



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

**HUMANITARIAN AID FOR THE MOST VULNERABLE
POPULATIONS IN SUDAN**

GLOBAL PLAN 2004

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Table of contents

Explanatory Memorandum

1. EXECUTIVE SUMMARY	3
2. CONTEXT AND SITUATION.....	4
2.1. GENERAL CONTEXT.....	4
2.2. CURRENT SITUATION.....	5
3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS.....	7
4. PROPOSED ECHO STRATEGY	9
4.1. COHERENCE WITH ECHO'S OVERALL STRATEGIC PRIORITIES	9
4.2. IMPACT OF PREVIOUS HUMANITARIAN RESPONSE.....	11
4.3. CO-ORDINATION WITH ACTIVITIES OF OTHER DONORS AND INSTITUTIONS	11
4.4. RISK ASSESSMENT AND ASSUMPTIONS.....	12
4.5. ECHO STRATEGY	12
4.6. DURATION	14
4.7. AMOUNT OF DECISION AND STRATEGIC PROGRAMMING MATRIX	14
5. ANNEXES	17
ANNEX 1: STATISTICS ON THE HUMANITARIAN SITUATION IN THE HORN OF AFRICA	18
COMMISSION DECISION	26
ANNEX: BREAKDOWN OF ALLOCATIONS BY SPECIFIC OBJECTIVES.....	29

Explanatory memorandum

1. EXECUTIVE SUMMARY

Sudan, the largest country in Africa and one with the most precarious humanitarian situations, is experiencing a long-term civil war since 1983 between the Government of Sudan (GoS) and opposing armed factions controlling many areas in the South. The human cost of this conflict is extreme: over 2 million deaths, about 4 million of Internally Displaced People (IDPs), as well as a substantial number of refugees. The chronic lack of basic services has made large numbers of Sudanese highly vulnerable and, therefore, dependent on emergency relief aid. The situation is further worsened by insecurity, access denials and recurrent natural disasters such as floods and droughts.

Intense diplomatic efforts are being carried out by the international community in support of the peace process. Although significant agreements have been reached this year, there are still a number of outstanding issues on the negotiating table before a comprehensive peace agreement is achieved.

Whilst the peace process justifies a certain degree of optimism, the humanitarian situation in large parts of Sudan remains precarious and will probably not drastically improve in the short and medium term.

The main objective of this Global Plan is to provide assistance to Sudan to save lives among the most vulnerable, needy populations. Additionally, ECHO support aims to stabilise conditions of people and communities with severely strained coping mechanisms and, whenever possible, contribute to a gradual process of recovery by enhancing of self-reliance. ECHO will continue covering the whole territory in a neutral and independent approach, in accordance to needs whilst respecting internationally recognised humanitarian principles.

ECHO's strategy for 2004 seeks, to a possible extent, returning to "core mandate" activities and includes four specific objectives. The first objective aims at reducing excess mortality and morbidity through an integrated sectoral focus (health, nutrition, water and sanitation, food security). The second one aims at improving the humanitarian and operational environment through country-wide operations including co-ordination, protection, security, transport, etc. The third objective intends to enhance the capacity to respond to and mitigate man-made and natural disasters through Emergency Preparedness and Response. Lastly, the fourth foresees maintaining a technical assistance capacity in the field.

Cross-cutting issues will be supported at two levels: by mainstreaming them into individual projects and by including them in the main components of the strategy. This Global Plan has been improved in order to respond to a number of recommendations made by an external evaluation of ECHO's activities in Sudan carried out in 2003.

ECHO will continue its commitment to advocating for humanitarian access and, its efforts to liaise with other Commission services and donors in order to perform complementary interventions.

The present Global Plan proposes interventions in Sudan for a total value of 20 million Euro. The duration of the Decision should be of 18 months, starting from 1st January 2004. The Plan includes the necessary flexibility in order to ensure appropriate and prompt response to changing circumstances in 2004.

2. CONTEXT AND SITUATION

2.1. General Context

The civil war: Sudan has known only one fragile decade of peace (1972-1983) since the longest running civil war in Africa started in 1955. The latest period of war, between the GoS that controls the Arabic-Islamic Northern part of the country and some towns in the South and the opposing armed factions that control most of the multiethnic Christian/Animist areas in the South, has continued unabated since 1983¹. The conflict is driven by a combination of territorial, economic, ethnic and religious interests. The two main southern opposing armed factions, the Sudan People's Liberation Movement/Army (SPLM/A) and the Sudan Popular Democratic Front (SPDF), merged in 2002. The panorama of the war-ravaged South is completed by an endless number of militias that easily change side in the conflict.

The GoS and the SPLM/A have been engaged in a peace process over the last two years. The process started with a partial cease-fire agreement in the Nuba Mountains from January 2002 as a consequence of the USA and Swiss mediations. This cease-fire was considered by the international community to be a test case for a future comprehensive cease-fire or a peace agreement.

Perseverance of the IGAD (Intergovernmental Authority on Development) and international observers (USA, the UK, Italy and Norway) led to a framework agreement between the GoS and the SPLM/A on July 2002 in Machakos (Kenya). The Machakos protocol marked significant progress towards a comprehensive peace deal with agreement on some of the key issues. Thus, it was agreed that the signature of the potential peace agreement would be followed by an interim period of six and a half years after which there would be a referendum for self-determination of the South. Later, on October 2002, both parties signed a Memorandum of Understanding (MoU) establishing a comprehensive cease-fire while negotiations continued.

Cyclical stalemates, outbreaks of hostilities and achievements have followed one after another the numerous rounds of peace talks.

Conflicts within the conflict: Sudan, the largest country in Africa, presents in addition to the civil war ethnic clashes between different factions, uncontrolled militias, banditry and the presence of dangerous armed foreign groups in some areas such as the Ugandan Lord's Resistance Army (LRA).

While the peace process was smoothly developing, new insurgent groups such as the Sudanese Liberation Movement/Army (SLM/A) appeared in marginalised regions of the North. Moreover, new conflict fronts were opened and in October 2002 the conflict widened to Kassala and Darfur States.

The human cost of the conflict: All fighting parties have been accused at some point of atrocities and human rights violations. The human cost of this conflict is

¹ The terms "North" and "South" used in the present report do not always correspond with the strict geographical division North/South of Sudan but refer to GoS-controlled areas ("North") and opposition-controlled areas ("South"). The use of these terms and other labels and boundaries does not imply acceptance or endorsement by the European Commission of any political stand, but simply reflects the current operational context in which ECHO and other humanitarian actors operate.

extreme. It has led to the loss of up to 2 million Sudanese lives through violence and starvation, more than four million of IDPs, considered to be the largest displacement in the world, as well as a substantial number of refugees. The constant flow of IDPs creates basic needs in both IDPs themselves and the host population. Ninety-two percent of the whole population currently lives below the poverty line and there is a chronic lack of basic services such as healthcare, safe water and education. Furthermore, natural disasters such as droughts and floods hit extensive areas of the country regularly.

The situation is worsened by insecurity, access denials, difficult terrain and seasonal rains that imply that large areas of Sudan are periodically inaccessible to humanitarian agencies.

Sudan and the European Union: EC formal assistance and most European Union (EU) bilateral development co-operation were stopped in Sudan in March 1990, due to concerns about lack of respect for human rights and democracy, and to the civil conflict. In November 1999, the EU and the Sudan engaged in a formal Political Dialogue, aimed at addressing those concerns.

Throughout the suspension, humanitarian assistance to Sudan has been maintained with ECHO intervening in Sudan since 1993 (ca. 200 M€ disbursed)². And, from 2000, the Commission's approach evolved towards a more comprehensive programme combining available short- and medium-term support (i.e. budgetary lines on food security, NGO co-funding, human rights, Humanitarian Plus and ECHO) with the participation of other EC services.

2.2. Current Situation

The peace process in 2003: Intense diplomatic efforts by the international community (IGAD plus observers) have been carried out in 2003 in order to achieve a comprehensive peace agreement. Nevertheless, a first draft document was rejected by the GoS in July and therefore pessimism took over the process.

Unexpectedly, the Sudanese Vice-President Ali Osman Taha and SPLM/A leader John Garang agreed to meet face-to-face in Naivasha (Kenya) in September. On 25 September, those talks culminated in the signing of a breakthrough deal on security issues during the interim period and there is eager anticipation that the momentum will be carried through to a potential full peace agreement by the end of 2003 or beginning of 2004.

At the time of writing, talks are dealing with remaining outstanding issues as follows: status of the National Capital, the three contested areas (Abyei, Nuba Mountains Region and Southern Blue Nile)³, power sharing, wealth sharing, the interim Constitution and Government and the right of self-determination of the South.

The other conflicts: Peace has probably never been this close. Nonetheless, the situation in Sudan is further complicated by the interrelated layers of conflict that exist beyond those explicitly covered in the peace process. Conflict in Greater

² Despite the above-mentioned suspension, the EU (Member States plus Commission) remained in 2002 the second largest donor in Sudan after the USA.

³ These areas are outside the geographical South Sudan as defined by the 1/1/1956 borders but have a strong SPLM/A presence.

Darfur reached significant levels by the end of August 2003. Despite a 45-days cease-fire agreement reached between the GoS and the SLM/A on 4 September 2003, insecurity continues due to repeated raids carried out by the *Janjaweit* and probably other militias. Humanitarian actors now start to gradually obtain a better picture of the precarious humanitarian situation in the three Darfur States. The United Nations estimate that more than 500,000 civilians have been displaced, tens of thousands have fled to Chad and hundreds of people have been killed since the beginning of the hostilities.

Incursions into Eastern Equatoria by the Ugandan based LRA continue to terrorise local communities, destroying livelihoods and jeopardising humanitarian operations.

Additionally, sporadic and severe fighting linked to oil field developments has erupted periodically in Upper Nile, in addition to the “traditional” ethnic clashes linked to cattle-raiding activities.

As of October 2003, conflict by the *Beja* group is again increasing in Eastern States.

Humanitarian access: The operational environment improved significantly during 2003. A number of tripartite agreements GoS-SPLM/A-UN have allowed increasing humanitarian access and new modalities of aid delivery (e.g. Nile corridor).

Nevertheless, humanitarian personnel continued being constrained by both insecurity and imposed obstacles such as lengthy delays in obtaining travel permits, work permits, and restrictions on the use of communications equipment. A new, more flexible, travel permit regime has been approved by the GoS as October 1 2003. First reports indicate that the new system is not working appropriately.

A number of areas of i.a. Southern Blue Nile, Kassala, Darfur, have been inaccessible for most of the year. The direct impact is that both humanitarian assessment and assistance become impossible in large areas.

Political dialogue EU-Sudan: The political dialogue between the EU and Sudan has achieved positive developments in many areas in 2003. The EU, in view of these positive developments, has decided to define the signature of a final comprehensive peace agreement as a condition for resuming co-operation based on the provisions of the Cotonou agreement. The EU is eager to support consolidation of the peace agreement.

Relations of Sudan with other international actors: The USA has continued showing great interest in the Sudanese peace process in 2003. A clear indication is the recent visit of the USA Secretary of State, Colin Powell, to Naivasha (Kenya) in order to support the on going peace negotiations. The USA President will soon review whether the peace negotiations are taking in good faith by the GoS as stipulated in the “Sudan Peace Act”⁴. It is expected that the USA may lift some of the sanctions imposed on Sudan, as well as erase Sudan from the list of countries supporting terrorism.

⁴ In summary, the Act authorises \$100 million in each of fiscal years from 2003-2005 for assistance to opposition-controlled areas, stipulates a number of diplomatic and economic sanctions in case peace negotiations are discontinued or not taking place in good faith in a period of 6 months, requires to find solutions to the flight bans and to take appropriate measures to end slavery and aerial bombardment of civilians by the GoS.

In general, Sudan has improved relations with neighbouring countries such as Uganda, Ethiopia and Kenya. Concretely, diplomatic relations with Uganda are thawing as both countries are co-operating to combat the activities of the LRA that operates across the border with southern Sudan.

The relations with Eritrea, however, remain tense as Sudan accuses Eritrea of backing members of the opposition group National Democratic Alliance (NDA).

Post-conflict planning: A number of international actors are already starting planning support in the aftermath of the potential peace agreement. Preparative donor meetings have taken place in Oslo/Norway (January 2003) and Noordwijk/The Netherlands (April 2003). Norway has committed to organise a donor pledge conference soon after the peace agreement is signed.

The UN Secretariat in New York has recently established an Inter-Departmental Task Force (ITF) as a response to the implications of the Sudan peace process⁵. The possibility of a Security Council-mandated UN mission in Sudan following the signing of the peace accord is increasing.

A Joint Planning Mechanism (JPM), later transformed into Joint Transition Team (JTT), was created in May 2003 under USA facilitation in order to enable the GoS and SPLM/A to jointly assess needs, develop priorities, and draw up action plans for implementation during the pre-interim period (i.e. 6 months after the peace agreement signature).

Finally, the European Commission has also created a Sudan Inter-Service Task Force in order to co-ordinate the response to a potential peace agreement.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Whilst the international humanitarian community is cautiously optimistic as to the signing of a peace agreement, the harsh reality of today is that Sudan continues to rank among the most precarious humanitarian crisis situations globally⁶. This is related to, among others, the following inter-twined underlying causes:

- ✓ The prolonged character of Sudan's civil conflict;
- ✓ Multiple population displacement;
- ✓ Poorly structured, lacking and, occasionally, collapsed 'low-threshold' social services (e.g. health care and education) and basic infrastructure in most peripheral parts of the country, in particular western and southern Sudan⁷;

⁵ The UN "overarching strategy for 2004 is to increase humanitarian action in parallel with quick start/peace impact initiatives, while also increasing the emphasis on capacity building". The Millennium Development Goals (MDGs) are a key element in the UN strategy for 2004.

⁶ Sudan ranks number four on the ECHO 4 produced Country Ranking / Priority List of Humanitarian Needs including ODA. See Annex 1.

⁷ GoS health spending (US\$ 4 per capita and under or around 1% of GDP) continues to rank among the lowest in Africa, despite recent favourable macroeconomic developments due to, *inter alia*, oil revenue. World Bank Country Economic Memorandum (Sudan, Stabilization and Reconstruction, 30 June 2003).

- ✓ Widespread, prolonged, and strained resilience, depleted coping mechanisms, high morbidity and mortality amongst affected communities;
- ✓ Inadequate respect of Human Rights (HR) and International Humanitarian Law (IHL);
- ✓ Proneness to disaster, such as disease outbreaks, droughts and floods.

As a result of the above structural context, alarming key humanitarian indicators are persistently present in many areas of Sudan⁸. Thus, under-five mortality reaches, at times, 199/1,000 amongst the most vulnerable groups. Overall chronic malnutrition has risen during the past decade from 33% to 39% in rural areas. Delivery care has remained stable but very low during that same period, with huge disparities between urban and rural areas. The average measles immunisation coverage of one-year-old children is clearly insufficient in all rural areas (less than 50%, being 80% the minimum acceptable level) whilst being entirely absent in several others⁹. The same can be observed for the access to safe water supply (ranging from 60% at best in some rural areas to nothing in others)¹⁰.

Where large disparities between urban and rural areas exist, as well as between rural regions, one can say that these gaps are slowly narrowing. This has more to do with dropping standards and increasing poverty in urban areas and certain regions rather than improving conditions in rural areas. SPHERE Standards, the Millennium Development Goals (MDGs) and similar other ‘gauging’ instruments that define minimum acceptable levels for humanitarian or development services remain a distant target in the context of Sudan.

In sum, humanitarian action within the above context continues being of utmost importance, recognising however that overall needs are much greater, often of a structural nature, and only adequately solvable under dramatically improved overall conditions based on durable peace and stability.

The current peace process and in particular the cessation of hostilities fortunately has contributed to a relative degree of stabilisation especially in the southern parts of the country. However, recent developments have actually led to an increase in the overall humanitarian burden in other areas of Sudan. The conflict in the **Darfur States** between the GoS and SLM/A (but also involving militias and banditry) has developed into a fully-fledged complex emergency directly affecting the lives of approximately 600,000 people. The stalemate that prevails at the Sudanese-Eritrean border near **Kassala** prevents large numbers of IDPs from returning to their home areas and may flare up again as these areas are not formally covered by the ongoing peace process. In **Blue Nile State**, the combination of poor humanitarian indicators (e.g. access to health care and clean water), a very limited international humanitarian presence and continued, *de facto*, denial of access, continues presenting one of the main concerns and challenges for humanitarian actors in GoS-controlled Sudan. In **Eastern Equatoria**, humanitarian conditions remain of serious concern due to the activities of the Ugandan rebel group LRA. In **Western Upper Nile/ Unity State**, but also in locations in **Eastern Upper Nile**, such as along the

⁸ Sudan Health Status Report of the World Bank. August 2003. See also Annex 1.

⁹ The measles immunisation coverage rate in rural areas of Northern and Gezira States stands for example at 60%, whereas the rate in rural areas of Red Sea and Darfur reaches only 31% and 15% respectively.

¹⁰ In parts of Central Upper Nile, up to 20,000 people (instead of 500-1,000 people) are being served by a single water-well.

Sobat corridor, recurring insecurity involving militias with shifting allegiances continue impacting negatively on overall humanitarian conditions.

Nevertheless, on a more positive note, access to previously inaccessible locations with worrying indicators appears to gradually increase (e.g. Lafon, Torit and Liria in **Eastern Equatoria**) and similar opportunities to access new locations and previously hard-to-reach enclaves with serious humanitarian needs in the so-called 'grey zone' between GoS and opposition-controlled territories increasingly exist in **Upper Nile** (Bor and Pibor) and **Bahr Al Ghazal** (Gogrial).

In terms of natural hazards and threats, reports on **Red Sea State** issued in recent months, all indicate that protracted marginalisation, underdevelopment and drought conditions have collectively led to sharply deteriorated humanitarian conditions¹¹. This has made humanitarian and development actors realise that more assistance is needed to both address the most pressing needs better, as well as to help avoiding marginalisation and subsequent social unrest and instability in this region, as is happening in **Darfur**.

Other key humanitarian concerns include the current high incidence of malaria in **Aweil**, leading to up to 50% prevalence of this disease amongst under 5-year olds. This and other threats have led to cross-line influxes of mainly mothers with children from opposition-held into GoS-controlled urban areas (such as Bentiu or Wau) during the pre-harvest hunger gap season in search of food and assistance. Furthermore, recurrent serious floods occurred during the rainy season in the **White and Blue Nile States** in July and August of this year. A Yellow Fever epidemic, stroke in **Eastern Equatoria** earlier this year.

4. PROPOSED ECHO STRATEGY

4.1. Coherence with ECHO's overall strategic priorities

The strategy proposed under this decision is consistent with the overall ECHO strategic priorities. The overall strategy proposes a five-pronged approach, consisting of:

Intervening in areas where the greatest humanitarian needs have been identified

Geographic priorities in ECHO are defined every year by a combination of field level needs assessments and analyses of aggregated data on relevant humanitarian indicators (insecurity, refugees, IDPs, mortality and morbidity rates, malnutrition rates, disaster proneness, etc). Sudan has been hence identified in this assessment as one of the countries with the greatest humanitarian needs.

Paying specific attention to "forgotten crises" and "forgotten needs"

The Sudanese crisis may not fulfil all typical characteristics of a forgotten crisis. In fact, the peace process is increasingly attracting international attention and

¹¹ In 2003, the IFRC, Danish Red Cross, Spanish Red Cross, OXFAM, ACF, WFP, and the Food Security Unit of the EC Sudan Delegation published reports on deteriorating humanitarian conditions in Red Sea State. Global Acute Malnutrition (GAM) rate for Red Sea stands at 29.6% with peaks reaching 34.6%, food deficit is estimated at 60% and the water table in most areas continues to go down leading to a sharply reduced water availability pp/pd.

humanitarian assistance has been significant for many years. Nevertheless by further analysing the situation, the following characteristics may show that some crises and needs within the main crisis may be indeed forgotten:

- 1) there is very little media coverage of the lack of basic services, the appalling humanitarian needs in large parts of the country (Sudan exhibits the worst health indicators among developing countries) and the access constraints to reach the population in need;
- 2) the large size of the country and the lack of formal development aid has implied that the limited humanitarian resources had to concentrate mostly in war-ravaged areas. Assistance has been less significant to initially more “stable” but, nevertheless, marginalised areas that may easily become unstable and develop into deep humanitarian crises (e.g. Darfur).

ECHO will continue covering the whole territory in a neutral and impartial approach, according to needs of the most vulnerable population. Priority will be given to those areas with the most worrying humanitarian indicators.

Linking Relief, Rehabilitation and Development (LRRD)

ECHO systematically liaises with other Commission services and donors with the aim to encouraging implementation of the Commission policy of LRRD whenever possible. Implementation of LRRD in the context of Sudan has been largely limited until present due to suspension of formal development assistance. Nevertheless, a certain linkage has been possible with the on going Humanitarian Plus Programme (18 million Euro from the balances of the EDF funds for projects implemented in two years).

ECHO will promote further linkage with the sectors selected in the Country Strategy Paper and National Indicative Programme for the period 2002-2007 and will continue searching for alternatives for long-term linkage in the health sector, the main sector for ECHO although non-focal in the current EC long-term strategy.

Finally, ECHO will try to focus on its “core mandate” and gradually phase-out from secure geographical areas and/or intervention sectors that may be better covered by long-term interventions through future potential recovery/development funds.

Promoting quality humanitarian aid through systematically mainstreaming cross-cutting issues into its operations

Support to cross-cutting issues will be provided at two different levels. Firstly by mainstreaming them into the individual projects identified by the partners (e.g. a non-exhaustive list of issues may include gender, protection, elderly, women and children, handicapped, HIV/AIDS, etc). Secondly by including, in the objectives of 2004 strategy, cross-cutting issues such as Disaster Preparedness and Response (DPR), water, co-ordination, security of relief workers, transport of humanitarian staff and protection to be funded through specific agencies.

Evaluating and continuous improvement of ECHO’s strategy

Measures have been taken by ECHO in order to respond to a number of recommendations about ECHO’s activities in Sudan made by the external evaluation carried out in April-June 2003. Some of these measures have been

immediately implemented¹²; some others have been included in the present document for implementation in ECHO's 2004 assistance programme¹³.

4.2. Impact of previous humanitarian response

Against a backdrop of deeply-rooted structural problems, ECHO's humanitarian assistance for the Sudan in 2003 continued addressing the most pressing assistance and protection needs among the most vulnerable conflict- and disaster-affected populations, often in remote, unstable and marginalised parts of the country. Basic health care and nutritional interventions provided the main thrust in this respect and contributed to prevention and treatment of the main 'killer' diseases (diarrhoea, ARI, malaria, measles) and other health problems among the most vulnerable social groups at times of crisis, in particular women, children, and the elderly. In addition, ECHO continued its support to programmes aimed at curbing the deadly impact of tropical diseases such as Kala Azar, sleeping sickness, tuberculosis, etc.

In 2003, ECHO enhanced its involvement in water and environmental sanitation in order to further strengthen, where feasible, an integrated approach that addresses the most pressing health concerns, but also the immediate underlying causes of poor health. This approach included community outreach, awareness and involvement components.

Food security projects remained on a grass root / community based approach. Interventions contributed to enhanced food security among communities in certain areas through improved animal health and provision of seeds, tools and fishing gear.

In addition to projects focused on the non-food items needs of IDPs in Unity State/Western Upper Nile, the main new development in the Emergency Preparedness and Response (EPR) sector was an increased structural focus in areas with a history of (flood) disaster proneness in northern Sudan, as well as building on the experience with the EPR team in southern Sudan. The relevance of these types of interventions was underscored during the 2003 rainy season when large parts of eastern and central Sudan were affected by flash floods. The latter events also triggered a special emergency operation in Kassala town where ECHO funded an emergency water supply operation.

As for Operational Support and Special Mandates, ECHO's financial support to field security and humanitarian flight operations continued contributing considerably to an enabling operational environment for the humanitarian community, whilst ECHO funding of specific protection and IHL related services remained vital in the context of Sudan. ECHO has also supported humanitarian co-ordination activities.

4.3. Co-ordination with activities of other donors and institutions

ECHO plays an active role in co-ordination activities by organising and attending numerous meetings with other donors, humanitarian organisations, and authorities.

¹² e.g. Sharing tentative "Strategic programming matrix for the global plan" with partners before they submit their proposals, so that partners identify which aspects of the global plan they are addressing.

¹³ e.g. Reinforcement of a number of cross-cutting issues, multisectoral integrated intervention in the public health domain, maintaining selecting recipient groups based on humanitarian needs and not on preconceived categories, maintaining flexibility in the strategy, etc.

In these meetings, ECHO consistently ensures that humanitarian concerns and principles receive adequate attention. Other modalities of coordination are own field assessments in order to determine humanitarian needs and assistance requirements. In particular, frequent contact with other key donors is maintained to coordinate funding decisions.

In addition, a rather direct form of coordination takes place in regions or sectors where relatively large proportions of ECHO funding are made available. Thus, ECHO with and through its partners practically contributes to the overall coordination effort. Recent examples in this respect are the emergency response to the IDP influx in Kassala State in 2002/2003, the flood emergency in Kassala in August 2003, the Yellow Fever vaccination campaign in Eastern Equatoria, as well as the first seeds and tools deliveries to Southern Blue Nile by the UN.

ECHO headquarters, the field office in Khartoum and that in Nairobi are in regular contact. This interaction is primarily geared towards regular information exchange on humanitarian developments and project portfolios, but may increasingly also involve possible options for linkage, coordination and joint approaches in a post-conflict context. ECHO further liaises very closely with other EC services, as well as with the EC Delegations in Khartoum and Kenya, so as to ensure best possible inter-service coordination, e.g. in relation to LRRD.

4.4. Risk assessment and assumptions

The main negative risk is a total breakdown of peace talks, leading to a resumption of open warfare and other hostilities and a subsequent sharp increase in human suffering and humanitarian needs beyond the scope of current humanitarian assistance programs.

Other negative risks may include the escalating insecurity arising from groups that are not included in the current peace process, resulting in sharply reduced humanitarian access. The exploitation of returnees by resident *de-facto* authorities, conflicts with local population along the return corridors and in areas of return and a problematic re-integration of ex-military elements are other identified risks.

Among the main positive possible developments should be counted the signing of a just, inclusive and subsequently durable peace agreement, leading to a dramatic and sudden improvement of overall conditions beyond the scope of current assistance programs and plans.

4.5. ECHO Strategy

ECHO's main objective is to continue providing quality comprehensive humanitarian assistance to those Sudanese with the highest needs, in order to:

- Save and protect lives and reduce suffering of especially the most vulnerable;
- Stabilise conditions of people with severely strained coping mechanisms;
- Whenever possible, bolster modest self-sufficiency among affected communities.

ECHO will maintain a large degree of vigilance, caution and flexibility in order to ensure an adequate, prompt and innovative response to changing circumstances.

A trend that is likely to gain further momentum for as long as peace talks are moving into a positive direction, relates to the increasing donor interest in and focus on domains and themes beyond pure humanitarian assistance, such as recovery, rehabilitation, peace support/dividends, quick impact programmes, conflict resolution and capacity building of national institutions. Such a new focus could gradually allow ECHO to return to its 'core mandate'¹⁴. However for the immediate term, covered by this plan for 2004, the need for a donor entity such as ECHO that specifically focuses on pure humanitarian assistance available strictly on the basis of the key humanitarian principles of humanity, impartiality, neutrality, and independence will remain vital.

ECHO will have to be present and prepared to support projects in remote, unstable, difficult to access areas and pockets where stability and security have not yet become solidly rooted, where large groups of vulnerable populations have been dependent for many years on external assistance in the absence of adequate basic services, and where fully-fledged and immediate recovery and initial development appear farfetched in the short to mid-term given the absence of the necessary basis in terms of local structures and human resource capacity.

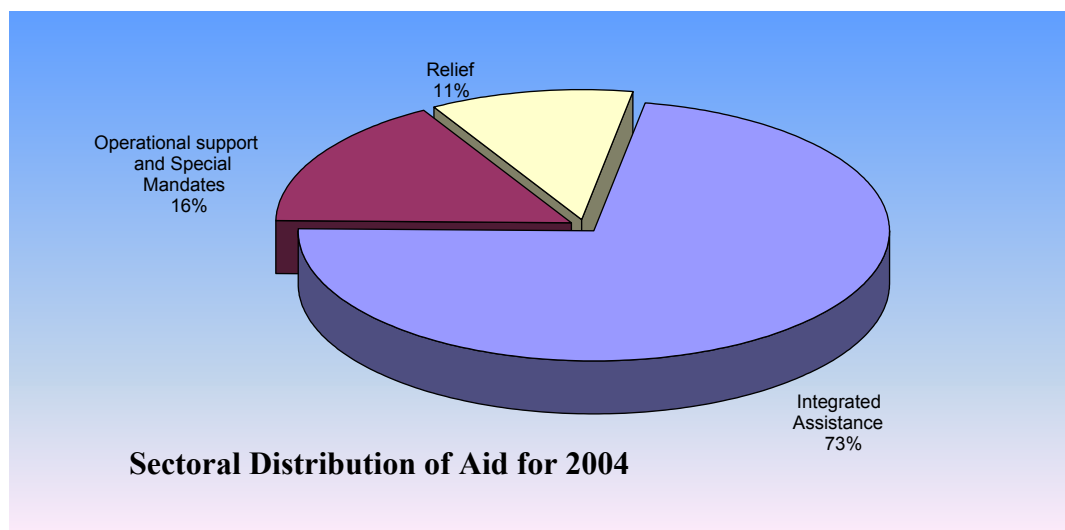
ECHO's focus will remain, first of all, on affected individuals, households and communities. It will strive to do so with its partners, where feasible, in such a way that external assistance can decrease or evolve over time and local capacities can start to phase in. In view of the chronic and deeply rooted character of the humanitarian problems, it would however be unrealistic to expect true sustainability to occur in the short to medium term.

ECHO's strategy for 2004 includes four specific objectives:

1. The first objective aims at reducing excess mortality and morbidity through an integrated sectoral focus. The appalling health context remains one of the biggest challenges for humanitarian actors in Sudan. ECHO should target its limited resources at specific areas and locations where key indicators are most worrying. ECHO will remain focused on highly vulnerable at risk populations and chronically aid-dependent persons with strained or depleted coping mechanisms living in areas without adequate basic services through a combination of curative and preventative services in the domains of health, nutrition, water and environmental sanitation (WES) and food security.
2. The second objective aims at improving the humanitarian and operational environment through country-wide operations promoting respect for International Humanitarian Law (IHL) and humanitarian principles (HP), as well as strengthening operational support.
3. Taking into account Sudan's history of disaster proneness and the unpredictable future context, the third component intends to enhance the capacity to respond to and mitigate man-made and natural disasters through Emergency Preparedness and Response.

¹⁴ "Saving lives, reducing or preventing suffering and safeguarding the dignity of populations affected by crises according to internationally-recognized humanitarian principles".

4. Finally, in order to maximise the impact of the humanitarian aid for populations in need, the Commission decides to maintain an ECHO support office located in Khartoum, as well as technical assistance capacity for southern Sudan in ECHO's regional office in Nairobi. These offices will appraise project proposals, coordinate and monitor the implementation of humanitarian operations financed by the Commission. The offices provide technical assistance capacity and necessary logistics for the good achievement of their tasks.



4.6. Duration

The duration for the implementation of this decision will be 18 months, starting from January 1 2004. 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.

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: 20 Million Euro

4.7.2. Strategic Programming Matrix for the Global Plan 2004 for Sudan

Principle Objective	<i>To save and protect lives, stabilise conditions and, where feasible, bolster self-sufficiency among the most vulnerable populations in Sudan</i>				
Specific Objectives	Allocated Amount	Geographical Areas of Operation	Proposed Activities	Expected Outputs / Indicators	Potential Partners ¹⁵
<p>Specific Objective 1: To reduce excess mortality and morbidity among highly vulnerable populations through integrated assistance (including health, nutrition, water and sanitation and food security).</p>	13,000,000 €	<p>* <u>Conflict-affected zones</u>: e.g. Unity State/ W. Upper Nile, Central and Eastern Upper Nile, Kassala, North/West Darfur, Southern Blue Nile, Eastern Equatoria, Abyei, isolated GoS-held enclaves and other pockets in opposition held South Sudan.</p> <p>* <u>Severely drought-affected zones</u>: e.g. Darfur States and Red Sea.</p> <p>* <u>Relatively more stable locations and regions hosting large groups of IDPs</u>: e.g. South Darfur, Wau, Juba, Kordofan States, Upper Nile, Southern Blue Nile and Bahr El Ghazal.</p> <p>* <u>Other areas not included above when showing alarming key humanitarian indicators</u>: e.g. Northern States, Western Equatoria, Jonglei, White Nile, El Gezira, Khartoum, Nile.</p>	<p>* Reduce incidence of common infectious diseases and vaccine-preventable diseases.</p> <p>* Prevention and control of epidemics through improved routine EPI and public health surveillance and ad-hoc campaigns.</p> <p>* Contribute to the prevention, control and treatment of malaria, Kala Azar, Sleeping Sickness and TB.</p> <p>* Mainstream HIV/AIDS related components in all ECHO-funded interventions where appropriate.</p> <p>* Reduce morbidity and mortality by malnutrition through curative care as well as improved awareness on causes of malnutrition.</p> <p>* Improve maternal and child health through ante- and post natal care.</p> <p>* Improve availability of safe water and promote awareness on environmental and personal hygiene.</p> <p>* Protect the livelihoods of the most vulnerable through integrated food-security assistance: agriculture, fisheries and livestock.</p>	<p>* Severe impact of (potential) major outbreaks reduced or prevented.</p> <p>* Increased EPI coverage in targeted areas with lowest coverage rates.</p> <p>* Improved early warning systems and case management.</p> <p>* or reduced morbidity and mortality records Stable (in areas where underlying causes of high morbidity are too deeply-rooted, it is more realistic to strive for stabilization first) in relation to the main common killer diseases among children under 5 and other common tropical illnesses such as malaria, Kala Azar, Sleeping Sickness and TB.</p> <p>* Increased ante- and post natal coverage and number of safe deliveries.</p> <p>* Therapeutic services provided in key locations as per commonly recognised parameters (80% cure and discharge rate, crude under 5 mortality rate reduced to or below average level, defaulter rate reduced to or below 15%).</p> <p>* Improved awareness within target communities on causes of malnutrition.</p> <p>* Water and environmental sanitation conditions improved and leading to reduced incidence of water-born or water-related diseases.</p> <p>* Population movements due to lack of water reduced or prevented.</p> <p>* HIV/AIDS related components mainstreamed in all ECHO-funded interventions where appropriate.</p> <p>* Increased availability of self-produced food amongst the poorest households.</p> <p>* Decrease in the incidence of disease and prevention of disease-outbreaks among livestock.</p>	<p>ACF, ADRA, AVSI, CARE, CCM, C.AID, COOPI, CORDAID, COSV, DCA, FAR/Tearfund, GOAL, HAI, HEALTHNET, IAS, ICRC, MALTESER, MEDAIR, MERLIN, MSF, NCA, Red Cross Movement, OXFAM, PSF, SCF-UK, UNICEF, WHO, WVI, Z.O.A.</p>
<p>Specific Objective 2: To improve humanitarian and operational environments</p>	2,920,000 €	<p><u>Country-wide</u>, with a specific focus on areas listed above.</p>	<p>* Enhance humanitarian co-ordination, information flows, advocacy and policy development with the aim to reduce assistance gaps and avoid overlaps.</p> <p>* Contribute to secure working conditions for humanitarian workers through assessments, updates, training and evacuation services.</p> <p>* Maintain air access to remote locations.</p>	<p>* Understanding and agreement among humanitarian actors as to humanitarian conditions, required action and policy/strategic matters.</p> <p>* Maintained or improved humanitarian access through united inter-agency efforts.</p> <p>* Enhanced area-co-ordination in top priority regions (e.g. Darfur, Upper Nile and Eastern Equatoria), also in view of regional problems affecting humanitarian needs such as LRA and Northern Uganda.</p> <p>* Appropriate security services provided, leading to reduced risk for</p>	<p>EMDH, FAO, ICRC, IOM, OCHA, OXFAM, SCF-UK, UNDP, UNICEF, UNSECOORD</p>

¹⁵ The organisations listed in this matrix are potential eligible partners operational in the Sudan. It should be noted however, that this list of agencies is not definite and that ECHO, if and where required, may also engage with others not listed.

			<ul style="list-style-type: none"> * Improve understanding of and adherence to International Humanitarian Law (IHL) and Humanitarian Principles among various relevant stakeholders, groups and entities and cater for protection needs of vulnerable groups, such as child-soldiers. 	<ul style="list-style-type: none"> humanitarian workers. * Maintained smooth air access to remote locations for the larger humanitarian community. * Reduced number of violations of IHL and improved protection climate for specific groups, e.g. detainees and child soldiers. * Understanding of the needs assured and facilitated due to comprehensive and uniform data collection, analysis, management and accessibility. 	WFP
Specific Objective 3: To enhance capacity to respond to and mitigate the effects of natural and man-made disasters	2,000,000 €	<u>All areas in Sudan where disaster may strike</u> , with a particular focus on areas that have a history of disaster proneness (e.g. Kassala, Gedaref, Gezira, White and Blue Nile, Sennar, Kordofan, Upper Nile, Equatoria and Bahr El Ghazal).	<ul style="list-style-type: none"> * Improve the ability to respond timely and in a principled, needs-based manner to emergencies in key geographic locations through training and awareness activities. * Contribute to improved on-going inter-agency co-ordination on Emergency Preparedness and Response (EPR). * Distribution of quick-impact food security inputs under specific circumstances following a crisis situation (e.g. seeds, tools, vaccines, fisheries equipment) * Deploy the most essential Non Food Items (NFIs) in a timely and adequate manner whenever deemed required. 	<ul style="list-style-type: none"> * Emergency stocks in place. * Stakeholders trained and involved prior to occurrence of disaster-type situation. * Timely and appropriate relief provided in the immediate aftermath of a quick onset emergency on the basis of needs and vulnerability. * Standing and functioning entity charged with coordination of EPR-related matters. 	ACF, ADRA, AVSI, C.AID, CARE, CORDAID, DCA, FAO, GAA, GOAL, HAI, MEDAIR, Red Cross Movement, MSF, OCHA, OXFAM, SCF-UK, SCF-US, TEARFUND, UNICEF, VSF, WFP, WVI, ZOA.
Specific Objective 4: To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals, coordinate and monitor operations	80,000 €	Khartoum			
Risk assessment:			<ul style="list-style-type: none"> ✓ A total breakdown of peace talks leading to a resumption of historical warfare or outbreak of new hostilities with a subsequent sharp increase in human suffering and humanitarian needs beyond the scope of current humanitarian assistance programs. ✓ The signing of a just and durable peace agreement leading to a dramatic and sudden improvement of overall conditions beyond the scope of current humanitarian assistance programs, as it may involve, i.a., massive return movements, full humanitarian access, and end of all forms of insecurity and hostilities. 		
Assumptions:			Overall political-security context develops in a positive direction. A status quo ('no peace / no war', extended Cessation of Hostilities situation). Humanitarian needs remain, roughly, at current level, and may further increase. International aid increases but the majority of it shifts slightly away from pure humanitarian assistance.		
Estimated Costs North Sudan			7,980,000 €		
Estimated Costs South Sudan			10,020,000 €		
Reserve (10%)			2,000,000 €		
Total			20,000,000 €		

5. ANNEXES

Annex 1: Statistics on the humanitarian situation in the Horn of Africa

Global Index for Humanitarian Needs Assessment (GINA 2004)			I	II	III	IV	V	VI	VII	VIII	IX
ECHO Humanitarian Aid Office GINA 2004			HDR 2003 UNDP Human Development Index HDI	HDR 2003 UNDP Human Poverty Index HPI	CRED Natural Disasters	HIK 2003 Conflicts	Refugees/ GDP per capita	IDP Total Population	UNDP HDR2003 Children under WEIGHT for age as % of Total population	UNICEF Children Mortality Rate Under 5	OECD ODA / Capita
		Countries ranking including ODA	2003	1995-2001	1995-2001	2003	1990-2003				
Rank	Country	Average	Score (Rank/174)	Score (Rank/94)	Score (Rank/0-8)	Score (Rank/1-4)	Score	Score	Score	Score (value/1000)	Score
49	Djibouti	1.90000	3 (153)	2 (55)	3 (1)	2	2	0	2 (18%)	3 (143)	1
25	Eritrea	2.20000	3 (155)	2 (69)	2	2 (1)	2	2	3 (44%)	2 (111)	2
3	Ethiopia	2.60000	3 (169)	3 (92)	3 (4)	2 (3)	3	2	3 (47%)	3 (116)	2
18	Kenya	2.30000	3 (146)	2 (63)	3	2 (2)	3	2	2 (23%)	2 (78)	2
11	Somalia	2.42857	-	-	3 (2)	3 (3)	2	2	-	3 (225)	2
4	Sudan	2.60000	2 (138)	2 (52)	3 (8)	3 (4)	3	3	2 (17%)	2 (107)	3
46	Uganda	2.00000	3 (147)	2 (60)	0 (5)	3 (4)	2	2	2 (23%)	2 (79)	2

Score parameters: level of needs comparative view (132 developing states)

High	H	3	>= 2,42858		
Medium	M	2	>= 2.20000	<=	2,42857
Low	L	1		<=	2,20000
No data or no relevance	x	0			

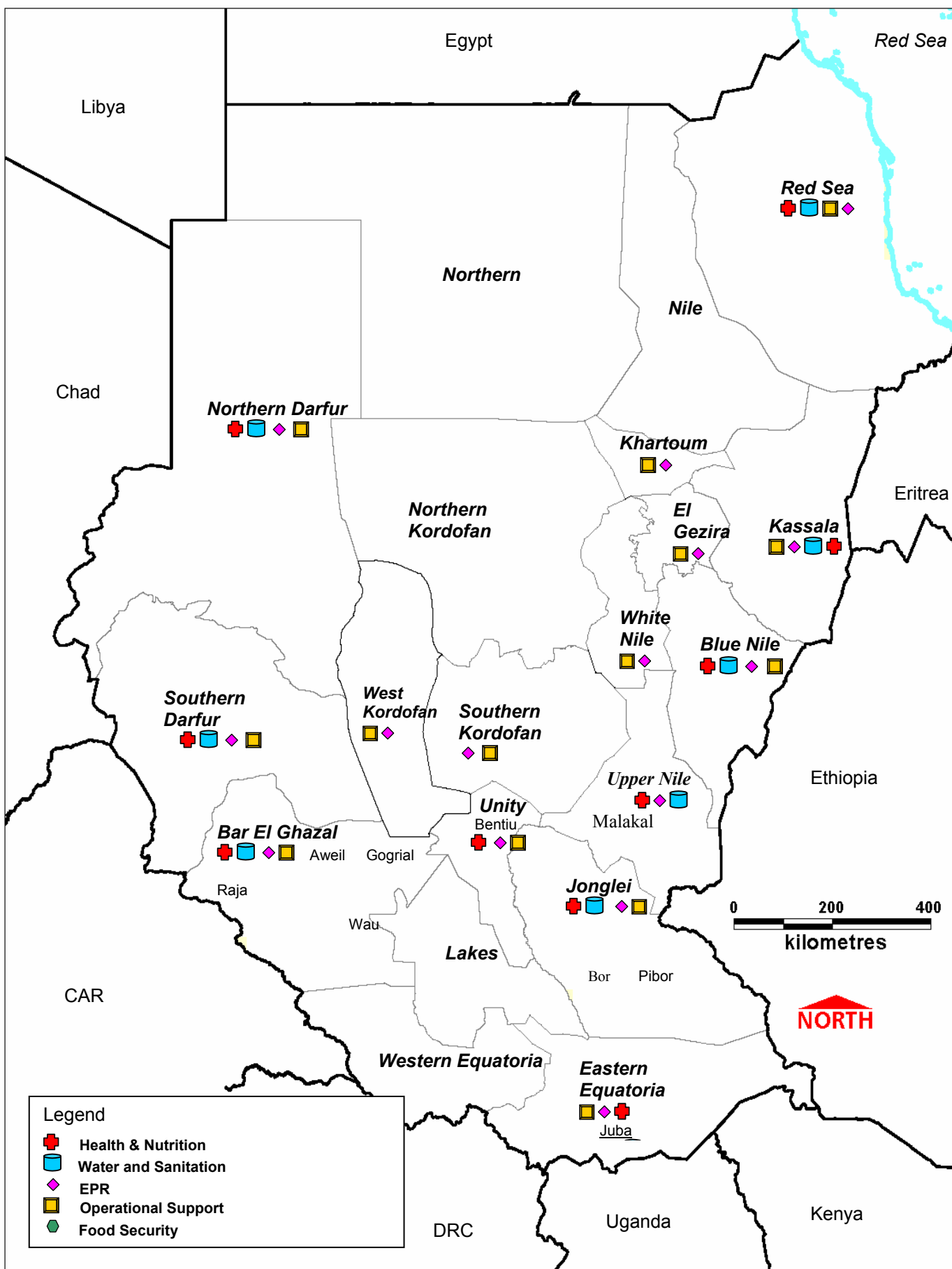
Note: The draft ECHO Global Index for Humanitarian Needs Assessment 2004 was presented during the September 2003. The sources of information are OECD, CRED, HIK and UN organizations. It complements needs assessments at field level. The above table suggests to reflect the global humanitarian situation in these countries in a comparative perspective across eight aggregated indicators. It draws on data collected by international organisations like UNICEF, UNHCR etc in recent years at national level. The reliability of the data may be limited given the unstable environment and time in which they were collected. Due to the high level of aggregation they may also not precisely reflect existing "pockets of needs" at subnational level. They can nevertheless provide a general indication on the severity of the humanitarian situation in a comparative perspective in the absence of other, more reliable data. The method is based on a ranking of each country for each indicator into a scale from 1 (low need) to 3 (high need) and an average across indicators.

Health-Nutrition-Population (HPN) related Millennium Development Goals (MDG) indicators for Sudan (most recent estimates)

		North Sudan	South Sudan	Sudan	Sub-Saharan Africa	Middle East & North Africa
MDG 1	Poverty and Hunger					
	Prevalence child malnutrition (underweight) (% under 5)	35	..	..	30	17
	Prevalence of child malnutrition (stunting) (% under 5)	36	..	..	42	23
	Prevalence child malnutrition (wasting) (% under 5)	16	12.5-21	..	8	7
MDG 4	Child Mortality					
	Under-5 mortality rate (per 1,000)	105	170	..	162	54
	Infant mortality rate (per 1,000 live births)	68	..	..	91	43
	Measles immunization (% of children 12-23 months)	58	34	..	53	86
MDG 5	Maternal Mortality					
	Maternal mortality ratio (per 100,000 live births)	509	..	..	1,100	360
	Births attended by skilled health staff (%)	57	6	..	44	63
MDG 6	HIV/AIDS, Malaria, and Other Diseases					
	Prevalence of HIV (% ADULTS AGES 15-49)	..	2	2.6	9.2	0.3
	Contraceptive prevalence rate (% of women ages 15-49)	7	..	..	15	46
	Number of children orphaned by HIV/AIDS	..	..	62,000	11M	65,000
	Proportion sleeping under insecticide-treated bed nets (% children under-5)	2	..	..	2	..
	Proportion of children with fever treated with anti-malarials (% children under-5 with fever)	50	36	..	42	..
	Incidence of tuberculosis (per 100,000 per year)	180	325	..	339	66
	Tuberculosis cases detected under DOTS (%)	58	6	..	..	..
MDG 7	Environment					
	Access to an improved water source (% of population)	70	39	..	55	90
	Access to improved sanitation (% of population)	64	29	..	55	83
General Indicators						
	Population	..	..	33.3 M	673.9 M	300.6 M
	Total fertility rate (births per women ages 15-49)	5.9	..	..	5.1	3.3
	Life expectancy at birth (years)	57.9	..	..	46.2	68.2

Sources are 1999 SMS and 2000 MICS in northern Sudan, 1999 MICS in southern Sudan, Sudan National Tuberculosis Control Program (2003), UNAIDS (2002), Sudan Central Bureau of Statistics (2001), and World Bank (2002).

SUDAN Global Plan 2004 Northern Sudan and GOS - Enclaves of the Southern part



SUDAN Global Plan 2004 Southern Sudan



Legend

-  Health & Nutrition
-  Water and Sanitation
-  EPR
-  Operational Support
-  Food Security



Annex 3: list of previous ECHO operations

List of previous ECHO operations in Sudan				
		2001	2002	2003
Decision number	Decision type	EUR	EUR	EUR
ECHO/SDN/210/2001/01000	GP	15.000.000		
ECHO/SDN/210/2001/02000	Ad Hoc	2.000.000		
ECHO/SDN/210/2002/01000	GP		17.000.000	
ECHO/SDN/210/2002/02000	E		1.000.000	
ECHO/SDN/210/2003/01000	GP			20.000.000
	Subtotal	17.000.000	18.000.000	20.000.000
	Total	55.000.000		

Dated: 15/10/2003
Source: HOPE / ECHOSTAT

Annex 4: Other donors' assistance

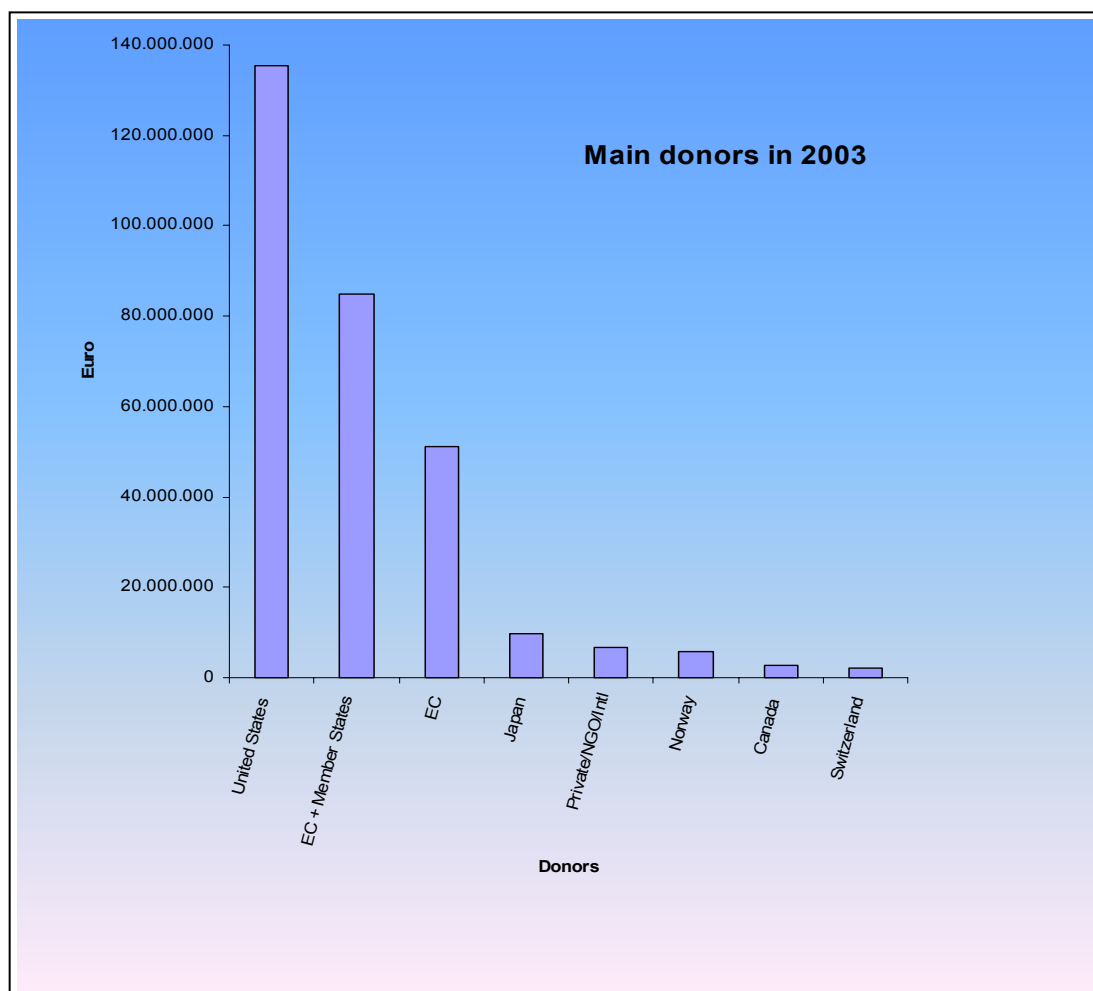
Donors in Sudan in 2003					
1. EU Member States		2. European Commission		3. Others ²	
	EUR		EUR		EUR
Belgium	450.000 ¹	ECHO	20.000.000	Canada	2.694.712
Finland	1.250.000 ¹	Other services	31.280.000	Japan	9.844.786
France	979.282 ²			Private/NGO/Intl	6.550.604
Germany	1.408.190 ¹			Norway	5.833.733
Ireland	470.329 ¹			Switzerland	2.163.545
Italy	4.183.825 ²			United States	135.404.353
Netherlands	6193736 ¹				
Sweden	1.580.415 ²				
United Kingdom	17.220.268 ²				
Subtotal	33.736.045	Subtotal	51.280.000	Subtotal	162.491.733
		Grand total	247.507.778		

Dated: 15/10/2003

1 source from EC-Reports in 14 points on humanitarian help provided by the Memberstates until October 2003

2 source from UN - OCHA, Financial Tracking System

3 source Sudan - Complex Emergency Situation Report No 4 of the Office of United States Foreign Disaster Assistance. Exchange rate: 0.84715, october 13th 2003



Annex 5: List of abbreviations used in the report

ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
ARI	Acute Respiratory Infection
AVSI	Association of Volunteers in International Service
C.AID	Christian Aid
CCM	Comitato Collaborazione Medica
COOPI	Cooperazione Internazionale
COSV	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario
CRED	The Centre for Research on the Epidemiology of Disasters
DCA	Dan Church Aid
E	Emergency
EC	European Commission
ECHO	European Community Humanitarian Office
EMDH	Enfants du Monde/Droit de l'Homme
EPI	Expanded Programmes of Immunisation
EPR	Emergency Preparedness and Response
EU	European Union
FAO	Food and Agriculture Office
FAR	Fellowship for African Relief
GAA	German Agro-Action
GAM	Global Acute Malnutrition
GINA	Global Index for Humanitarian Needs Assessment
GoS	Government of Sudan
GP	Global Plan
HAI	Help Age International
HDI	Human Development Index
HDR	Human Development Report
HIK	Heidelberger Institut für Internationale Konfliktforschung
HIV/AIDS	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
HP	Humanitarian Principles
HPI	Human Poverty Index
HPN	Health-Nutrition-Population
HR	Human Rights
IAS	International Aid Sweden
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
IFRC	International Federation of the Red Cross
IGAD	Inter-Governmental Authority on Development
IHL	International Humanitarian Law
ITF	Inter Departmental Task Force
JPM	Joint Planning Mechanism
JTT	Joint Transition Team
LRA	Lord Resistance Army
LRRD	Linked Relief, Rehabilitation and Development
MDGs	Millennium Development Goals

MICS	Multiple Indicator Cluster Survey
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NCA	Norwegian Church Aid
NDA	National Democratic Alliance
NFI	Non-Food Items
NGO	Non-Governmental Organisation
OCHA	Office for Co-ordination of Humanitarian Aid
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
PSF	Pharmaciens Sans Frontières
SCF	Save the Children Foundation
SMS	Safe Motherhood Survey
SPDF	Sudan Popular Democratic Front
SPLM/A	Sudan People's Liberation Movement/Army
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNHCR	United Nations High Committee for Refugees
UNICEF	United Nations Children's Fund
UNSECOORD	United Nations Security Co-ordination
USA	United States of America
VSF	Vétérinaires Sans Frontières
WES	Water and environmental sanitation
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International
ZOA	ZOA Refugee Care

COMMISSION DECISION

on the financing of humanitarian operations from the budget of the European Communities in Sudan

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 aid¹⁶, and in particular Article 15(2) thereof,

Whereas:

- (1) Sudan is experiencing a long-term civil war since 1983 between the Government of Sudan and opposing armed factions that control many areas in the South. Whilst the peace process justifies a certain degree of optimism, the humanitarian situation remains highly precarious and may not drastically improve in the short and medium term,
- (2) The chronic conflict has led to the internal displacement of about 4 million people, large regional refugee movements of about 500.000 people and the death of about 2 million,
- (3) Years of conflict and displacement have led to vulnerability of the population and continuous disruption or absence of basic services and infrastructures and, consequently, to high morbidity and mortality rates,
- (4) Natural disasters such as droughts and floods hit extensive areas of the country regularly,
- (5) The situation is worsened by insecurity, access denials and seasonal rains that imply that large areas of Sudan are periodically inaccessible to humanitarian agencies,
- (6) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field,
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months,
- (8) It is estimated that an amount of 20 million Euro from article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to the most vulnerable populations of Sudan affected by the consequences of conflict and natural disasters taking into account the available budget, other donors' interventions and other factors,
- (9) In order to ensure the effective implementation of this decision at the beginning of the budget year 2004, this decision may exceptionally be adopted during 2003,

¹⁶ OJ L 163, 2.7.1996, p. 1-6

- (10) In accordance with Article 17 (3) of Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 11 December 2003.

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 20 million Euro for humanitarian aid operations (Global Plan) for the most vulnerable populations in Sudan from article 23 02 01 of the general budget of the European Communities,
2. In accordance with article 2 and article 3 of Council Regulation (EC) No 1257/96, the humanitarian operations will be implemented in the framework of the following specific objectives:
 - To reduce excess mortality and morbidity among highly vulnerable populations through integrated assistance.
 - To improve humanitarian and operational environments.
 - To enhance capacity to respond to and mitigate the effects of natural and man-made disasters.
 - To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations.
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 18 months, starting on January 1, 2004.
2. Expenditure under this decision shall be eligible from January 1, 2004.
3. 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

1. The commitment and payment of 20 million Euro shall be conditional upon the necessary funds being available under the 2004 general budget of the European Communities.
2. This Decision shall take effect on January 1, 2004.

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)
To reduce excess mortality and morbidity among highly vulnerable populations through integrated assistance	13.000.000
To improve humanitarian and operational environments	2.920.000
To enhance capacity to respond to and mitigate the effects of natural and man-made disasters	2.000.000
To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and monitor operations.	80.000
Reserve	2.000.000
TOTAL	20.000.000