



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance for populations affected by the complex humanitarian crisis in the Greater Darfur Region in Sudan

Location of operation: SUDAN

Amount of decision: 10,000,000 euro

Decision reference number: ECHO/SDN/BUD/2004/02000

Explanatory Memorandum

1 - Rationale, needs and target population:

1.1. - Rationale:

Since late 2002, the security situation in the Greater Darfur Region of western Sudan has been steadily deteriorating and basically evolved from pocketed and relatively traditional tribal clashes and banditry into a more widespread situation of general insecurity affecting large segments of the population¹ in this vast and inhospitable region which has approximately the size of France. This development took place against a backdrop of desertification, increased competition between sedentary farming communities and nomadic groups over diminishing natural resources, political and socio-economic marginalization, in combination with a breakdown of traditional conflict resolution mechanisms and proliferation of regional small arms trade.

Open warfare erupted in Darfur in early 2003, when the newly emerged Sudan Liberation Movement / Army (SLM/A) attacked Government of Sudan (GOS) forces. Not much later, another armed political group, the Justice and Equality Movement (JEM), came to the forefront. Both groups stand for similar demands, i.a. an end to the region's marginalization, as well as improved protection for their communities from attacks by Arab nomadic groups.

A further dimension was added to the conflict during the latter part of 2003 when militia groups known as 'Arab militia' or *Janjaweed*² were mobilised and started a wide spread campaign involving attacks on civilians and destruction of essential infrastructure (e.g. irrigation channels, water sources) and large scale looting of private household assets, as well as essential livestock and seed stocks (i.e. coping mechanisms) of indigenous non-Arab

¹ Population estimates range from 6.5 – 7.7 million inhabitants, divided over more than 60 different ethnic groups.

² *Janjaweed* can be translated as 'armed horsemen'.

communities³. The international community has over the past year on many occasions urged the GOS to protect the civilian population against the *Janjaweed* attacks.

The targeted and systematic attacks by militia groups led to the conclusion among high-ranking UN officials⁴ and many other actors that the situation unfolding in the Darfur States amounted to ‘ethnic cleansing’. Certain other observers, however, refer to a ‘protection crisis’ in view of the deliberate and indiscriminate attacks on civilians and non-combatants.

Escalation of *Janjaweed* attacks and fighting between the GOS and the armed opposition led, especially since mid-December 2003 when ceasefire talks between the GOS and the rebel groups collapsed, to massive displacement among civilian populations. According to the United Nations and other sources⁵, the impact of the conflict on civilians can be summarized as follows:

- One third of the total population of the Darfur region (i.e. approximately 2 million people) is directly or indirectly affected;
- Out of this number, one million people of primarily non-Arab origin are internally displaced;
- Hundreds of towns, villages and other settlements have been burnt, looted and depopulated⁶;
- Thousands of Sudanese refugees have fled into Chad;
- At least 10,000 deaths have occurred since early 2003 due to direct killing, as well as excess mortality due to displacement and its consequences (over-exposure, disease, lack of basic services).

Whilst the above facts led to the classification of Darfur as the largest newly emerged humanitarian crisis in the world, the humanitarian response in the Greater Darfur Region was actually very limited to non-existent for most of 2003 and the first months of this year. This was partially related to the low response capacity on the ground and physical conditions (hundreds of pockets with Internally Displaced People (IDPs) scattered over an enormous insecure region with very little to no infrastructure), but the primary cause was and remains related to questionable respect for International Humanitarian Law⁷ and related principles (e.g. the obligation of parties to the conflict to facilitate humanitarian assistance delivery to all groups in need in the midst of conflict), as well as related government impediments of an administrative nature (e.g. visa and travel permit restrictions for humanitarian personnel), thus making it difficult and sometimes impossible for humanitarian actors to react to needs in a timely, principled, impartial and meaningful manner.

Since mid-February of this year, access has increased and more agencies have deployed to Darfur. However, based on past and present experiences with humanitarian assistance delivery elsewhere in Sudan, the humanitarian community assumes that operations in Darfur will remain cumbersome.

A cease-fire and humanitarian access agreement for Darfur was signed in N’djamen (Chad) on April 8 2004, under Chadian and the African Union (AU) mediation. Furthermore, the

3 This included, according to human rights reports and accounts from affected communities, systematic rape of women and specific targeting of middle-aged men.

4 UN ERC, Mr. J. Egeland and former Sudan UN RC/HC Mr. M. Kapila.

5 i. a UN Humanitarian Needs Profile (1 April 2004) and UN Darfur Contingency Plan (10 April 2004).

6 Exact figures are not yet known.

7 In particular Common Article 3 of the 1949 Geneva Conventions.

negotiations were facilitated and observed by the EU and the US. The 45-days renewable cease-fire entered into force on April 12 2004. The agreement, besides the cease-fire, also includes provisions for fast and unrestricted humanitarian access and facilitation of delivery of humanitarian assistance in accordance with the most relevant basic principles of Public International Law and Humanitarian Law. The success of the agreement will depend on the willingness of the parties to actually implement it, including the deployment of independent monitoring and verification mechanisms.

Even if a relatively benign situation were to prevail from now on in the Greater Darfur Region, further planning should be based on the conclusion that most of the damage has been done and essential coping mechanisms have been irreversibly eroded. This, in combination with the increasing likelihood that large scale return movements are not going to occur prior to the coming rainy and planting season, leads to the assumption that the Darfur complex emergency is not going to taper off in a serious way in the near to medium term future. Especially the sharply reduced levels of food security are of concern⁸ as this could result in famine-type / starvation circumstances and related high malnutrition rates and mortality (see section 1.2.). Also of great concern is that the vast majority of the affected households and communities have not yet received something that can be considered a basic minimum package of integrated assistance (see section 1.2.). Unfortunately most analyses show that, in the best of the scenarios, the current crisis shall not be solved in less than 18 months.

In the context of the window of opportunity provided by the recent cease-fire and humanitarian access agreement, this decision aims to contribute to providing assistance to the population affected by the complex humanitarian emergency in the Greater Darfur Region. Activities funded under this decision shall bridge with activities in response to the crisis being currently financed under the 2 million Euro Emergency Decision (ECHO/SDN/210/2003/02000) and also with some other financed under ECHO's 2003 (ECHO/SDN/210/2003/01000, 20 million Euro) and 2004 (ECHO/SDN/BUD/2004/01000, 20 million Euro) annual programmes for Sudan. This decision is complementary to those adopted by the European Commission targeting Sudanese refugees in Chad for a total of 6 million Euro (ECHO/TCD/210/2003/01000 and ECHO/TCD/BUD/2004/01000).

1.2. - Identified needs:

According to the recently updated UN Humanitarian Needs Profile (1 April 2004) the gaps in service delivery in key humanitarian sectors are as follows:

Sector	Gap in %	Covered in %
Food aid	61	39
Shelter / NFI	88	12
Clean water	89	11
Sanitation	98	2
PHC facilities	71	29
Basic drug supplies	74	26
Secondary health facilities	94	6
EPI	87	13

Whilst the above data is to be considered a first estimation because assessments are still being carried out in new accessible areas, it shows that the majority of affected communities

⁸ In a recent report, the organization ITDG (Intermediate Technology Development Group) describes in technical detail how difficult it will be to restore minimal food security as a result of devastation and looting of irrigation channels, pumps, tools, vegetable gardens, etc.

is not receiving a minimum package of basic humanitarian services and that much more volume needs to be created to ensure better integrated coverage. It should further be noted that time is essential as we are entering into the pre-harvest hunger gap season, coping mechanisms are getting further strained, and rains will impact on affected communities (e.g. due to lack of shelter but also the risk of malaria outbreaks) and assistance actors (reduced accessibility).

In order to meet these critical needs in Darfur, a revised UN Appeal for the Sudan Assistance Programme (ASAP 2004) was launched in April 2004, requesting an additional US \$114 million.

Food Aid

The United Nations World Food Programme (WFP) recently launched an urgent appeal for US \$98 million to help feed people affected by the ongoing conflict in Darfur. The funds would be needed to feed 1.2 million people⁹ and aims to address emergency needs in Darfur until the end of December. WFP correctly points out that most of its potential beneficiaries have lost everything and still face the spectre of hunger and related deaths even if the conflict were to end today and confirmed that the prospects for 2004 are very bleak.

Food Security

The Greater Darfur Region experienced several consecutive years of drought before an average 2003 agricultural season. In spite of initially promising prospects for the 2003 summer agricultural season (which mainly evolves around cereals such as sorghum, millet and cash crops like groundnuts), most of the expectations for a reasonable harvest were soon dashed by the emerging conflict. In addition, in the 2003 winter season, households failed to produce their normal quantities of vegetables which are important both as a source of income and as a source of food. Standing crops were further affected by pests such as grasshopper, localized locust outbreaks, watermelon bugs and *Quelea quelea* birds. The un-harvested fields will provide 'good' breeding grounds for these pests.

The livestock support base of many poor households (a few goats and sheep per household) was looted or sold as a coping mechanism or as to avoid becoming a target for looters. Animals used for traction (mainly donkeys) have accompanied IDPs. However they lack water, fodder, concentrate food pellets and veterinary services and are dying in large numbers in displacement centres, adding to the health risks as they are often left rotting and buried close to water sources¹⁰.

Although uncertainties remain in terms of future development, the above backdrop means that the negative socio-economic impact and effects on people's lives and livelihoods will last at least until the end of the 2006 harvest, assuming that the next few years will witness adequate rainfall patterns.

In sum, most of the affected communities had already few or completely strained coping mechanisms prior to the current crisis, thus making it basically impossible to absorb a shock

9 i.e. More than one third of the total WFP beneficiary figure for Sudan.

10 ECHO field assessments revealed that IDPs are often too scared to leave their camps and settlements with their livestock to water them or fetch fodder, as men run the risk of being killed by Janjaweed when they venture out and women and girls get raped and beaten.

of the magnitude of the current complex emergency without massive and immediate external assistance.

Protection / Care for Especially Vulnerable Groups

In assessing needs and planning related responses in the various sectors, humanitarian actors will have to factor in a solid protection component, as well as humanitarian and ‘do no harm’ principles. Many IDPs in the Darfur context are currently residing in congregation sites under government control which are at times literally surrounded by *Janjaweed* militia groups. Agencies may therefore have to decide not to proceed with or postpone distributions of relief items for as long as local authorities have not taken measures to prevent further looting by these armed groups as it has been observed during recent months. Whilst return is obviously a major priority, agencies will have to evaluate cautiously a number of ill-planned IDP relocations by the authorities in locations that are actually unfit for IDP settlement for safety or other practical reasons¹¹.

Attention also needs to be given to the special needs of certain extra-vulnerable groups, such as the victims of rape and other forms of (sexual) violence, traumatised persons, separated children, and child soldiers.

Shelter and Non-Food Items (NFI)

Of the one million IDPs in Darfur, some 250,000 IDPs residing in settlements need comprehensive NFI assistance while another 750,000 IDPs are in need of partial NFI assistance. The very basic shelters constructed by IDPs with scarce local materials in the spontaneous settlements throughout Darfur, provides insufficient protection from the weather conditions and the desert environment with its extreme temperatures. The approaching rainy season will additionally complicate the IDPs’ living conditions raising the risks of communicable diseases and potentially affecting the morbidity and mortality figures which have risen since the displacement. Shelter provisions to date and current in-country stocks fall extremely short of the assessed and projected requirements.

Water and Environmental Sanitation (WES)

As in certain other sectors (e.g. food, food security, health), pre-conflict WES conditions in the three Darfur States were already far from ideal; e.g. shortage of safe drinking water and water for animal consumption, as well as poor awareness on personal and environmental hygiene matters¹². These problems have been exacerbated due to the massive displacement which has taken place. Core problems at present are: 1) the lack of access and availability of safe water in most of the IDP settlement sites and, presumably also in remote scattered IDP locations that have not yet been assessed and reached with assistance; and 2) precarious and, in certain locations, disastrous sanitary conditions in most of the IDP congregation sites characterised by overcrowding, open defecation, stagnant water and the presence of decomposing carcasses of perished livestock. Another problem is that the previously applied mode of working in the WES sector (i.e. the rehabilitation or construction of hand pumps, *hafirs*¹³ and water yards in collaboration with local GOS-counterparts) is simply inadequate to respond to the over-whelming needs of displaced communities.

11 Some new sites where IDPs have been moved to are for example located in so-called ‘flood planes’, i.e. may become inundated during the rainy season.

12 These were the main issues ECHO focused on with its partners in drought-response projects executed in recent years in the three Darfur States.

13 Large reservoir for water harvesting.

Health – Nutrition

Recent assessments in this sector conducted by a number of humanitarian agencies (including WHO and UNICEF) have underscored and confirmed the following core problems:

- Low coverage and quality of health care at all levels for IDPs and hosting communities;
- Difficult access to health care¹⁴;
- Excess morbidity (and, presumably, therefore also mortality¹⁵) due to high incidence of diseases such as measles, malaria, respiratory infections, as well as high levels of malnutrition (i.e. in excess of 15% GAM¹⁶);
- An urgent need to provide better (secondary and tertiary) care for victims of various types of violence perpetrated during the past year, evolving around issues such as, i.a. sexual violence, HIV/AIDS, mental health care, surgery for the wounded and injured; obstetrics and trauma; and
- Increasing risk for outbreaks and epidemics of communicable diseases.

Cross-cutting constraints are the weak capacity of the State Ministry of Health and the increasing but still very limited actual delivery and implementation capacity through humanitarian agencies.

Common Services

Congruent with the large needs in all the traditional operational humanitarian sectors, substantial needs also occur in cross-cutting sectors and domains such as coordination, information, security, mine action and awareness, humanitarian flights and other forms of transport, logistics, aid flow management, site planning and camp management. Whilst more resources have been deployed, additional measures need to be initiated so as to ensure that the international relief effort in Darfur and the increasing group of actors on the ground respond in a prompt, safe, principled and coordinated manner.

1.3. - Target population and regions concerned:

In late summer 2003, the number of IDPs in Darfur was estimated at 250,000. The current figure stands at 1,000,000. This rapid increase during a relatively short period of time is attributable to the escalation of the conflict and related displacement that took place during the second half of 2003. The current figure of one million IDPs is built up as follows:

570,000 in West Darfur;
290,000 in North Darfur
140,000 in South Darfur

14 A recent suggestion by the Federal Minister of Health to temporarily suspend the DRF (Drug Revolving Fund) and the related fee-based consultation system may bring some relief in this respect but has yet to be implemented.

15 In Kalma camp, in South Darfur, WHO officials measured a Daily Child Mortality Rate of 6.7 / 10,000. Even if this may be first estimates and some deviation may be taken into account, this is well beyond emergency thresholds.

16 Much higher rates are also reported, e.g. in Kaliek IDP camp in South Darfur where WHO recently estimated an U5 GAM rate of 80%.

At present, approximately 60% of this total number is relatively safely accessible as per UNSECOORD security standards, i.e. fairly large groups are still presumed to be in need but out of reach for humanitarian actors¹⁷. In most of the currently assessed IDP congregation sites, women and young children constitute the vast majority (i.e. over 85 – 95%)¹⁸.

In addition to the mentioned groups of IDPs within the Darfur States, there is an unknown number of Darfur IDPs that have fled to other parts of the country, in particular to Kordofan, the various central States (including Khartoum¹⁹) and further east. Consequently, as internal displacement generated by the Darfur complex emergency is not confined to the Darfur States, this Decision will have coverage beyond the Greater Darfur Region, so as to have the capability to address needs related to the Darfur conflict wherever they emerge.

In addition to assisting IDPs in the Greater Darfur Region and elsewhere directly triggered by the conflict, this Decision shall take into the account the needs of;

- hosting communities²⁰
- the ‘old caseload‘ IDPs from Bahr Al Ghazal in Darfur, as they have also become affected by the new conflict.

Specifically vulnerable groups such as separated children and victims of sexual violence may be mainstreamed in some interventions.

1.4. - Risk assessment and possible constraints:

Risks and dangers for local communities and humanitarian actors will remain abundant in the Darfur context for as long as there is no durable peace agreement. In the short to medium term the key risks and constraints that may arise and have to be taken into account are as follows:

- A break-down of the ceasefire and a related re-escalation of conflict;
- Reduced access due to the rainy season;
- *Janjaweed* continue forcing IDPs to congregate in large camps where they continue to be vulnerable to abuse and harassment;
- Insecurity (including mines threats);
- Reduced access for personnel and relief goods due to bureaucratic impediments;
- Disease outbreaks and epidemics
- Plans on the part of authorities to accelerate return of IDPs away from current settlements close to main towns to home or other areas without having protection issues adequately catered for;
- Continuation of limited international interest and involvement due to little media attention in combination with a continued exclusive focus on the North-South peace process.

17 e.g. the UN Security Office assumes that a group of 60,000-90,000 IDPs is located in the Jebel Marra area, which has been out of bounds since late 2002.

18 Men are often reported to have been killed or to have fled.

19 It is estimated that at least a few thousand IDPs have arrived during recent months in Khartoum fleeing from Darfur. Verification has become difficult as IDPs from Darfur prefer to blend into existing camps and squatter areas in and around Khartoum following a recent government forced relocation of a group of newly arrived Darfur IDPs.

20 In certain cases 20 families are hosted and supported by one host household.

2- Objectives and components of the humanitarian intervention proposed:

2.1. – Objectives:

Principal objective:

- To contribute to saving and protecting lives of communities most directly affected by the Darfur conflict both within and beyond the Greater Darfur Region through integrated emergency assistance.

Specific objective:

- To reduce excess morbidity and mortality due to over-exposure, poor health, disease outbreaks and epidemics, acute malnutrition and severe food insecurity, and inadequate water and environmental sanitation conditions within a context of improved humanitarian and operational conditions.

2.2. - Components:

The sectors to be covered by the decision shall include all relevant components in a complex emergency/displacement setting. The specificities of this complex crisis (insecurity, limited access, limited number of humanitarian agencies, huge delivery gaps in all humanitarian sectors, etc) justifies that most humanitarian agencies may follow an integrated “multisectoral” approach in their humanitarian interventions.

ECHO will aim to apply the SPHERE Standards in its programming, although in certain sectors strict application may be a distant target.

Food Aid and Food Security

- Support to food distribution implementing partners (i.e. supporting the mechanics of the food operations: e.g. transportation)²¹;
- Targeted emergency household food security inputs to selected communities²².

Protection, IHL, and Care for Special Groups

- Dissemination on IHL and basic humanitarian principles;
- Assessments of and field studies on basic protection issues (e.g. child soldiers, sexual violence, and separation);
- Assessment of capacity of local community protection mechanisms and development of strategies to strengthen them;
- Tracing and reunification where feasible;
- Specific services and care for victims of (sexual) violence and other traumatic events.

²¹ Food commodities are not covered by this Decision.

²² E.g. animal health, emergency seeds and tools.

Shelter and NFIs:

- Provision of tarpaulin (plastic sheeting) and/or basic local building materials, as well as basic household non-food items such as clothing, kitchen sets, mosquito nets, blankets, soap and water containers;
- Assist the reinforcement of up-stream parts of the shelter / NFI supply pipeline as well as down-stream distribution systems.

Water and Environmental Sanitation

- In densely populated IDP settings, distribution of soap, water containers, hygiene promotion through outreach workers, construction of latrines or other options for safe excreta disposal, vector control, waste water drainage, clean up campaigns, (re-) burial of animal carcasses and human corpses;
- In densely populated IDP settings, improved water supply, through a wide array of options ranging from tankering to the repair and improvement of existing sources such as hand pumps;
- In remote locations, when possible and relevant, repair of existing water sources.

Health and Nutrition

- Further nutritional surveys where required to confirm and verify MUAC scores;
- Establishment of therapeutic and supplementary feeding programs (centre-based or community-based) in areas with highest malnutrition rates, preferably building on previous programs or through existing health structures;
- Mass measles vaccination in densely populated IDP settings and support to ongoing EPI where possible;
- Contribute to reduced risk for outbreaks and epidemics of communicable diseases (e.g. malaria);
- Targeted inputs to restore or create a minimum level of basic curative (OPD) services combined with basic preventative health outreach and awareness in areas with high numbers of IDPs;
- Support for improved (secondary and tertiary) care for victims of various types of violence, evolving around issues such as sexual violence, HIV/AIDS, mental health care, surgery for the wounded and injured, obstetrics and mental and physical trauma; and
- Mobile clinics to enhance outreach to scattered IDPs.

Common Services

- Bolster cross-cutting sectors and domains such as coordination, information, security, mine action and awareness, humanitarian flights and other forms of transport, logistics, aid flow management, site planning and camp management so as to facilitate a coordinated, principled, informed and safe response effort in the above sectors.

2.3. – Expected results/outputs:

- Mass starvation avoided through: 1) improved coverage of food distributions among/in larger groups and areas; 2) increased rations; and 3) very initial resumption of at least minimal livelihood support systems based on agriculture and livestock among small selected groups;
- Reduced exposure and improved basic living conditions of approximately 250,000 individuals;

- Reduced excess mortality due to trauma, malnutrition and communicable diseases;
- Outbreaks and epidemics prevented;
- (Re-) establishment of a minimal degree of access to basic health care;
- Improved WES conditions resulting in reduced water-borne and related diseases.
- Reduced incidences of violence and destruction directed at civilians or civilian targets and improved working / operational conditions for humanitarian actors.

3 - Duration foreseen for actions within the framework of the proposed decision:

The duration for the implementation of this decision will be 12 months.

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

Expenditure under this Decision shall be eligible from 12 April 2004. This date being the entry into force of the cease fire agreement and its related provisions, including fast and unrestricted humanitarian access and facilitation of delivery of humanitarian assistance in accordance with the with the most relevant basic principles of Public International Law and Humanitarian Law.

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

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

4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith

List of previous ECHO operations in SUDAN				
Decision number	Decision type	2002 EUR	2003 EUR	2004 EUR
ECHO/SDN/210/2002/01000	Global Plan	17,000,000		
ECHO/SDN/210/2002/02000	Emergency	1,000,000		
ECHO/SDN/210/2003/01000	Global Plan		20,000,000	
ECHO/SDN/210/2003/02000	Emergency		2,000,000	
ECHO/SDN/BUD/2004/01000	Global Plan			20,000,000
	Subtotal	18,000,000	22,000,000	20,000,000
	Total (y-2)+(y-1)+(y)	18,000,000	22,000,000	20,000,000

Dated : 26/04/2004
Source : HOPE

5 - Other donors and donor co-ordination mechanisms

Reaction to the Greater Darfur Crisis					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Denmark	68,765	ECHO**	13,200,000	USA****	59,084,924
Finland	11,546	Food Aid/Food Security***	15,200,000	Canada	310,053
France	1,190,103	EDF/ Humanitarian Plus	1,500,000	Norway	753,814*
Germany	736,696	Co-financing budget line	1,200,000	Switzerland	791,752*
Ireland	1,571,280	RRM	400,000	Other	41,237*
Netherlands	1,095,222	European Initiative on democratisation and Human Rights (under preparation)	300,000		
Sweden	577,319				
United Kingdom	7,477,440				
Subtotal	12,728,371	Subtotal	31,800,000	Subtotal	60,981,780
		Grand total	105,510,151		

(*) Source: Darfur Funding Overview, Office of the UN Resident and Humanitarian Coordinator for the Sudan, 22.04.2004 (Amounts in USD, converted into EUR on 06.05.2004)

(**) It includes the 10,000,000€ of the present decision

(***) Of which 5,000,000€ are under preparation

(****)Source: USAID, Fact sheet#3, Fiscal Year 2004 – Darfur Humanitarian Emergency

Coordination takes place through the Darfur Contact Group facilitated by the Office of the UN Resident/Humanitarian Coordinator in Khartoum. Additionally, bilateral contact with key donors improves coordination on funding decisions.

The United Nations Inter-Agency Contingency and Emergency Response Plan, launched in April 2004, states that all activities outlined in the plan will be coordinated by OCHA in close consultation with the Sectoral Agency coordinators (Food: WFP; Health: WHO, Nutrition: UNICEF; Shelter: UNJLC; Logistics: UNJLC; Child Protection: UNICEF; Protection: OCHA; Food Security: FAO).

6 –Amount of decision and distribution by specific objectives:

6.1. - BUDGET IMPACT article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472.000.000
Supplementary Budgets	-
Transfers	-
Total Available Credits	472.000.000
Total executed to date (by 7.05.2004)	316.580.368
Available remaining	155.419.632
Total amount of the Decision	10.000.000

6.2. - Budget breakdown by specific objectives

Principal objective: To contribute to saving and protecting lives of communities most directly affected by the Darfur conflict both within and beyond the Greater Darfur Region through integrated emergency assistance.				
Specific Objectives	Allocation	Possible geographical areas of operation	Activities	Potential partners
To reduce excess morbidity and mortality due to over-exposure, poor health, disease outbreaks and epidemics, acute malnutrition and severe food insecurity, and inadequate water and environmental sanitation conditions within a context of improved humanitarian and operational conditions.	10,000,000	West, North and South Darfur States and other parts of the country indirectly affected by the conflict.	<ul style="list-style-type: none"> • Food / Food Security • Protection, IHL and Care for Special Groups • Shelter / NFI • WES • Health / Nutrition • Common Services 	ACF, CARE, Concern, CRE, FAO, GAA, GOAL, GRC, ICRC, IFRC, IRC, Islamic Relief, MDM, MEDAIR, MSFB, MSFF, MSFH, NCA, NRC, OCHA, OXFAM, SC NL, SC UK, Solidarite, Trocaire, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO
TOTAL	10,000,000			

List of abbreviations of Potential Partners

ACF	Action contre la Faim - France
CRE	Cruz Roja Espanola
FAO	Food Agricultural Organization
GAA	German Agro Action
GRC	German Red Cross
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and the Red Crescent Societies
IRC	International Rescue Committee-UK
MDM	Médecins du Monde
MSF-B	Médecins Sans Frontières – Belgium
MSF-F	Médecins Sans Frontières – France
MSF-H	Médecins Sans Frontières – Holland
NCA	Norwegian Church Aid
NRC	Norwegian Red Cross
SC-NL	Save the Children- The Netherlands
SC-UK	Save the Children- UK
UNFPA	UN Population Fund

UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

7 - Evaluation

Under article 18 of the Regulation the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at: http://europa.eu.int/comm/echo/evaluation/index_en.htm

COMMISSION DECISION**of****on the financing of humanitarian operations from the general budget of the European Union in SUDAN****THE COMMISSION OF THE EUROPEAN COMMUNITIES,**

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid²³, and in particular Article 15(2) thereof,

Whereas:

- (1) Armed conflict between the Government of Sudan and armed opposition groups in the Greater Darfur Region spun out of control in spring of 2003 and continued into 2004,
- (2) Militia groups known as *Janjaweed* started a wide spread campaign of attacks on civilians, destruction and looting of vital assets in the latter part of 2003,
- (3) According to the United Nations (UN), it is estimated that during the past 9 to 12 months, thousands have died and about one third of the population of the Darfur Region (2 million people) has become affected in varying ways,
- (4) About one million people have been uprooted and internally displaced and thousands have fled into neighbouring Chad,
- (5) A number of respected and experienced UN humanitarian actors have described this complex emergency as one of the most forgotten and perhaps most neglected humanitarian crises and currently the world's greatest humanitarian crisis,
- (6) The Greater Darfur Region is one of the poorest and most neglected in the Sudan, with some of the lowest human development indicators,
- (7) Both warring parties signed a 45-days renewable ceasefire that entered into force on April 12 2004 and that includes provisions for fast and unrestricted humanitarian access and facilitation of delivery in accordance with the most relevant basic principles of Public International Law and Humanitarian Law,
- (8) Insecurity and fear continue, linked to attacks and harassment of civilians by militias,
- (9) Humanitarian conditions among IDPs are precarious and likely to deteriorate further with the advent of the rainy season,
- (10) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months.
- (11) It is estimated that an amount of 10,000,000 euro from budget line 23 02 01 of the 2004 general budget of the European Union is necessary to provide humanitarian

²³ OJ L 163, 2.7.1996, p. 1-6

assistance to about 2 million people directly or indirectly affected by the Darfur conflict, taking into account the available budget, other donors' interventions and other factors.

- (12) In accordance with Article 17 (3) of Regulation (EC) No 1257/96 the Humanitarian Aid Committee gave a favourable opinion on 27 May 2004.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 10,000,000 euro for humanitarian aid operations for the population affected by the complex humanitarian crisis in the Greater Darfur Region in Sudan by using line 23 02 01 of the 2004 general budget of the European Union.
2. In accordance with Article 2 of Regulation (EC) No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:
 - To reduce excess morbidity and mortality due to over-exposure, poor health, disease outbreaks and epidemics, acute malnutrition and severe food insecurity, and inadequate water and environmental sanitation conditions within a context of improved humanitarian and operational conditions

The amount allocated to this objective is listed in the annex to this decision.

Article 2

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 12 April 2004. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 3

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

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To contribute to saving and protecting lives of communities most directly affected by the Darfur conflict both within and beyond the Greater Darfur Region through integrated emergency assistance.	
Specific objectives	Amount per specific objective (Euro)
To reduce excess morbidity and mortality due to over-exposure, poor health, disease outbreaks and epidemics, acute malnutrition and severe food insecurity, and inadequate water and environmental sanitation conditions within a context of improved humanitarian and operational conditions	10,000,000
TOTAL	10,000,000

Grants for the implementation of humanitarian aid within the meaning of Regulation No.1257/96 are awarded in accordance with the Financial Regulation, in particular Article110 thereof, and its Implementing Rules in particular Article168 thereof.²⁴

Rate of financing: In accordance with Article169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at http://europa.eu.int/comm/echo/partners/index_en.htm

²⁴ Council Regulation (EC, Euratom) n° 1605/2002 of 25 June 2002, OJ L 248, 16/09/2002 and n° 2342/2002 of 23 December 2002, OJ L 357 pf 31/12/2002.