



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

## Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance to the victims of conflict in Sudan

Location of operation: SUDAN

Amount of decision: EUR 31,000,000

Decision reference number: ECHO/SDN/BUD/2004/05000

### Explanatory Memorandum

#### **1 - Rationale, needs and target population:**

##### 1.1. - Rationale:

In the Greater Darfur Region of western Sudan, the security situation has been steadily deteriorating since late 2002 affecting large segments of the population.<sup>1</sup> The conflict has evolved from pocketed and relatively traditional tribal clashes and banditry into open warfare in early 2003 involving the Sudan Liberation Movement / Army (SLM/A), the Government of Sudan (GoS) forces, the Justice and Equality Movement (JEM), and militia groups known as *Janjaweed*.<sup>2</sup>

Despite some positive developments on political level, the conflict has not been solved yet.<sup>3</sup> From the end of September 2004 the situation has further deteriorated. General insecurity, skirmishes, harassment, banditry, and violence towards civilians have again become more widespread and regular, fuelling the fear and sense of insecurity of the war-affected communities.

The international community has strongly condemned this situation through three UN Security Council Resolutions, on 30 July, 18 September, and 19 November 2004. In this context, J. Pronk, the UN Secretary-General's Special representative for Sudan warned the international community that Darfur might easily enter a state of anarchy.<sup>4</sup>

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

<sup>2</sup> *Janjaweed* can be translated as 'armed horsemen'.

<sup>3</sup> The most important milestones on political level have been the cease-fire and humanitarian access agreement for Darfur, signed in N'djamena (Chad) on April 8 2004. which has been never fully implemented and on 28 May 2004, the agreement of the parties to a Joint Commission and a Cease-Fire Commission led by the AU, with representation of the EU and the US, in order to monitor the cease-fire.

<sup>4</sup> J. Pronk, briefing to the Security Council (4 November 2004).

In view of this alarming situation, the African Union (AU) decided on 20 October 2004 to expand its monitoring mission in Darfur from 390 to 3320 troops and civilian police. Two protocols on the security and the humanitarian situation were signed on 9 November in Abuja by the GoS, the JEM and the SLM/A. Taking into account the level of implementation of previous agreements, there might not be an immediate improvement of the situation in the field.

The conflict in Darfur has led to what has been described by the UN as the largest current humanitarian crisis in the world. The appalling impact of the conflict on civilians can be summarised as follows:

- The insecurity due to the conflict has affected most of the inhabited areas;
- The conflict-affected population in Darfur is estimated now at least 2 million people dependent on humanitarian aid, including 1.6 million internally displaced (IDPs) and about 400,000 residents directly affected;
- About 200,000 Sudanese refugees have fled into Chad;
- Hundreds of towns, villages and other settlements have been burnt, looted and depopulated;
- An estimated 70,000 persons have died from hunger and diseases related to the conflict, and an unknown number as the result of direct violence;
- Massive and serious violations of International Humanitarian Law have been committed against civilians (e.g. rapes, indiscriminate attacks, destruction of properties), which will often have long term physical and psychological impact on the victims.

For the time being, access to the neediest people is the biggest problem faced by the humanitarian agencies. Since the establishment of a UN-GoS joint implementation mechanism (3 July 2004), administrative impediments to humanitarian assistance have decreased. However, impediments have not ceased in the rebel-controlled areas in spite of a UN-SLM/A agreement signed on 18 October 2004 and establishing a travel notification system for humanitarian agencies.

As logistical constraints have decreased since the end of the rainy season, the deteriorating security situation now represents by far the main and most serious obstacle to humanitarian access. The risk for agencies to be caught up in fighting has increased, and the number of incidents involving aid workers is on the rise (e.g. truck drivers shot, humanitarian items stolen, abductions, threats). On 10 October 2004, two aid workers were killed in North-Darfur when their vehicle was hit by a landmine. This highly volatile and worsening security environment has led several agencies to suspend operations and/or to withdraw from some areas. This has had serious detrimental effects, delaying or preventing distribution of aid to people in desperate conditions.

Since the beginning of the crisis, funding has steadily increased<sup>5</sup> and, accordingly, the needed humanitarian presence has stepped up.<sup>6</sup> The EU as a whole is the largest overall donor, having so far pledged more than EUR 326 million since the beginning of the crisis. This figure includes humanitarian assistance and support to the AU's efforts to contain the crisis through funds from the African peace facility. The humanitarian effort must continue in the following months. All observers agree that, whatever the evolution of the political and military situation, the humanitarian needs will be at least as high in 2005 as in 2004.

<sup>5</sup> Since the beginning of the crisis in Darfur, a total of EUR 426 million assistance has been provided. The coverage of the UN appeal was about 57%.

<sup>6</sup> Between 1 July and 1 October 2004, there was a three-fold increase in total humanitarian staff. On 1 October 2004, the UN reported 6154 aid workers, of which 780 expatriates, working for about 70 agencies.

This decision builds on previous decisions adopted by the EC since the beginning of the crisis, targeting both affected people in Darfur<sup>7</sup> and in Chad<sup>8</sup>. Operations financed under this decision are urgently needed and shall complement the EUR 20 million programmed for 2005 under the Global Plan for Sudan. Whilst this decision focuses mainly on the population affected by the conflict in Darfur, many other areas of Sudan are also subject to outbreaks of violence, worsened by natural disasters. Should needs be judged as acute as those in Darfur then assistance for these other areas would be also considered.

## 1.2. - Identified needs:

While Darfur is clearly the focus - especially as greater access is likely to reveal the greater extent of the needs there - the extent of needs in other areas should not be overlooked. For example, in areas like Bor, Beih state or Akobo, the rates of global and severe acute malnutrition are frequently beyond emergency thresholds.

Regarding Darfur, according to the most recent UN Humanitarian Profile<sup>9</sup>, the approximate gaps in the provision of essential humanitarian services are as follows<sup>10</sup>:

Sector	Assisted in %	Gap in %
Food aid	70	30
Shelter / NFI	52	48
Clean water	40	60
Sanitation	42	58
PHC	67	33
Basic drug supplies	58	42
Secondary health facilities	58	42

The above table underlines that important gaps in vital life-saving sectors remain, despite extensive relief efforts in recent months. This trend can be explained by the fact that, in conjunction with the enhancement in response capacity, target population figures continued to grow steadily due to continued conflict-induced displacement, distress, onward population movements into the larger relief centers (“the pull factor”), and newly gained access to certain areas.

### Food and Food Security

During recent weeks a number of important and credible survey reports<sup>11</sup> have emphasised that most rural communities in Darfur are facing a very serious and unprecedented food security crisis primarily caused by two factors: 1) insecurity and violence that led to reduced access to land and related loss of agricultural opportunities, as well as loss of vital livestock assets due to looting and animal diseases and 2) insufficient or erratic rainfall patterns. The following alarming signals are conveyed by recent reports:

- According to the World Food Programme (WFP), 95% of IDPs could not survive without international assistance;

<sup>7</sup> ECHO/SDN/BUD/2004/02000, ECHO/SDN/BUD/2004/03000, ECHO/SDN/BUD/2004/04000, ECHO/SDN/EDF/2004/01000.

<sup>8</sup> ECHO/TCD/210/2003/0100, ECHO/TCD/BUD/2004/02000, ECHO/TCD/EDF/2004/02000

<sup>9</sup> Darfur Humanitarian Profile Number 7, 1 October 2004.

<sup>10</sup> These figures concern only the areas accessible and where needs could be assessed.

<sup>11</sup> For example, 1) ICRC Food Needs Assessment in Darfur of October 2004, 2) the Emergency Food Security and Nutrition Assessment in Darfur by WFP and partners 3) Food security survey by GOAL conducted in the Jebel Marra region 4) Rural market survey by CARE.

- One in six households is severely food insecure with a food gap greater than 50%, while twice as many are struggling to meet minimum levels of food intake;
- The current food gap may diminish towards the end of this year as some communities will be able to harvest what they were able to plant, but these limited staple crops are expected to be consumed by early 2005, i.e. much earlier than used to be the case in pre-conflict Darfur<sup>12</sup>;
- Subsequently, it can be expected that the food gap will last until end 2005; during this period general food distributions will be vital, as coping mechanisms have already been fully strained;
- As it is unlikely that most affected communities will be able to return in 2005 and durably re-establish normal lives and livelihood support systems, the negative impact of the Darfur crisis in terms of food insecurity may last beyond 2005.

At present, the WFP estimates that in 2005 total food aid needs may reach 34,000 metric tons per month to cover approximately 2 million inhabitants in Darfur (one third of the total population of this region) through a variety of food aid approaches. If no additional support is quickly given to WFP, ruptures in its food pipeline are expected from February 2005. This would lead to a catastrophic situation.

#### Protection / Care of Especially Vulnerable Groups

Whilst widespread and violent campaigns by armed militias towards civilians have diminished, the Darfur crisis can still be characterised as a protection crisis. One of the main features remains that IDPs entrapped in large camps do generally not feel safe and confident enough to return towards their original home destinations due to insecurity, intimidation, sexual violence, as well as a total lack of confidence in the authorities and very weak law and order mechanisms. Surveys by the research group Epicentre show that 68-93% of the mortality among civilians in parts of West Darfur prior to arrival at IDP sites was caused by violence.<sup>13</sup> Additional recent reports and studies however confirm that deaths (especially among young to middle aged males) due to violence and injuries continue to be unusually high in Darfur.<sup>14</sup> Despite the existence of various mechanisms and signed agreements on IDP protection and return issues, recent events in South Darfur State have underlined that forced relocation and return of IDPs by local authorities continue to be very serious protection concerns. Solid and sustained international engagement is therefore required to ensure that signed agreements and basic principles of International Humanitarian Law are respected. Attention also needs to be given to the special needs of certain extra-vulnerable groups, such as traumatized persons and separated children.

#### Shelter and Non-Food Items

A lot of work in this sector has been done through distributions by many partners, but significant needs remain among the 1.6 million IDPs who lost most of their basic assets, particularly for the new arrivals. Against the backdrop of the coming winter season<sup>15</sup>, additional needs relate to items that have not been distributed in sufficient quantity thus far, like blankets. It is also necessary to replenish stocks of consumables such as soap. In addition, it is noticed that items distributed earlier are now starting to wear and tear (e.g. jerry cans). Lastly, it has been recognized that items that were suitable for the immediate response

<sup>12</sup> A recent GOAL survey (16-19 October) in the Jebel Marra found for example that in many areas of this region food production will be less than 10% of a normal production year due to drought and insecurity.

<sup>13</sup> 'Violence and mortality in West Darfur, Sudan (2003-04); epidemiological evidence from four surveys', *The Lancet*, 1 October 2004.

<sup>14</sup> Cf. CEDAT Brief Sudan, Brussels, 28 October 2004; and Persecution, Intimidation and Failure of Assistance in Darfur, MSF-Holland, October 2004.

<sup>15</sup> Night temperatures can reach 5 degrees centigrade or lower in North Darfur in December-January.

(e.g. plastic sheeting) will now have to be replaced by items which are more appropriate in the mid to longer term, e.g. by replacing plastic sheeting with local building materials.

An increasingly important issue is the need to explore options for cooking fuel in an environment where the vicinity of most camps has already suffered from deforestation and where women have to venture deeper and deeper into unsafe areas to fetch wood for fuel.

#### Water and Environmental Sanitation

The supply of clean water, hygienic handling of water at household level, sanitation facilities, as well as hygiene and health awareness among target groups have been and remain at sub-standard levels in most IDP sites.<sup>16</sup> Although no major epidemic has occurred with the exception of an outbreak of hepatitis E, it should be noted that poor water, sanitation and hygiene conditions lead to diarrhea being one of the main sicknesses seen in Darfur clinics. This, in combination with other diseases related to poor living conditions (e.g. malaria and Acute Respiratory Infection (ARI)) as well as malnutrition, continues to account for an increased rate of mortality, often even beyond the emergency threshold.

#### Health – Nutrition

Recently published survey reports by agencies such as WFP, WHO and MSF confirm that, despite the mounting of a sizeable relief operation over the past few months, the overall health status of affected communities remains fragile. In various IDP locations across Darfur, malnutrition, mortality and measles vaccination coverage rates are still close to or beyond emergency thresholds. Mothers or caretakers in a wide variety of locations across Darfur reported that 74.9% of children between 6-59 months of age had been sick in the previous 2 weeks.<sup>17</sup> Access to primary health care (PHC) is poor, especially in SLM/A controlled areas. In addition, access to hospital in GoS-controlled areas is limited for IDPs and war-affected, and it is seldom free despite the commitments taken by the authorities in this respect.

#### Common Services

Substantial needs occur in cross-cutting sectors and domains such as inter-agency humanitarian coordination, information / data collection and mapping, CIMCOORD<sup>18</sup>, communications, security, mine action and awareness, humanitarian flights and other forms of transport, logistics and basic road repair, aid flow management, IDP registration, 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 increasingly large group of actors on the ground respond in a prompt, safe, principled and coordinated manner.

### 1.3. - Target population and regions concerned:

<sup>16</sup> A recent survey conducted by MSF-Holland<sup>16</sup> in one of the supposedly best covered camps in Darfur (Kalma, close to Nyala) found, for example, that water delivered per person per day corresponded to a mere 7 liters where the recommended minimum is 15 liters per person per day.

<sup>17</sup> Diarrheal disease was the most frequently reported illness (41.0%), followed by fever (30.7%), ARI (18.0%) and malaria (6.5%). Measles was reported in 2.1% of children.

<sup>18</sup> Civil and Military Coordination, e.g. with the AU Ceasefire Commission.

According to the latest UN estimates, over 2 million people in Darfur are conflict-affected, which is nearly one third of the pre-conflict population of Darfur. The breakdown is as follows:

	<b>IDPs</b>	<b>Affected residents</b>	<b>Total</b>
North Darfur	418,338	133,240	551,578
South Darfur	529,350	165,650	695,000
West Darfur	653,218	120,801	774,019
Total Darfur	1,600,906	419,691	2,020,597

During the September – October period the overall IDP figure went up by 10% and reached 1.6 million. This increase is related to new displacements due to insecurity, as well as the ‘pull factor’ from outlying and underserved areas towards IDP camps.

In September, UN agencies stated they had access to approximately 87% of the 2 million affected persons, although, due to a variety of reasons, not all the potential beneficiaries within this 87% group were actually receiving an adequate package of basic humanitarian services.

Whilst INGOs in many instances maintain operations if and when the UN declares an area ‘No Go’, recent serious security incidents have shown that INGOs are now more frequently compelled to reduce operations and sometimes completely relocate from unsafe locations and areas like Jebel Marra.

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

In addition to assisting IDPs directly triggered by the conflict, this decision shall take into the account the needs of:

- hosting communities;<sup>19</sup>
- affected residents living in remote and so far underserved areas;
- returnees;
- 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 Darfur as long as there is no durable peace agreement:

- Continued escalation in the conflict, resulting in new influx of IDPs;
- Forced relocation/repatriation;
- Aggravation of the insecurity for humanitarian workers, expanding the “no go” areas;
- Resumption of bureaucratic impediments;

<sup>19</sup> In certain cases 20 families are hosted and supported by one host household.

- Development of a chaotic and anarchic situation in Darfur;
- Disease outbreak or epidemics;
- A new bad rainy season;
- Decrease in the interest of media and international community for a lingering crisis.

## **2- Objectives and components of the humanitarian intervention proposed:**

### 2.1. – Objectives:

Principal objective :

- To provide life-saving assistance to the victims of conflict in Sudan

Specific objectives :

- To reduce excess mortality and morbidity among highly vulnerable populations through integrated and primarily life saving services
- To reduce malnutrition and food insecurity among highly vulnerable populations through food distribution

### 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 (e.g. insecurity, limited access, delivery gaps in all humanitarian sectors) justify that many humanitarian agencies may follow an integrated “multisectorial” approach in their interventions.

#### Food aid and food security

- Support to food distribution implementing partners;
- Targeted emergency household food security inputs to selected communities.<sup>20</sup>

#### Protection, IHL and care for special groups

- Dissemination/training on IHL and basic principles;
- Field studies on basic protection issues (e.g. sexual violence, forced relocations);
- Strengthening of local community protection mechanisms;
- Tracing and family reunifications where feasible;
- Interventions towards the parties to the conflict to remind them of their obligations with regard to IHL.

#### Shelter and NFIs.

- Provision of plastic sheeting and/or basic local building materials, as well as basic household non-food items such as clothing, kitchen sets, mosquito nets, blankets, cooking fuel;
- Reinforcement of up-stream parts of the shelter/NFI supply pipelines as well as down-stream distribution systems.

#### Water and environmental sanitation.

- In IDP settings, distribution of soap, water containers, hygiene promotion through outreach workers, construction of latrines, vector control, waste water drainage, clean up campaigns, burial of animal carcasses and human corpses;

---

<sup>20</sup> E.g. animal health, emergency seeds and tools.

- In IDP settings, improved water supply through a wide array of options ranging from tinkering 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;
- Establishment or continuation of therapeutic and supplementary feeding programmes (centre-based or community-based) in areas with highest malnutrition rates;
- Mass measles vaccination in IDP settings not previously immunised, and support to ongoing EPI where possible;
- Reducing risk of outbreaks and epidemics of communicable diseases (e.g. malaria);
- Targeted inputs to restore or create a minimum level of basic preventive health outreach and awareness in areas with high number 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 obstetric;
- Mobile clinics to enhance outreach to scattered IDPs.

#### Common services.

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

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

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

This timeframe is necessary considering the uncertain security environment and potential regular inaccessibility in large areas due to access denials, difficult terrain and seasonal rains. Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01/11/2004. This date of eligibility of expenditure is justified by the necessity to avoid any rupture in the ongoing operations which have proved vital for their beneficiaries. It also aims to fund a number of appeals received by ECHO.<sup>21</sup>

Start Date: 01/11/2004

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

---

<sup>21</sup> ICRC and WFP are appealing to donors for urgent contributions to the food pipeline in order to avoid a gap by the beginning of 2005. E.g. ICRC launched an appeal on 16 November 2004 to seek additional funding to cover the shortfall of CHF 9 million (ca. EUR 6 million) for the current operations in Darfur (including food aid for rural areas to diminish “the pull factor” of IDP camps).



the action. In this respect the procedures established in the general conditions of the specific agreement 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
ECHO/SDN/BUD/2004/02000	Ad hoc			10,000,000
ECHO/SDN/BUD/2004/03000	Ad hoc			10,000,000
ECHO/SDN/BUD/2004/04000	Ad hoc			15,000,000
ECHO/SDN/EDF/2004/01000	Ad hoc			5,000,000
	<b>Subtotal</b>	<b>18,000,000</b>	<b>22,000,000</b>	<b>60,000,000</b>
	<b>Total</b>	<b>18,000,000</b>	<b>22,000,000</b>	<b>60,000,000</b>

Dated : 09/11/2004

Source : HOPE

Funds from previous decisions have all been either allocated or earmarked.

## 5 - Other donors and donor co-ordination mechanisms

### Donors in SUDAN the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	1,200,000	ECHO	62,642,857	USA	135,865,454
Belgium	5,869,000	Other services	122,100,000	Canada	24,265,602
Cyprus	204,680			Japan	3,325,216
Czech Republic	116,250			Australia	7,121,381
Denmark	6,100,000			New Zealand	1,479,284
Estonia	31,956			Norway	10,373,392
Finland	2,700,000			Switzerland	3,835,905
France	15,530,000			Unspecified	1,385,320
Germany	43,436,866			Other donors	4,624,335
Greece	400,000				
Hungary	140,148				
Ireland	6,630,000				
Italy	9,543,000				
Latvia	0				
Lithuania	29,000				
Luxembourg	1,373,728				
Malta	0				
Netherlands	36,850,000				
Poland	20,000				
Portugal	250,000				
Slovakia	20,000				
Slovenia	12,010				
Spain	8,022,386				
Sweden	14,120,000				
United Kingdom	79,985,075				
Subtotal	232,584,099	Subtotal	184,742,857	Subtotal	192,275,889
		Grand total	609,602,845		

Dated : 09/11/2004

(\*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>

Empty cells means either no information is available or no contribution.

## 6 –Amount of decision and distribution by specific objectives:

### 6.1. - Total amount of the decision: Euro 31,000,000

## 6.2. – Budget breakdown by specific objectives

<b>Principal objective: To provide life-saving assistance to the victims of conflict in Sudan</b>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners (1)</b>
Specific objective 1: To reduce excess mortality and morbidity among highly vulnerable populations through integrated and primarily life saving services	21,000,000	Sudan, principally greater region of Darfur	Food /food security, Protection, IHL and care for special groups, shelter/NFI, WES, health/nutrition, common services.	ACF, ACTED,AMI, ADRA, ALISEI AVSI, CAFOD, CAM, CARE, CCM, C.AID, CARITAS, CESVI, CONCERN, COOPI, CORDAID, COSV, CRE, Danish Refugee Int., DCA, DIAKONIE, Danish refugee council, EMDH, FAO, Finnish RC, Fondation Terre des Hommes, GAA, GOAL, GRC, HANDICAP INTERNATIONAL, HEALTHNET, Help Age Int., IAS, ICRC, IFRC, INTERSOS, IOM, IRC, Islamic Relief Worldwide, JOHANNITER, MAG, MALTESER, MDM, MEDAIR, MERLIN, Mercy Corps, MSF, NCA, NRC, Norwegian Refugee council, OXFAM, Première urgence, PSF-CI, SC-UK, SCF-NL, solidarités, TEARFUND, Triangle, Trocaire, UNFPA, UNICEF, UN OCHA, UNDP, UNICEF, UNHCR, UNSECOORD, VSF, WFP, WHO, WVI, ZOA
Specific objective 2: To reduce malnutrition and food insecurity among highly vulnerable populations through food distribution	10,000,000	Sudan, principally greater region of Darfur	Food aid/food security	- UN - WFP
<b>TOTAL</b>	<b>31,000,000</b>			

<sup>1</sup> ACTION CONTRE LA FAIM, (FR), ADVENTIST DEVELOPMENT AND RELIEF AGENCY - DENMARK, AGENCE D'AIDE A LA COOPERATION TECHNIQUE ET AU DEVELOPPEMENT, (FR), AIDE MEDICALE INTERNATIONALE, (FR), ARTSEN ZONDER GRENZEN (NLD), ASSOCIAZIONE VOLONTARI PER IL SERVIZIO INTERNAZIONALE (ITA), Adventistische Entwicklungs- und Katastrophenhilfe e.V., CARE INTERNATIONAL UK, CARITAS AUSTRIA, (AUT), CARITAS BELGIUM - SECOURS INTERNATIONAL DE CARITAS CATHOLICA, (BEL), CARITAS DANMARK, CARITAS ESPANOLA, (E), CARITAS FRANCE - SECOURS CATHOLIQUE, (FR), CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT (GBR), CATHOLIC ORGANISATION FOR RELIEF AND DEVELOPMENT AID (NLD), CESVI cooperazione e sviluppo onlus, CHRISTIAN AID (GBR), COMITATO COLLABORAZIONE MEDICA - CCM, COMITATO DI COORDINAMENTO DELLE ORGANIZZAZIONI PER IL SERVIZIO VOLONTARIO (ITA), COMITE D'AIDE MEDICALE, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), COOPERAZIONE INTERNAZIONALE (ITA), CRUZ ROJA ESPAÑOLA, (E), Caritas Polska, DANSK FLYGTNINGEHAELP, DEUTSCHER CARITASVERBAND e.V. (DEU), DIAKONISCHES WERK der Evangelischen Kirche in Deutschland (DEU), ENFANTS DU MONDE - DROITS DE L'HOMME, FOLKEKIRKENS NODHJAELP, (DNK), FONDATION CARITAS LUXEMBOURG, FONDAZIONE TERRE DES HOMMES ITALIA ONLUS, FUNDAÇÃO DE ASSISTÊNCIA MÉDICA INTERNACIONAL, (PT), GOAL, (IRL), HANDICAP INTERNATIONAL (BEL), HANDICAP INTERNATIONAL (FR), HELLENIC RED CROSS, (GRC), INTERNATIONAL AID SERVICES, INTERNATIONAL ORGANIZATION FOR MIGRATION (INT), INTERSOS, ISLAMIC RELIEF, International Rescue Committee UK, JOHANNITER-UNFALL-HILFE e.V. (DEU), KIRKENS NODHJELP - NORWEGIAN CHURCH AID (NOR), MALTESER HILFSDIENST e.V., (DEU), MEDAIR UK (GBR), MEDECINS DU MONDE, MEDECINS DU MONDE, (GRC), MEDECINS SANS FRONTIERES (CHE), MEDECINS SANS FRONTIERES (F), MEDECINS SANS FRONTIERES (LUX), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), MEDICOS DEL MUNDO ESPAÑA, MEDICOS SIN FRONTERAS, (E), MERCY CORPS SCOTLAND (GBR), MINES ADVISORY GROUP (GBR), Médicos do Mundo Portugal, NORGES RODE KORS (NORWEGIAN RED CROSS), NORWEGIAN REFUGEE COUNCIL (NOR), OXFAM (GBR), PHARMACIENS SANS FRONTIERES COMITE INTERNATIONAL, PREMIERE URGENCE, (FR), SAVE THE CHILDREN (NLD), SOLIDARITES, (FR), SUOMEN PUNAINEN RISTI (CROIX ROUGE FINLANDE), Sdružení Česká katolická charita, TEARFUND (GBR), THE SAVE THE CHILDREN FUND (GBR), TRIANGLE Génération Humanitaire, (FR), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, UNITED NATIONS - WORLD FOOD PROGRAMME, UNITED NATIONS DEVELOPMENT PROGRAMME, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS POPULATION FUND, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, Vétérinaires Sans Frontières- Belgique - Dierenartsen Zonder Grenzen - Belgique um, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE, WORLD VISION - UK, ZOA-Vluchtelingenzorg

## 7 –Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid 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](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

## 8 –Budget Impact article 23 02 01

Budget impact article 23 02 01	
	CE (in Euro)
Initial available appropriations for 2004	472.000.000
Virement Commission	-3.700.000
Provided through transfer	25.000.000
<b>Total available appropriations</b>	<b>493.300.000</b>
Total executed to date (as at 15/11/2004)	450.784.311,78
Available remaining	42.515.688,22
Total amount of the Decision	31.000.000

## 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 aid<sup>22</sup>, and in particular Article 15(2) thereof,

Whereas:

- 1) Conflict, especially that in the greater Darfur region between the Government of Sudan and armed opposition groups, has created major new humanitarian needs in Darfur and beyond which will continue throughout and beyond 2005,
- 2) Chronic conflict and insecurity in many areas of Sudan has led to vulnerability of the population and continuous disruption or absence of basic services and infrastructures,
- 3) In greater Darfur alone, tens of thousands of people have been killed, and over one and half million people displaced,
- 4) A number of respected and experienced humanitarian actors have described the Darfur complex emergency as currently the world's greatest humanitarian crisis, in a region that is one of the poorest and most neglected in the Sudan, with some of the lowest human development indicators,
- 5) Insecurity and fear continue, linked to ongoing attacks and harassment of civilians, and humanitarian conditions among the affected communities are precarious and likely to deteriorate further as the next crops will certainly be very poor,
- 6) The consequences of the conflict in Darfur are not only confined to the greater Darfur region but extend to many other areas of Sudan with civilians fleeing from conflict and insecurity to bordering regions and beyond,
- 7) This decision builds on previous decisions adopted since the beginning of the crisis and focuses mainly on the population affected by the conflict in Darfur. Nevertheless, many other areas of Sudan are also subject to outbreaks of violence and natural disasters. Should needs be judged as acute as those in Darfur then assistance for these other areas would be also considered,
- 8) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations financed by this Decision should be of a maximum duration of 12 months,
- 9) It is estimated that an amount of Euro 31,000,000 from budget line 23 02 01 of the 2004 general budget of the European Union is necessary to provide humanitarian assistance to more than 2 million people directly or indirectly affected by the Darfur conflict and to people in urgent needs in other parts of Sudan, taking into account the available budget, other donors' interventions and other factors,
- 10) In accordance with Article 17 (3) of Regulation (EC) N° 1257/96, the Humanitarian Aid Committee gave a favourable opinion on 17.12.2004.

---

<sup>22</sup> OJ L 163, 2.7.1996, p. 1-6

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 Euro 31,000,000 for humanitarian aid operations Humanitarian assistance to the victims of conflict in Sudan by using line 23 02 01 of the 2004 budget of the European Union.
2. In accordance with Article 2 (a) of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
  - To reduce excess mortality and morbidity among highly vulnerable populations through integrated and primarily life saving services
  - To reduce malnutrition and food insecurity among highly vulnerable populations through food distribution

The amounts allocated to each of these objectives are listed in the annex to this decision.

*Article 2*

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed Euro 2,000,000.

*Article 3*

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 01/11/2004.
2. Expenditure under this Decision shall be eligible from 01/11/2004.
3. 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 4*

1. This decision is subject to the approval by the Budget Authority of a transfer (increase) of commitment appropriations to the budget line 23 02 01. The request for this transfer has been introduced early October in accordance with article 23 of the Financial Regulation applicable to the general budget of the European Communities.
2. 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**

<b>Principal objective :To provide life-saving assistance to the victims of conflict in Sudan</b>	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
To reduce excess mortality and morbidity among highly vulnerable populations through integrated and primarily life saving services	21,000,000
To reduce malnutrition and food insecurity among highly vulnerable populations through food distribution	10,000,000
<b>TOTAL</b>	<b>31,000,000</b>

Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article110 thereof, and its Implementing Rules in particular Article168 thereof.<sup>23</sup>

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 organizations 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](http://europa.eu.int/comm/echo/partners/index_en.htm)

<sup>23</sup> Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, , OJ L248, 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.