EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

HUMANITARIAN AID
for
the victims of continuing insecurity and climatic hazards
in
Somalia

GLOBAL PLAN 2004

February 2004

ECHO/SOM/BUD/2004/01000

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Explanatory Memorandum

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1. EXECUTIVE SUMMARY

Large scale humanitarian needs persist in Somalia as a result of the ongoing civil conflict, compounded by climatic extremes such as drought and flooding. Access to address these needs is complicated by logistic constraints, but above all by the complicated process of negotiation with local actors in a volatile security environment.

ECHO's priority is to address the core emergency humanitarian needs. To do so, in the Somalia context, requires having humanitarian partners in place and thus able to respond rapidly with great flexibility. In order to ensure the presence of partners in areas of regularly recurring emergency humanitarian need, ECHO will contribute to the continuing activities of these partners to address extreme vulnerability that quickly becomes an emergency need and/or where chronic needs and vulnerability have reached levels where these qualify as humanitarian needs.

The main areas of need are southern and central Somalia, including Mogadishu, with approximately two thirds of the population. This is not exclusive, however, as the recent drought emergency in north east Somalia demonstrates.

The main sectors for such humanitarian interventions are health and nutrition, water and sanitation, and livestock.

2. CONTEXT AND SITUATION

2.1. General Context

General Background:

Since the collapse of the Siad Barre Regime in 1991, Somalia has been in a state of civil strife, warlordism and anarchy. Notably in Central and Southern Somalia, the situation is characterised by frequent armed confrontations among a considerable variety of different warring factions continuously changing alliances.

The very fragile political setting, further aggravated by climate changes generating cycles of droughts and floods, has resulted in widespread serious humanitarian needs, notably in the health and nutrition sector, but also in food security as well as water and sanitation. The absence of a functioning government and administration and the destruction of social services and the infrastructure contribute to the perpetuation of these long-term chronic needs. Access to any basic health care services, clean water, sanitation or education is extremely limited. Traditional coping mechanisms and livelihoods have been crippled by the endemic insecurity. Several hundred thousand Somalis were forced to flee their homes. And even in a situation when sufficient rains coincide with a period of relative peace in a particular area, the repayment of debt or the recurrence of insecurity consumes the gains made during this period. Most Somali households are facing today a high degree of chronic vulnerability. The large majority of the population (estimated at some 7 million people) is living in absolute poverty (HDI was estimated in 2001 at 0.284, ranking Somalia 161 out of 163 states). Humanitarian access to entire districts is frequently hampered by insecurity.

2.2. Current Situation

While the Mbagathi peace process – the 14th such process - proceeds into its third and final stage, the situation on the ground remains little changed. Chronic vulnerability at household level has reached such an extent that any shock, man-maid or due to a natural disaster, translates into an acute humanitarian crisis. Most recently this has occurred in north east Somalia where successive years of drought have now exhausted local coping capacity.

Security has worsened recently with the murder of 4 expatriate aid workers in the final quarter of 2003. These direct targeted executions are a new type of risk, linked to the geo-political context in the wider Region, and are being analysed closely to adapt security protocols. Continued conflicts, particularly in southern and central Somalia, including Mogadishu, have further complicated access.

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Nevertheless, in this difficult environment, over the past year aid agencies have been able to increase access through an approach based on a good knowledge of, and relations with, local communities.

Humanitarian situation:

(Figures cited in the sections below come largely from the United Nations Development Programme National Human Development Report for Somalia, 2001. These reports are provided every three years based on compilation and analysis of information provided, inter alia, by aid agencies working in Somalia.)

While there is broad agreement on the seriousness of the humanitarian situation in particular in Central and Southern Somalia, and more recently the north east, there are few reliable general data. Most published figures remain rough estimates. This is mainly due to the difficulty of access as well as the mobility of the Somali population, which traditionally also includes temporary migration into neighbouring countries. It is estimated that 77% of the population do not have access to safe water, 72% do not have access to health services and 50% do not have access to sanitation.

In this framework, humanitarian aid has to participate in reducing chronic vulnerability, in order to increase the most vulnerable groups' ability to cope with climatic hazard and man-made disasters. This should translate into improving access to essential social services through Public Health, Water & Sanitation, and Food Security projects, and increase their coverage in rural areas.

Humanitarian aid also has to address any new or additional acute humanitarian emergency situation, arising from climatic hazard or man-made disasters, to address immediate suffering, but also to reduce, as much as possible, their impact on the most fragile household livelihoods, therefore participating in reducing the amplitude of these chronic cycles of vulnerability. This has to translate into timely and relevant emergency Health & Nutrition, Water & Sanitation, and Non Food Items interventions in the affected areas.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Humanitarian needs sectoral analysis:

Health / Nutrition: Health and nutrition is the sector where humanitarian needs are most striking. Where public health services still exist, they suffer from a lack of drugs and qualified personnel in all categories (there are an estimated 0.4 Doctors and 2.8 Nurses

per 100,000 persons). Some 80 % of the total health services available in Somalia are at present provided by the private sector. However, also those services seriously suffer from unqualified personnel and the sale of non-regulated drugs of poor quality. It is estimated that some 30% of the population does not have any access to health services at all.

Consequently, Somalia faces one of the worst health indicators in the world. The infant mortality rate is estimated at 132 per 1,000 live births, under-five mortality rate at 224/1,000 and maternal mortality ratio at more than 1600 per 100,000 live births. The estimated life expectancy at birth is 47 years.

The main causes of morbidity and mortality in Somalia are due to acute infectious diseases, chronic communicable diseases, adverse behaviour and traditional practices. Malaria, acute respiratory infections (pneumonia) and diarrhoea account for more than half of all mortality in children under 5 years old. Tetanus (especially neonatal) is also an important contributor to the mortality. Another major public health problem is tuberculosis, with some 200 cases per 100,000 persons. In addition, outbreaks of measles, cholera, dysentery, meningitis, Rift Valley Fever and Kala Azar pose a major health risk.

Rates for measles and DPT3/OPV3 vaccination are generally below 60% in urban and rural populations, and much lower in nomadic populations (1-30%). While in some few regions, the measles vaccine coverage is expected to have reached around 70 %, the average coverage remains far below the 80% range necessary for an effective epidemiological impact. Only 15.6% of the one-year-olds are fully immunised. Tetanus toxoid immunisation also remains low (10-40%) in women of child bearing age.

Finally, violence (landmines, gunshots, stabbing, trauma) and accidents are important contributors to morbidity, and premature mortality and disability (physical and mental).

Given the above context, there exists a pressing need to improve access to quality health care services notably for the most vulnerable population groups, and to reduce the prevalence of malnutrition among them, notably in Central and Southern Somalia.

Food security/Livestock :

Livestock : Food insecurity is one of the major causes of the high rates of morbidity and mortality. Needs are both curative, through therapeutic and supplementary feeding provided through health facilities, and preventative to address high vulnerability.

An estimated 60% of the Somali population are livestock dependent nomadic pastoralists, with livestock production providing 55% of the overall calorie intake of the Somali people, notably through milk. Livestock is also an asset, contributing about 60% to the incomes or subsistence of the Somali population.

Veterinary interventions to ensure a core ratio of healthy livestock to sustain the most vulnerable populations, for example those affected by drought, is thus a priority. Through intervening to treat and save livestock, the staple milk supply is sustained, especially important for children, and asset depletion avoided. This strategy is preferred to that of awaiting human based emergency indicators by which time the human population will have become destitute, and dependent on more expensive external aid.

Other: While the Somali economy is largely based on livestock production, about 30% of the population live in agro-pastoral and riverine food economy zones. The agro-pastoral

and farming communities tend to live in villages or small settlements. In the current difficult context for the pure pastoral economy, sedentarisation is increasing as desperate pastoralists turn to cultivating crops.

Given the above context, there exists an important need to improve animal health services, notably in order to minimise the effect of drought on livestock and its productive potential. There is also an important need to reduce food insecurity, notably through small-scale rehabilitation measures, such as simple irrigation schemes, as well as specific targeted assistance aimed at strengthen self-sufficiency of relevant vulnerable groups, such as seeds-and-tools distribution.

Water and sanitation: The chronic instability and the complete breakdown of the state resulted in the destruction of the water supply systems, especially in Central and Southern Somalia. Lack of repair, poor maintenance and poor construction, or conflict-related destruction left hundreds of existing boreholes unusable. 70% of the bore wells have passed their designed life-span, and require major rehabilitation work. There is a widespread contamination of surface supplies and dug wells, unhygienic drawing and storage of water and no treatment of drinking water.

As a result, only about 20% of the population of Central and Southern Somalia has access to safe drinking water. This also increases the already heavy burden on women and girls: In many areas, particularly during the dry season, large numbers of women and children (especially girls) have to spend a considerable amount of their time and energy in fetching water from distant sources. Assessments show that distances travelled for water collection can be as much as 6 hours to collect only 20 litres of water.

This situation is also encouraging further migration to the remaining functioning permanent sources of water, with several negative consequences, including over-use of water, pasture / land as well as clan conflicts over scarce resources. In urban areas, poor water quality is linked with the regular outbreaks, and some epidemics, of water borne diseases such as cholera.

Given the above context, there is in Somalia a global need to improve availability of, and access to, safe drinking water, and to improve sanitation and hygiene practices at community and household levels.

4. PROPOSED ECHO STRATEGY

4.1. Coherence with ECHO´s overall strategic priorities

ECHO's mandate is to provide emergency assistance and relief to the victims of natural disasters or armed conflict. More specifically, in the case of Somalia, ECHO's mandate also includes the provision of necessary assistance to people affected by long-lasting crises, especially where their own governments prove unable to help or there is a vacuum of power.

With reference to ECHO's 2004 Strategy, Somalia would be an example of a 'forgotten crisis', given the level of need and extent of donor response, but one where ECHO has been increasing its support as aid agencies have been able to achieve a greater access. Further, Somalia includes the three "cross-cutting" issues of LRRD, child related assistance and water, that feature as priorities in ECHO's 2004 strategy.

4.2. Impact of previous humanitarian response

In 2003 the Commission adopted three humanitarian aid financing Decisions for Somalia, for a total of 9 million €, to address the victims of the ongoing insecurity and climatic hazards in Somalia in the sectors of health, water and sanitation and food security. This includes a Decision for 2 million € approved in December 2003 for livestock assistance and water and sanitation as part of the emergency response to the drought victims in north eastern Somalia.

An evaluation of UNICEF, ECHO's major partner for water and sanitation and for vaccination, was underway in the final quarter of 2003. A forthcoming Netherlands evaluation of Somalia, coordinated with Denmark and Sweden, will include ECHO funded operations.

While a number of projects funded in 2003 continue into 2004 - notably livestock, and water and sanitation assistance, for the drought response for the north east launched at the end of 2003 - the data provided for the results of ECHO's 2003 funded interventions as of December 2003 show the following measured results :

Health and nutrition : over 500,000 beneficiaries. This includes over 230,000 out-patients; over 200,000 vaccinations; over 18,000 in-patients; over 6,000 therapeutic and supplementary feeding cases; and over 1,300 cholera cases.

Water and sanitation: over 70,000 beneficairies of water source and latrine provision for which evaluation underway.

Food Security : over 500,000 beneficiaries. This includes more than 650,000 head of livestock vaccinated and/or treated for parasites, and the doubling of the harvests for 8,000 people in riverine communities.

4.3. Coordination with activities of other donors and institutions

Other donors and donor co-ordination mechanisms:

The total yearly humanitarian and development assistance received in Somalia in the last years is slightly above 100 million Euro, which is far from being sufficient in view of the widespread basic humanitarian needs. In addition, and due to the prevailing insecurity, only a small percentage of these funds are used for projects in Central and Southern Somalia.
There is a well-established co-ordination mechanism, including donors, through the Nairobi based Somalia Aid Co-ordination Body (SACB). Strategies are designed within an inter-sectoral operational framework under the co-ordination of the SACB. Donors, UN Agencies and NGOs meet regularly and take part to a series of regional field co-ordination meetings. Sectoral strategies are regularly reviewed, and priority interventions and any gaps in implementation identified.

Donor contributions for 2003 as reported to SACB as of Dec. 2003.

LRRD:

ECHO and the EC Somalia Unit have developed a joint ECHO/DEV approach for project identification and appraisal within the LRRD framework aimed at avoiding potential overlapping, duplications and differences of approach between projects supported by the different EC instruments, as well as other donors. Unless an acute humanitarian emergency situation dictates otherwise, ECHO and the EC Somalia Unit are encouraging partners to first share with the relevant Sectoral Working Groups of the SACB their proposals before these are formally submitted for funding to the EC, irrespective of the funding source. This is a necessity as issues such as overlapping, duplications and diverging approaches are not only limited to EC supported projects, but can also concern projects supported by other donors and implemented by different Agencies.

It is further agreed that in a situation of non-emergency, project concepts already shared with and commented by the SACB relevant Sectoral Working Groups considered for funding under ECHO or DEV will be further examined both by ECSU and ECHO against development related policies, strategies, guiding principles and to enable when relevant a smooth taking over of ECHO supported projects within ECSU programming.

ECHO Response in Somalia:

The ECHO approach and strategy for Somalia in 2003 and 2004 has been developed in consultation with the EC Somalia Unit, the Somalia Aid Coordination Body, and all relevant humanitarian actors, including UN Agencies, International Organisations and NGOs. The ECHO strategy has taken the EC 2001-7 Country Strategy Paper into account and is in line with it through complementing the strategy to achieve "improved access to basic public social services" (chapters 5.2 and 5.3).

4.4. Risk assessment and assumptions

Perspectives and possible constraints:

Humanitarian conditions depend on several factors, including *Gu* and *Deyr* seasonal rains and harvest, price levels for commodity purchase, condition and security on transport routes, market access and kinship networks. Current climate outlooks predict normal to above normal rainfall for most of Somalia. But following the El Nino floods in 1997 – 1998, only a small proportion of weakened river embankments have been repaired. Lack of management of sluice gates, the silting of canals and intentional cuts in the embankments all increase the likelihood of flooding in the Juba and Shabelle regions in case heavy rains in the Ethiopian Highlands cause the Shabelle or Juba rivers to swell.

Moreover, given the pattern of the conflict in Somalia, the political and military situation may evolve towards a worsened security context in areas currently considered stable at least by Somalia standards, putting further strain on economic and social coping mechanisms. Continuing insecurity poses indeed the greatest constraint for providing the most vulnerable populations in Somalia. Large-scale factional fighting has resumed in Puntland, Gedo, Bay and Bakool. Banditry, extortion and kidnapping threats are common in most of central and southern Somalia. Reaching vulnerable groups in Somalia is further complicated by the dispersion of destitute populations. Currently, four regions have very little continued agency presence and programmes, mainly due to insecurity: Middle and Lower Juba, Lower Shabelle, and Benadir/Mogadishu.

4.5. ECHO Strategy

Principal objective: To assist the victims of continuing insecurity and climatic hazards in Somalia.

ECHO's strategy is to address core mandate needs in the health of the Somali population through assistance in the sectors of health, food-security support, water and sanitation. The priority is to address the core emergency humanitarian needs. In the Somalia context - and notably the lengthy and complicated process of negotiation with local actors in a volatile security environment - this requires having humanitarian partners in place to be able to respond rapidly. In order to ensure the presence of partners in areas of regularly recurring emergency humanitarian need, ECHO will contribute to the continuing humanitarian activities of these partners to address extreme vulnerability that quickly becomes an emergency need and/or where chronic needs and vulnerability have reached levels where these qualify as humanitarian needs. The target population is resident and displaced populations of Somalia affected by civil strife and climatic hazard, with a geographical focus on central and southern Somalia.

Specific objectives:

- To increase access to health and nutritional services in order to improve the health and nutritional status of targeted beneficiaries.

Key measurable results would include the extent of access (coverage per catchment area) to both primary and secondary health care, and trends in mortality and morbidity data.

To achieve these results would include interventions to provide primary and secondary health facilities (including mother and child health care, maternity care and surgery for war wounded), expanded programs of vaccination, and therapeutic and supplementary feeding.

- To improve hygiene conditions, access to and availability of safe drinking Water & Sanitation facilities for the targeted population in order to reduce the incidence of water-borne and hygiene-related diseases.

Key measurable results would include the quality and quantity of water and the extent of access to water and sanitation facilities, complemented by reductions in water and sanitation related mortality and morbidity, such as diarrhoea or cholera.

To achieve these results would include interventions to chlorinate, rehabilitate or improve key existing water points, and in exceptional cases establish new water points or provide water trucking, and rehabilitate and install sanitation facilities as well as provide education on hygiene.

- To improve accessibility and availability of core food supply in order to reduce the nutritional vulnerability of the target population.

Key measurable results would include core ratios of healthy livestock to vulnerable populations, or of available food produced, complemented by mortality and morbidity data of both livestock and human populations.

To achieve these results would include interventions to provide vaccination and anti-parasite treatment to livestock, together with some livestock food supplements where necessary, and seeds and tools together with some irrigation equipment where necessary.

4.6. Duration

The duration for the implementation of this decision will be 15 months. Humanitarian operations funded by this decision must be implemented within this period.

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 humanitarian aid operations.

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.

4.7. Amount of Decision and strategic programming matrix

4.7.1. Total amount of the Decision: 8 million Euro

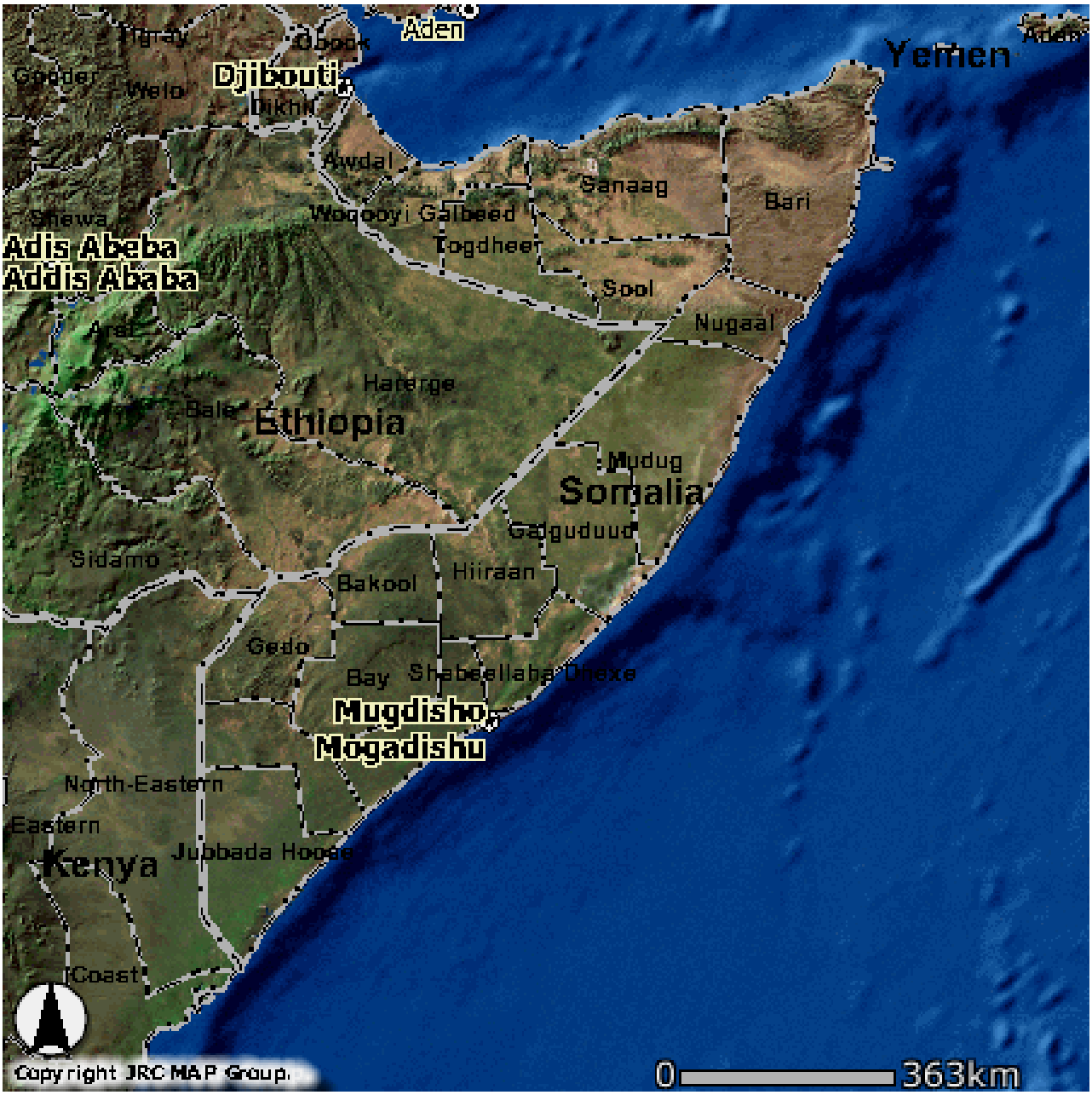
4.7.2. Strategic Programming Matrix

STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal Objective	To assist the victims of insecurity and climatic hazards in Somalia.				
Specific objectives	Allocated amount	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
Specific objective 1: To increase access to health and nutritional services in order to improve the health and nutritional status of targeted beneficiaries.	**€ 5.8 Million**	Northeastern, Central and Southern Regions of Somalia.	- Support to Primary Health Care network (Health Posts, Health Units, Mother & Child Health clinics), including vaccination. - Support to referral hospitals (pediatrics ward & maternity). - War Surgery	✓ Numbers of beneficiaries of key sub-sectors (out-patient, in-patient, vaccination) ✓ Access/coverage (direct beneficiaries compared to catchment area) ✓ Functioning and quality (cure rates, mortality rates etc.) ✓ Unit costs	ACF MSF ICRC UNICEF SOS Kinderdorf
Specific objective 2: To improve hygiene conditions, access to and availability of safe drinking Water & Sanitation facilities for the targeted population in order to reduce the incidence of water-borne and hygiene-related diseases.	**€ 0.6 Million**	Northeastern, Central and Southern Regions of Somalia.	- Repair and maintenance of existing water points. - Protection of wells and springs. - Repair and maintenance of water supply systems. - Provision of sanitation facilities (latrines). - Health and hygiene education.	✓ Incidences of water and hygiene related diseases are maintained at low levels and, ultimately, reduced. ✓ Increase in number of liters/person/day provided. ✓ Greater access to water, including decrease in excessive distances traveled for water collection. ✓ Strategic water sources maintained.	ACF MSF ICRC UNICEF COOPI
Specific objective 3: To improve accessibility and availability of core food supply in order to reduce the nutritional vulnerability of the target population.	**€ 1 Million**	Central and Southern and Northeastern Regions of Somalia.	- Livestock Support (vet services etc.) - rehabilitation of small irrigation schemes	✓ Number of animals vaccinated/treated. ✓ Functioning vet drugs networks ✓ Core ratio of productive livestock maintained ✓ Reduction in food deficit related malnutrition.	ACF MSF ICRC COOPI
Risk assessment	Volatile security environment, recurrent risk of evacuation/suspension of interventions.				
Assumptions	Continued commitment of high quality professional aid agencies to address the needs in Somalia.				
Reserve	**€ 0.6 Million**				
Total cost	**€ 8 Million**				

ANNEXES

Annex 1: Map of country and location of ECHO operations



ECHO operations foreseen for 2004 are focused on central and southern regions, mainly Benadir (Mogadishu), Gedo, Bay/Bakool and Juba areas.

Annex 2 : List of previous ECHO operations

The chronic crisis in Somalia has continued for almost a decade. Therefore, there has been a considerable number of relevant Financing Decisions over this period. Between 2000 and 2003, an overall amount of 18,560,000 € has been made available, all of which have been allocated or is already earmarked.

List of previous ECHO operations in Somalia

		2002	2003	2004
Decision number	**Decision type**	**EUR**	**EUR**	**EUR**
ECHO/SOM/210/2002/01000	Ad hoc	2.000.000		
ECHO/SOM/210/2002/02000	Ad hoc	500.000		
ECHO/SOM/210/2002/03000	Ad hoc	2.000.000		
ECHO/TPS/254/2002/01000*	Ad hoc	250.000		
ECHO/SOM/210/2003/01000	Ad hoc		5.000.000	
ECHO/SOM/210/2003/02000	Ad hoc		2.000.000	
ECHO/SOM/210/2003/03000	Ad hoc		2.000.000	
	Subtotal	**4.750.000**	**9.000.000**	**0**
	Total (y-3)+(y-2)+(y-1)	**13.750.000**		

Dated: dd/mm/yyyy

Source: HOPE / ECHOSTAT

* : Decision ECHO/TPS/254/2002/01000 was for a total of 1.600.000 € for the repatriation of Somali refugees from Ethiopia to north west Somalia. 250,000 € of this was for operations within Somalia, 1,350,000 € was for operations in Ethiopia.

Annex 4: Other donors´assistance :

Donors in Somalia					
1. EU Member States(*)		**2. European Commission**		**3. Others**	
	EUR		**EUR**		**EUR**
Austria		**ECHO**	9.000.000	*World Bank (4)*	1.352.473
Belgium		**Other services(3)**	40.000.000		
Denmark(1)	1.363.438				
Finland	800.000				
France(1)					
Germany	1.450.000				
Greece					
Ireland					
Italy					
Luxembourg					
Netherlands (2)	1.026.335				
Portugal					
Spain					
Sweden (1)	2.000.000				
United Kingdom					
Subtotal (1)	**6.639.773**	**Subtotal**	**49.000.000**	**Subtotal**	**1.352.473**
		Grand total	**56.992.246**		

Dated: 22/12/03

(*) Source: ECHO 14 Points reporting system for Member States. https://hac.cec.eu.int

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

(1) : In addition to the 14 points information cited, there are additional contributions reported to the SACB, namely : France 64,000 €, Belgium 1,300,000 € Denmark 5,854,000 €, Sweden 5,000,000 €. Assuming that these Danish and Swedish contributions include those reported through the 14 point system, the sub-total would thus be 8,854,562 €.

(2) : In addition to the 14 Points information cited, NL also reports unspecified contributions to Somalia included in overall contributions of 26,493,700 € to "AGO/BDI/IDN/ETH/COD/SLE/SDN/RUS/SOM/ TJK/ERI/NSPE/AFG/LBR".

(3) This figure represents the average yearly commitment foreseen for the 2002 – 7 period.

(4) : Source SACB.

As of December 2003, SACB has received information from 12 out of an expected 19 donors to Somalia in 2003, with confirmation of final funding figures from 5. On this basis SACB report a rough estimate for 2003 at a total of 33,032,000 €.

Annex 5: List of Abbreviations

ACF	Action Contre la Faim
Coopi	Cooperazione Internazionale
DG DEV	Directorate General for Development
DPT3/OPV3	Diptheria, Pertussis, Tetanus/Polio vaccination
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
ECSU	European Commission Somalia Unit
EPI	Extended Programme of Immunisation
HDI	Human Development Index
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother and Child Healthcare
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organisation
SACB	Somalia Aid Coordination Body
UN	United Nations
UNICEF	United Nations Children's Fund

COMMISSION DECISION

on the financing of humanitarian operations from the budget of the European Union in Somalia

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Communities,
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid[1], and in particular Article 15(2) thereof,

Whereas:

1. After more than a decade of clan-based anarchy and civil strife in Central and Southern Somalia, aggravated by climatic hazards resulting in a recurrent cycle of droughts and floods, there are wide-spread basic humanitarian needs in particular in the sectors health and nutrition, water and sanitation and food security with consequent population displacements and outbreaks of infectious diseases such as cholera.

2. An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of up to 15 months.

3. It is estimated that an amount of 8,000,000 Euro from budget title 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance.

4. In accordance with Article 17(3) of Council Regulation (EC) No. 1257/96 of the 20th June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 19 February 2004.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of 8 million Euro for humanitarian aid operations (Global Plan) for the victims of insecurity and climatic hazards in Somalia from title 23 02 01 of the general budget of the European Union,

2. In accordance with article 2 of Council Regulation (EC) No 1257/96, the humanitarian operations will be implemented in the framework of the following specific objectives:

[1] OJ L 163, 2.7.1996, p. 1-6

- To increase access to health and nutritional services in order to improve the health and nutritional status of targeted beneficiaries.

- To improve hygiene conditions, access to and availability of safe drinking Water & Sanitation facilities for the targeted population in order to reduce the incidence of water-borne and hygiene-related diseases.

- To improve accessibility and availability of core food supply in order to reduce the nutritional vulnerability of the target population.

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

Article 2

Without prejudice to the use of the reserve, 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 2 million Euro.

Article 3

1. The duration of the implementation of this decision shall be for a period of 15 months, starting on 1st January 2004.

   Expenditure under this decision shall be eligible as from that date.

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

Article 4

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

Specific Objectives	Allocated amount by specific objective (EUR)
Health : To increase access to health and nutritional services in order to improve the health and nutritional status of targeted beneficiaries.	5,800,000
Water and sanitation : To improve hygiene conditions, access to and availability of safe drinking Water & Sanitation facilities for the targeted population in order to reduce the incidence of water-borne and hygiene-related diseases.	600,000
Food security : To improve accessibility and availability of core food supply in order to reduce the nutritional vulnerability of the target population.	1,000,000
Reserve	600,000
TOTAL	8,000,000