



Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance to vulnerable groups in Lesotho and Swaziland affected by combined effects of drought and HIV/AIDS.

Location of operation: SOUTHERN AFRICA

Amount of decision: EUR 1,750,000

Decision reference number: ECHO/-SF/BUD/2005/01000

Explanatory Memorandum

1 - Rationale, needs and target population:

1.1. - Rationale:

A combination of food insecurity, AIDS and weakened governance capacity (referred to as the “Triple Threat” by the UN) is driving a decline in development indicators and a crippling chronic impoverishment of the southern African region undermining the level of achievements reached since the mid 1990’s. The current situation has resulted in more and more people in the region becoming vulnerable and food insecure due to a continuous erosion of livelihoods. The AIDS pandemic is exacerbating the situation. In general, the prognosis for recovery is not encouraging.

Eight countries in southern Africa (Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) have registered a negative human development index (HDI) trend since 1995. This is mainly as a result of a massive drop in life expectancy caused by HIV and AIDS (UNDP HDR 2004). The HDI for Lesotho and Swaziland in 2004 were 145 and 137 respectively.¹

The nature of the current crisis in Swaziland and Lesotho is attributed to poverty, food insecurity and the AIDS pandemic, which has built up slowly over the last decade. Poverty has increased significantly due to the restructuring of the mining sector in South Africa, which has reduced its demand on outside unskilled labour. Traditionally, the remittances from expatriate mine workers were the primary source of income for Swazi and Basotho households. Even though this has significantly declined it nevertheless remains an important part of the economy of both countries.

Swaziland’s Ministry of Finance budget statement of 9 March 2005 indicated that about 70% of the Swazi people now live below the poverty line. This represents a four percent increase from last year. Provisional estimates for Gross Domestic Product (GDP) indicate that the annual rate of growth in the Swazi economy fell from 2.6% in 2003 to 2.1% in 2004.

¹ World Bank, World Development Indicators; UNDP, Human Development Report, 2004.

In addition, the declining household food security also emanates from erratic weather patterns and a decrease in arable land, which has worsened livelihoods. In Swaziland, food productivity has gone from 60% self sufficiency to 40% over the past 3 years. The death of thousands of productive members of society as a result of AIDS has not only compounded the impact of poverty on children and youth but also any chances for recovery of this lost capacity in the near future.

Lesotho has seen its productivity decline by 20% from its five-year mean average. It is usually able to produce half its countries needs, which are estimated at approx. 400,000 MT. However the country is not able to import the growing deficit through private imports leaving a growing gap of around 1/3 of its needs unmet.

Both Swaziland and Lesotho are in the process of planning to undertake vulnerability assessment surveys in May. It is expected that the data will be released in early June. Previous vulnerability assessment reports attribute the main factors contributing to continued reduced agricultural productivity to erratic rains, reductions in cultivated land and a very limited application of fertilizers and improved seeds. It is reported that in Lesotho, even without the impact of AIDS, the decline in crop production will continue to fall if remedial steps are not taken to reverse the dramatic effects of the countries extensive soil erosion, degradation, and the effects that these have on the declining soil fertility. It is important to note that less than 10% of the land is suitable for cropping, though more could be done to improve the productivity of these lands. In recognition of these issues, Lesotho has recently adopted a food security policy, which includes conservation farming and micro irrigation systems as a major approach to address some of these issues. The significant cultivation of drought resistant crops e.g. sorghum is also being applied.

The magnitude of the AIDS pandemic is intensifying the precarious situation in the region. Last year alone, close to one million people died in southern Africa as a result of AIDS (UNAIDS Epidemic Update 2004) and the number of deaths continues to grow every year. Since 1996, life expectancy in southern Africa has dropped by 20 years². The life expectancy at birth is 35,7 years for Swaziland and 36,3 years for Lesotho in 2004, down from 65 years in 1990. It is estimated that 13 million people in southern Africa are currently infected with HIV and AIDS... and countless many other family members are affected.

Swaziland recently released the findings from the country's 9th Sentinel Survey indicating that the HIV positive prevalence rate among pregnant women attending ante-natal care services rose by 4% from 2002 to 2004, from 38.6% to 42.6%. This represents the highest national HIV prevalence rate in the world. The survey also found that HIV prevalence rates in most age groups continue to rise. The hardest hit is the 25-29 age group, where the prevalence rate was noted to be of 56%. These numbers make clear the huge challenges that Swaziland faces to scale up its HIV/AIDS response.

Despite the worrying national figures in Swaziland, there are signs of "generational behavioural changes". The HIV prevalence rate measured in 15 to 19 year olds has declined from 32.5% in 2002 to 29.3% in 2004.

Lesotho is noted to have a HIV prevalence rate of 28.9%. It is to be expected that Lesotho will also no doubt register an increase in similar terms during the next sentinel survey.

² World Bank, World Development Indicators.

Both countries have nearly 40% of their respective adult populations infected by HIV and AIDS. The pandemic is exacerbated by the, worsening food insecurity, deepening levels of poverty due to rapidly growing unemployment,³ and a dramatic reduction in life expectancy.

HIV and AIDS is not only affecting families and communities, but also undermining the State's ability to plan, budget and respond to the development needs of each respective country. Its financial demands on scarce State resources are eroding the professional base within the economy and government structures compromising the delivery of basic services. With an ever-increasing infection rate amongst the most productive part of society, the socio-economic implications are catastrophic.

It is calculated that 60% of those infected by HIV and AIDS are women. The transmission of HIV infection from mother to child is responsible for 95% of HIV infections in infants. It is estimated that 30-40% of HIV infected pregnant women will pass the HIV virus on to their infants, either during the pregnancy, child birth or breast feeding.

In Swaziland, with an estimated national HIV prevalence of 42.6%, 12,700 children will be exposed to HIV out of a national birth rate of 30,000 children a year. As a result, the number of orphans is estimated at 69,000, out of a total estimated number of 150,000 vulnerable children in the country. The number of AIDS orphans is expected to increase to 120,000 by 2010. The care for these orphans represents a huge burden on societies that will have to be carried over the long term.

In Lesotho, the HIV prevalence rate translates into there being 320,000 people living with HIV and AIDS. It is estimated that 70 are dying a day from AIDS-related diseases. As a result, Lesotho also has a substantial number of orphans and children made vulnerable by AIDS. At present, the number of orphans in Lesotho is estimated at 100,000; this figure is double the one registered in 1996. By 2010, according to UN estimates, this will be approximately 210,000 orphans.

The scope of the problems is such, that initiating support through ECHO interventions has been critical. However it must be noted that ECHO's short term funding of quick impact programmes on a limited budget, cannot provide an effective tool to address or solve the problems faced by these countries. These require long-term commitment. Relief interventions are there to complement ongoing development cooperation and long-term sector support. In this regard, the Commission is preparing a [EUR 2 million HIV/AIDS Prevention and Care Programme](#) for commitment this year as a follow-up of a similar programme under the 8th EDF in Swaziland. These programmes aim to reduce the spread of HIV and to alleviate the impact of AIDS on the people that are affected. The intervention focusses on voluntary counselling and testing, improved management of sexually transmitted infections and improved home-base care of persons with terminal AIDS.

For Lesotho HIV/AIDS has been added as a new focal area in the revised Country Strategy Paper following the mid-term review in 2004 [EUR 8 million](#) have been allocated to an HIV/AIDS support programme.

In addition, Swaziland has been allocated 100 million USD from the Global Fund to be spent over the next 5 years. This will be targeting orphan care, home based care, early child development programmes, school fees, psychosocial counselling, food aid. However the role out of these programmes and the availability of funds are slow whilst some of these interventions are critical. It should be further noted that the EC's Country Strategy Paper for the 9th EDF for Swaziland identifies HIV/AIDS as a central cross-cutting issue in all EDF-funded interventions. Relief aid to Swaziland and Lesotho aims at targeting the most

³ Unemployment is especially affected after the lay-offs in the mining sector of South Africa, from which so much of the population in both countries derive remittances, and on which they depend.

vulnerable people to primarily mitigate the impact of HIV/AIDS and to provide direct support to households unable to access food and agricultural inputs.

ECHO also supports HIV/AIDS components in its ongoing interventions in other countries in the southern African area (Angola, Zambia, Zimbabwe), and is seeking to define a consistent approach for the region in line with its recent HIV/AIDS guidelines.

1.2. - Identified needs:

Generally, the season has so far been characterised in both countries by uneven with lower than normal rainfall. The cumulative effects of several years of drought, inefficient or absent national policies, and the poor state of these economies are at the root cause of the problems. In both Lesotho and Swaziland, this situation is compounded by the effects of the HIV/AIDS pandemic and the failure to recognise its dramatic social and economical impact in time.

In Lesotho, inadequate rainfall is a cause of concern as the country tries to recover from a multi-year drought. Inadequate food security policies have not been able to make the most of the heavy rains that were received recently. There has been more than a 50% drop in cereal production in 2004 compared with the previous agricultural season. Much of the cereal import requirements could be covered on commercial basis. However, the lack of purchasing power of a large section of the population has created a major problem of food insecurity. The Government has recognised many issues affecting the country and have recently adopted an appropriate food security policy designed to address rural community households. In addition to many aspects, the policy includes promoting conservation farming and micro irrigation schemes. A recent ECHO funded programme through FAO was visited by a senior government officer from the Planning and Policy Analysis Department.

In Swaziland, the rainfall pattern has also been noted to be lower than average and ill-distributed since the start of the season in October 2004. Short but heavy rains in December-January were reported but the overall prospects for a good crop harvest at this stage are considered unlikely. It is sought that the harvest will be as low as last year with food needs as high. The food security situation throughout the country is worrying following a 30% reduction on the 2004 cereal harvest. The Swazi populations are mostly dependant on food imports.

Neither country has ever been self sufficient in producing their food needs. Swaziland used to be 60% food sufficient. This has since dropped to 40% over the last three years. The current effects of an absent food security policy, notably at rural community level have been compounded by the consequences of HIV and AIDS. Even though neither Swaziland nor Lesotho will be in a position to recover from their food security in the near future, Lesotho has been able to establish a framework to begin to address the situation. However it will take years to make any significant improvement.

Lesotho - Production (all grains) estimated at 49,000 Mt. (it was 119,000 Mt. in 2003 and 156,000 is the five year average). Uncovered gap for the 2004/2005 season estimated at 26,200 Mt.

Swaziland - Production (all grains) estimated at 61,000 Mt. in 2004 (down from 69,000 Mt. in 2003). 2004/2005 uncovered gap estimated at 22,400 Mt.

WFP Swaziland informed ECHO that they are confident in receiving pledges to cover 100% of the needs identified in their regional Protracted Relief and Recovery Operation (PRRO). To date they have received 62% of the needs in pledges, which is equivalent to 19,400 MT. As a result they have reviewed their expectations up to 100%. This represents 24,000 MT. This food aid is expected to cover the needs in all of the eastern side of the country. The core

number of beneficiaries will be 90,000 people, but this will be scaled up over the year up to 240,000 people at its peak during the traditional hunger period.

Yet WFP Lesotho is having difficulties to attract sufficient pledges to their food aid allocations identified in the Regional PRRO. To date they have only received pledges covering 55% of their needs for the coming year.

In Lesotho and Swaziland, where last year's harvests fell far short of domestic consumption requirements, food access for the most vulnerable is still a concern. While food prices have remained relatively stable in Lesotho (year on year inflation rates of food commodities remained within 5% from December 2004 to January, 2005), prices have increased in Swaziland with food inflation rates rising from 6% in December to 8% in January. Ongoing food aid distributions and commercial import deliveries have ensured continued availability of most staples and other basic food stuffs in both rural and urban areas and have contributed to the relative stability of prices. However, despite continued food availability on urban and rural markets, some of the most food insecure people (estimated in May 2004 at 948,000 in Lesotho and 600,000 in Swaziland) are unable to purchase adequate amounts of food. Production prospects in both countries have again been compromised by unfavourable crop growing conditions, raising concerns of continued food shortages.

In this context, ECHO may be able to address some of the needs in the short term but certainly not the complex mosaic of enduring needs brought about by this chronic situation. Projects funded by ECHO will help alleviating the suffering of the targeted populations but they will not provide a sustainable solution to their needs. In this situation, where the HIV/AIDS pandemic comes into direct collision with the effects of drought, and with a vulnerable population that is running out of coping mechanisms, direct inputs are required, over the short-term, or until such a time as there is an adequate harvest. Needs include:

1.2.1. Food security and targeted supplementary food aid:

The situation in both Swaziland and Lesotho is such that certain sections of the population have not only been affected by the drought but are also left with little food producing ability as well as modest means to purchase their needs on the open food market. Both interventions are however critically dependent on the availability and management of water. Both countries need to address rural water management structures, policy and programmes which affect the possibility of being able to implement any meaningful food security programmes. The situation in Lesotho is more advanced in the sense that there are stronger government structures present in the rural communities supporting water and food security interventions. This has been particularly the case with regards to introducing the concepts of conservation farming, micro drip irrigation kits, nutritional gardens and drought resistant seeds and rain water harvesting storage tanks. These have been met with relative initial success.

In Swaziland, the rural communities do not benefit from such strong rural government structures. FAO with the support of funds from the Republic of South Africa has only recently initiated some of these components in the form of pilot schemes.

There is a serious and disproportional emphasis on food aid which is having a detrimental effect on the coping capacity of the local populations. There are concerns that this is undermining efforts at promoting local production. However the situation is such that little can be achieved without supplementary food distributions targeting the most vulnerable groups affected by the drought. WFP have provisions to implement food for work programmes, in addition to clinical and school feeding, Home Based Care feeding and general food distribution. However, there will be a need to provide supplementary food aid to households affected by HIV/AIDS in drought affected areas not covered by WFP.

1.2.2. Protection and support to orphans and other vulnerable children:

Many orphans lack basic structures providing the necessary care and support. Orphans require food, shelter, healthcare, education and psychosocial counselling. This is particularly the case in Swaziland where the primary school system is not free, and obliges the household to pay fees. Only the tertiary education system is free. As a result, many poverty stricken households with primary school aged children cannot afford to send their children to school. Progress on this issue is being made with policy changes in support of free primary education being encouraged. In addition the King has set up a King's Fund which provides funds to pay the school fees of orphans. The Fund has been recently increased from EUR 9 million to EUR 53 million. In Swaziland, the orphans are supported through a network of Neighbourhood Care Points. This is a local initiative supported by UNICEF and NERCHA. ECHO has been a major donor of these NCPs, supporting 345 of them. WFP supports 220 with food aid.

The central authorities in Lesotho have established a National Action Plan addressing the issues affecting orphans. However, the mechanism to role out a comprehensive and consistent plan to provide care to orphans is not yet clear as the policy has yet to be adapted and is still in the development stage. At present, aid agencies are doing their own interventions and it is not possible to know how many children are being supported nationwide through the various programmes.

1.2.3. HIV/AIDS awareness, combined with the above programmes.

As well as dealing with the immediate effects of the pandemic, there is a need to mitigate the consequences of HIV/AIDS and to increase awareness, particularly among rural populations. ECHO will continue to mainstream HIV/AIDS in all the projects funded in the region. There is also a need to continue the implementation of specific activities such as drama group performances, dissemination of information, condom distribution, etc.

1.3. - Target population and regions concerned:

The target population is potentially huge with much of the population food insecure, high unemployment and up to 40% of the populations of Lesotho and Swaziland affected by the HIV/AIDS pandemic. ECHO will continue to target extremely vulnerable groups in drought affected areas which can be assisted in the short term.

Province	Target Population	Needs
<u>Swaziland:</u>		
1. Countrywide support of NCPs, but mainly <i>Lubombo, Chiselweni, Hhohho, Manzini.</i>	<u>Orphans</u> – an estimated total of 28,000, in 345 NCPs.	Shelter, NFIs (hygiene & sanitation, kitchen kits), supplementary food, psychosocial counselling, HIV/AIDS awareness
2. North-West Swaziland and Lowveldt, <i>Manzini, and Hhohho</i>	<u>Up to 6,000 beneficiaries</u> from the most vulnerable parts of the population living in rural areas of aforementioned provinces.	Supplementary food aid, HIV/AIDS awareness.
<u>Lesotho:</u>		
1. <i>Berea</i> province	<u>Up to 10,500 beneficiaries</u> vulnerable groups, chronically sick people, people and families living with HIV/AIDS.	Food security and HIV/AIDS awareness
2. Other drought affected provinces with high HIV/AIDS prevalence such as <i>Mokhot-</i>	<u>Affected households</u> , chronically sick, people and families living with HIV/AIDS	Food security And HIV and AIDS awareness

1.4. - Risk assessment and possible constraints:

Considering the chronic and even structural nature of food security and HIV/AIDS problems, proper response to address the root causes will have to be provided in the framework of long-term social and economic development programmes. These in turn, will only attain the stated development goals, if there is sustained Government commitment to adequate social, economic policies. In this context, educational policies are crucial: if one is to preserve the future population of a country such as Swaziland from the ravages of HIV/AIDS, then the children have to be protected. With a growing number of orphans, particular attention has to be paid to them, by covering their most basic needs: food, education, and health.

2- Objectives and components of the humanitarian intervention proposed:

2.1. – Objectives:

Principal objective:

To improve the livelihoods of vulnerable populations in Lesotho and Swaziland.

Specific objectives:

To reinforce the livelihood of targeted vulnerable groups through the provision of relief items, agricultural inputs and supplementary food aid.

2.2. - Components:

- **Supplementary feeding** - for those households most affected by the drought – a targeted feeding programme for the most vulnerable households in the worst affected area, complimenting a Finnish-funded food security programmes that targets people and families living with HIV/AIDS
- **Food Security** – for vulnerable households in order to encourage greater self reliance and to promote sustainability.
- **Support to orphans and other vulnerable children** – as a way of targeting the most disadvantaged children, orphans and other vulnerable children not enrolled in school will benefit from food distribution through Neighbourhood Care Points (NCP). This component aims at providing basic support to these children and strengthening the protective environment as a risk-reduction factor to abuses and the spread of HIV/AIDS.
- **HIV/AIDS awareness** – grants will include an HIV/AIDS component to raise awareness, through drama groups, dissemination of information, condom distribution, etc...

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

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

Expenditure under this Decision shall be eligible from 01 June 2005.

Start Date : 01 June 2005

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

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedures established in the general conditions of the specific agreement will be applied.

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

Both Lesotho and Swaziland have benefited from regional Financing Decisions adopted by ECHO in support of programmes throughout the Southern African region. These include the Decision ECHO/TPS/210/2002/16000 for EUR 30 million adopted in September of 2002 (of which EUR 1,425 million were allocated to Swaziland) and Decision ECHO/TPS/210/2003/12000 for EUR 25 million, adopted in August of 2003 (of which EUR 2,785 million were allocated to Swaziland and EUR 0.740 million to Lesotho).

In 2004, EUR 2 million were allocated for Swaziland and Lesotho.

List of previous ECHO operations in LESOTHO/SWAZILAND				
Decision number	Decision type	2003 EUR	2004 EUR	2005 EUR
ECHO/TPS/210/2003/12000	Ad Hoc	3,525,000		
ECHO/-SF/BUD/2004/01000	Ad Hoc		2,000,000	
	Subtotal	3,525,000	2,000,000	0
	Total (y-2)+(y-1)+(y)	5,525,000	0	0

Dated : 14/04/2005
Source : HOPE

5 - Other donors and donor co-ordination mechanisms

Donors in LESOTHO/SWAZILAND the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	2,000,000		
Belgium	0	Other services			
Czech Republic	400,000				
Denmark	0				
Finland	0				
France	330,000				
Germany	900,000				
Greece	0				
Ireland	0				
Italy	0				
Luxembourg	0				
Netherlands	100,000				
Portugal	0				
Spain	0				
Sweden	0				
United Kingdom	0				
Subtotal	399,380	Subtotal	2,000,000	Subtotal	0
		Grand total	2,399,380		

Dated : 14/04/2005

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

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

6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 1,750,000

6.2. - Budget breakdown by specific objectives:

Principal objective: <i>To improve the livelihoods of vulnerable populations in Lesotho and Swaziland.</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Possible geographical area of operation	Activities	Potential partners⁴
Specific objective 1: To reinforce the livelihood of targeted vulnerable groups through the provision of relief items, agricultural inputs and supplementary food aid.	1,750,000	Swaziland, Lesotho	Supplementary feeding, seeds and tools, micro irrigation and new farming techniques, provision of non-food items, HIV/AIDS awareness, protection	- CARE - UK - CROIX-ROUGE - DEU - CROIX-ROUGE - FIN - UN - FAO-I - UN - UNICEF - BEL
TOTAL	1,750,000			

⁴ CARE INTERNATIONAL UK , DEUTSCHES ROTES KREUZ, (DEU), SUOMEN PUNAINEN RISTI (CROIX ROUGE FINLANDE), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION

7 –Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organized in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Program is established after a consultative process. This program is flexible and can be adapted to include evaluations not foreseen in the initial program, in response to particular events or changing circumstances. More information can be obtained at:

http://europa.eu.int/comm/echo/evaluation/index_en.htm.

8 –Budget Impact article 23 02 01

	CE (in EUR)
Initial Available Appropriations for 2005	476.500.000
Supplementary Budgets	
Transfers	
Reinforcement from Emergency aid reserve	100.000.000
Total Available Credits	576.500.000
Total executed to date (as at 26/4/2005)	399.886.370
Available remaining	176.613.630
Total amount of the Decision	1.750.000

COMMISSION DECISION

of

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

LESOTHO AND SWAZILAND

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid⁵, and in particular Article 14 thereof,

Whereas:

- (1) Lesotho and Swaziland are currently affected by erratic rainfall, declining of crop production and rising food prices throughout the Southern African region and consequently wide-spread food insecurity.
- (2) Lesotho and Swaziland are among the countries with the highest HIV/AIDS levels in the world;
- (3) The already fragile economies and deeply engrained poverty levels are being further affected by starkly reduced employment opportunities in South Africa.
- (4) These factors are contributing to a deterioration of the humanitarian situation among the most vulnerable population groups;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months.
- (6) It is estimated that an amount of EUR 1,750,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 50,000 persons, taking into account the available budget, other donors' interventions and other factors.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 1,750,000 for humanitarian assistance to vulnerable groups in Lesotho and Swaziland affected by the combined effects of drought and HIV/AIDS by using line 23 02 01 of the 2005 general budget of the European Union.

⁵ OJ L 163, 2.7.1996, p. 1-6

2. In accordance with Article 2 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:

To reinforce the livelihood of targeted vulnerable groups through the provision of relief items, agricultural inputs and supplementary food aid.

Article 2

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 1 June 2005.
2. Expenditure under this Decision shall be eligible from 1 June 2005.
3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 3

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

Done at Brussels,

For the Commission

Member of the Commission