AAP) have been strengthened in 2021, but will need further attention and efforts due to the high-risk environment. Partial remote management may increase the risk of mismanagement of aid and aid diversion.

## **4. HUMANITARIAN – DEVELOPMENT – PEACE NEXUS**

**Algeria:** The ongoing stalemate in the resolution of the conflict continues to stand in the way of a more active involvement of development actors. Only a few small-scale livelihood projects have been implemented. DG ECHO facilitated the design and implementation of an 18-month EUR 800 000 project funded by the Instrument contributing to Stability and Peace (IcSP) to foster opportunities for the Sahrawi youth. Another regional environmental project has been funded by DG NEAR. However, the promotion of a structural nexus approach is 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. It will also continue reaching out to all non-EU donors to find 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).

**Egypt:** Given the protracted nature of the refugee crisis in Egypt - at the same time a destination and transit country for refugees, asylum seekers, and migrants from across the Middle East and Africa, the prevalence of the migration flows in the region and the few perspectives of resettlement or return - there is no prospect to expect an end to the refugee crisis in the short or long run. Humanitarian aid cannot replace long-term political and development solutions. Multi-year development financial instruments would be better placed for a gradual replacement of short-term humanitarian funding, especially for social services to be potentially provided by the government of Egypt. Nexus opportunities should be developed by building on Egypt's declared intentions to promote the inclusion of refugees and migrants<sup>27</sup> as part of the national solidarity system, with the support of international donors (notably the EU, US, UN). The government is currently working with the UN on a national framework for better access of refugees and migrants to the national social protection system and essential social services. In 2022, DG ECHO will strive through its programming to support the operationalisation of this framework, in synergy with other EU services (DG NEAR, DG HOME, and the EU Trust Fund for Africa). In addition, DG ECHO will continue to identify, in coordination with other EU services, opportunities for transitioning from humanitarian aid to development in certain areas (as it was the case in previous years for the health sector or basic needs assistance for unaccompanied minors for example – where the EUTF took over from DG ECHO), and whenever possible, fund pilot projects that will support the operationalisation of the nexus in its priority sectors of intervention (Education, Basic Needs and Protection).

**Libya:** Regarding certain of the most vulnerable population groups, humanitarian programming is still a suitable modality to respond to emergency needs. However, for the majority of the population in a post-conflict setting, multi-year development and stabilisation programmes would be more appropriate to address the underlying causes of structural needs. The strategic use of complementarities and gradual phase-out of humanitarian operations has been hampered by the absence of a government-owned reconstruction and development strategy, and the required coordination structure to implement it.

For the preparation of the 2022 HIP priorities and identification of nexus opportunities, DG ECHO has actively consulted the EU Delegation to Libya, DG NEAR, DG HOME, FPI and the EEAS. From 2022, support provided by EUTF Africa will gradually be replaced by the NDICI bilateral envelope for Libya and the regional migration funding which shall include actions for the protection of IDPs and migrants. This may allow DG ECHO to gradually exit if the situation in Libya further improves.

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<sup>27</sup> The Government is currently working in coordination with the UN on a national framework that shall explore avenues for better access of refugees and migrants to the national social protection system and essential social services.

Education needs are mostly of structural nature. Therefore in 2022, DG ECHO's Education in Emergencies programming will continue to target children that have no or limited access to quality education while development-oriented donors could be addressing structural needs and strengthen the education system through multi-year programmes <sup>28</sup>.

As for social protection, DG ECHO will continue to support cash for protection and cash for basic needs that acts as a safety net to the most vulnerable people not yet covered by any other type of assistance, whereas other EU/other funding instruments and/or other donors support rehabilitation and expansion of existing social safety net systems and foster livelihoods opportunities.

In the health sector, DG ECHO is addressing urgent health needs in underserved areas, either overstretched due to the COVID crisis or weak or absent due to long lasting conflict and neglect. Other EU funding instruments will provide structural support, assisting in rebuilding and strengthening the health system.

DG ECHO will also support EWARN, a surveillance system for disease outbreaks, where health partners work together with the NCDC and Ministry of Health to respond immediately to public health threats. The EU Delegation in Libya will be supporting the structural development and functioning of the national Health information management system (HIMS). The integration of EWARN into the HIMS is part of DG ECHO exit strategy from Libya.

## **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 the HIP policy annex.

### **5.1. Envisaged DG ECHO response**

#### *5.1.1. Algeria*

DG ECHO will ensure that humanitarian needs of the most vulnerable Sahrawi refugees 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 line with DG ECHO global commitments, activities aiming at reducing the environmental footprint of humanitarian aid should be present in all DG ECHO funded actions.

In 2022, as in 2021, DG ECHO expects - through different activities - to target the entire refugee camps' population.

### *DG ECHO will prioritise funding for the following sectors and priorities:*

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<sup>28</sup> DG ECHO will closely liaise with ECW (Education Cannot Wait)'s Multi-year Resilience Plan for the Education sector in Libya (3-year MYRP allocation of USD 11 million).

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.

Nutrition: DG ECHO intends to focus on nutrition-sensitive food distributions and targeted distribution of specialised food to enhance nutritional and micronutrient status among children under 5 years of age and women. It also aims to promote 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 if based on solid evidence and analysis of comparative advantage by DG ECHO.

Water, Sanitation and Hygiene: It is an absolute priority for DG ECHO to fund actions aiming at improving access to safe water. The response shall cover drilling of new boreholes and optimal use of those already in exploitation. DG ECHO will also consider actions aiming to improve water distribution (mainly through the extension of water network and improvement of water treatment) to reach 20 litres/person/day and to further reduce water trucking. DG ECHO will continue to strengthen local WASH authorities so that they progressively undertake the maintenance of the existing water infrastructure.

Health: DG ECHO will focus on the provision of basic healthcare, epidemics preparedness/response and the 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 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 epidemic outbreak.

Education in Emergencies (EiE): EiE is a major priority for DG ECHO in the Sahrawi camps. The first part of infrastructural works being completed with success in 2020/2021, in 2022 DG ECHO will support actions that increase access to quality primary and secondary education. The actions should be focused on children not enrolled and at risk of dropping out. This includes improving access and retention at secondary level (e.g. through remedial education, bridging support to upper-secondary school), and education for out-of-school adolescents as part of the formal system. Actions that improve the quality of education (e.g., teacher capacity development), in coordination with ongoing initiatives and stakeholders, are encouraged. A holistic approach to education will be promoted (e.g. WASH minimum standards/hygiene promotion in schools, protection). Generation of evidence and lessons learned, together with efforts to strengthen coordination, strategic planning and resourcing are important. DG ECHO will continue supporting the roll-out of the multi-annual strategy in the sector of education to obtain greater effectiveness, efficiency and impact.

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

### 5.1.2. *Egypt*

To maximise the efficiency of the DG ECHO funding available for Egypt in 2022, DG ECHO will focus its intervention on Education in Emergencies and Child Protection. Based on an estimation of people targeted in 2021, DG ECHO should reach up to 40 000 beneficiaries in 2022. With its inconsistent efficiency and numerous challenges, the MPCT component of the DG ECHO portfolio might have to be reconsidered, and if additional analysis will be confirmed, most probably a transitional pattern should be envisaged to allow a gradual disengagement of DG ECHO's humanitarian funding in this sector.

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/adolescents and those at risk of dropping out. DG ECHO sectorial approach will focus on i) strengthening the inclusion of refugees within the Egyptian education system; ii) enhancing the quality of refugee community schools, and fostering innovative approaches for their sustainability, where appropriate; iii) promoting out of school children's access to formal and non-formal education and mitigating risks of dropouts. The reinforcement of the coordination architecture in the education sector for an efficient coordination and common minimum standards and approaches will translate in the development of a meaningful interagency education strategy for refugees and asylum seekers with a multi-year action plan, reinforced by a joint advocacy strategy.

Protection: Protection will be mostly integrated into EiE programming, while keeping the option - pending a solid gap analysis - of dedicated protection interventions, such as responsive /remedial protection services. Protection actions will 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 gender and age analysis would advantageously drive the prioritisation of needs. Actions targeting the remaining disparities between the refugee populations (Arab/non-Arab speaking-Syrian and non-Syrian refugees) and emerging protection concerns could be considered.

Basic Needs Approach (BNA)/Multi-Purpose Cash Transfer (MPCT): DG ECHO may consider continuing funding MPCT, albeit with a reduced sectorial allocation, to address the basic needs of the most vulnerable beneficiaries based on a full-fledged one refugee approach and robust needs analysis. Moreover, innovative pilot projects promoting avenues to initiate the formulation of a Nexus approach in linking refugee cash transfers to the Government-led social protection system would be encouraged.

Coordination: Enhanced coordination and advocacy shall aim at redressing the overall discriminating response based on nationality, while addressing the basic needs of the most vulnerable and very specific gaps. Coordination will also be of the essence to promote the operationalisation of a nexus framework.

### 5.1.3. *Libya*

Considering the reduced humanitarian needs in 2021, and the subsequent reduced funding allocations for 2022, this HIP aims at supporting up to one million vulnerable people. In 2022 and in line with its mandate, DG ECHO will address humanitarian needs and disaster preparedness actions, while stabilisation, reconstruction and development needs will be referred to other types of donors. DG ECHO will prioritise underserved population groups,



remote and hard to reach areas, addressing humanitarian needs in the areas of health, education in emergencies, protection and multipurpose cash. DG ECHO will also support advocacy actions to promote respect for International Humanitarian Law (IHL) and Human Rights (HR), as well as the coordination of the humanitarian response.

Protection mainstreaming is mandatory across all sectors and an analysis of risks and threats will be considered the entry point for all interventions to ensure access to the most vulnerable people excluded from assistance.

Support to IDP populations in displacement sites should be part of a longer-term strategy with the objective to enable them to return to their places of origin in safety and dignity, or to integrate in a location of their choice in Libya.

If peace holds and elections result in a stable government willing and determined to embark on recovery and reconstruction, humanitarian programming will be decreasing, in favour of multiyear development and stabilisation actions. Therefore, partners should elaborate on their exit/transition strategy in their 2022 proposals.

### Protection

Violations of IHL/HR and protection of civilians remain a major concern, especially in a context of escalating violence. DG ECHO will continue to support evidence-based advocacy and efforts to promote respect for IHL/HR. Protection interventions will focus on the impact of the conflict and COVID-19 on civilians such as displacement, persons at risks of GBV and victims of GBV incidents and other forms of violence, abuse and exploitation. DG ECHO will support both environment-building and responsive/remedial protection services. Protection interventions may include monitoring, identification and referral of persons at risk, survivors of violence, abuse and exploitation and provision of individual case management, including access to specialised protection services and referrals. Stand-alone monitoring activities will not be considered. A strong protection risk analysis shall allow for identification of the most vulnerable regardless of status but based on needs and humanitarian criteria. Humanitarian mine action may be considered in areas of return, in close coordination with other funding instruments (IcSP).

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

DG ECHO will consider BNA (Basic Needs Assistance) integrated with protection actions, or stand-alone. However, MPCT (multi-purpose cash transfer) components should be based on a robust protection risk analysis. This must ensure the inclusion of people with specific 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.

### Health

DG ECHO will prioritise continuity of services and the delivery of a basic health package will be supported in areas where existing healthcare systems are overwhelmed due to the impact of the long-lasting conflict, neglect 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. 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 and if an exit strategy is presented. 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.

#### DRR/DP

In order to strengthen communicable disease surveillance in Libya, DG ECHO shall support a threefold approach articulated around the following strategic priorities: 1) enhanced EWARN that will yield real-time information to support the timely detection and verification of potential disease outbreaks caused by emerging and epidemic-prone diseases, 2) improved national capacity to respond to emerging and epidemic-prone diseases, 3) Strengthened laboratory diagnostic capacity to support the prompt confirmation of outbreaks and monitor their spread. All actions shall be conducted in the framework of the existing early warning mechanism and close in cooperation with the MoH and relevant national stakeholders.

#### Education in Emergencies

DG ECHO will prioritise provision of EiE in areas where access to education has been hampered due to effects of conflict, displacement and COVID-19. EiE may include provision of non-formal education to enable children to enrol and /or succeed in formal education and support to formal education (e.g. teachers' trainings, provision of learning and teaching material). Partners are expected to analyse the barriers to education (undetermined status, ethnic barriers or nationality, gender, safety, socio-economic barriers etc.) and support families to overcome such barriers. EiE interventions will need to be linked to a strong child protection component, including PSS and case management/referral for children with psychological trauma. MRE (Mine Risk Education) should be included as relevant in areas affected by 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. In case of persisting COVID-19, alternative modalities to ensure continuity of education should be considered, along with pathways for safe and effective return to schools. DG ECHO expects close coordination and a coherent approach amongst EiE actors with comparable modules for teacher training, non-formal education and PSS in order to facilitate gradual handover to the Ministry of Education.

#### Coordination, Advocacy and Support Services

DG ECHO will consider supporting efforts to enhance evidence-based needs assessments and coordination. DG ECHO promotes effective advocacy on protection, IHL, humanitarian space and humanitarian access. Access into Libya remains challenging and limits operational presence. Therefore, DG 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 within reasonable limits in case of proven emergency needs in areas of displacement and return. Large scale rehabilitation of houses and public infrastructure is beyond DG ECHO's mandate.

## **5.2. Other DG ECHO interventions**

The Emergency Toolbox HIP may be drawn upon for the prevention of, and response to, outbreaks of Epidemics. Under the Emergency Toolbox HIP, the Small-Scale Response, Acute Large Emergency Response Tool (ALERT) and Disaster Relief Emergency Fund (DREF) instruments may also provide funding options.