



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

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

GLOBAL PLAN 2005

HAC December 2004

ECHO/SOM/BUD/2005/01000

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Explanatory memorandum

1. EXECUTIVE SUMMARY

Large scale humanitarian needs persist in Somalia as a result of the ongoing civil conflict, compounded by climatic extremes such as drought and flooding. It is estimated that nearly 50% of the population live without access to sanitation; nearly 80% without access to safe water; and 72% do not have access to health services. ECHO's Global Needs Assessment ranks Somalia 9th out of 135 countries, classifying it in the highest need category.

Access to address these needs is complicated by logistic constraints, but above all by the complicated process of negotiation with local actors in a volatile security environment. While the recent peace talks have yielded positive results - with the nomination of the Somali Transitional Federal parliamentarians, and the election of Abdullahi Yusuf (up to now President of 'Puntland' in north east Somalia) as the President of the Transitional Federal Republic of Somalia - this may not have an immediate positive impact on the humanitarian situation. Potentially, it may rather impact it negatively if the new political power is contested by rival warlords.

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

For long, the main areas of need have been southern and central Somalia, including Mogadishu, with approximately two thirds of the estimated 7 million Somali population. However, the current lack of rain in the Horn of Africa has extended the main areas of need to the whole country, including Puntland and Somaliland in the north-east and north-west respectively.

The main sectors for ECHO humanitarian interventions are health and nutrition, water and sanitation, and livestock/food security to assist up to 2 million beneficiaries. These would fulfil the specific objective of :

- To maintain, and where possible improve, the health and nutritional status of targeted beneficiaries.

The envelope proposed for the ECHO Somalia Global Plan 2005 is €9 million.

The duration of the decision should be of 18 months, starting from 1st January 2005.

2. CONTEXT AND SITUATION

2.1. General Context

General Background:

Since the collapse of the Siad Barre Regime in 1991, Somalia has been in a state of civil strife, warlordism and anarchy. Notably in Central and Southern Somalia, the situation is characterised by frequent armed confrontations among a considerable variety of different warring factions continuously changing alliances. While a new Government has been formed following the peace talks, there is a potential risk of further destabilization..

The very fragile political setting, further aggravated by climate changes generating cycles of droughts and floods, has resulted in widespread serious humanitarian needs, notably in the health and nutrition sector, but also in food security as well as water and sanitation. The absence of a functioning government and administration and the destruction of social services and infrastructure contribute to the perpetuation of these long-term chronic needs. Access to any basic health care services, clean water, sanitation or education is extremely limited. Traditional coping mechanisms and livelihoods have been crippled by the endemic insecurity. There are regular displacements of population due to insecurity. Even when sufficient rains coincide with a period of relative peace in a particular area, the repayment of debt or the recurrence of insecurity consumes the gains made during this period. Most Somali households are facing today a high degree of chronic vulnerability.

Even before the war, Somalia was one of the poorest countries in the world. A large majority of the population, totaling 6.8 million¹ is living in poverty. Today nearly three million Somali's or 43.2% live in extreme poverty on less than €0.76 a day, mainly in rural areas. Those living in general poverty, on €1.5 per day, comprise 73.4% of the population².

2.2. Current Situation

Hopes for improvement in the situation are high with the Somali National Reconciliation and Peace Conference having successfully reached its final stages with the nomination of the Somali Transitional Federal parliamentarians, and the election of Abdullahi Yusuf (up to now President of 'Puntland' in north east Somalia) as the President of the Transitional Federal Republic of Somalia. While this is a major breakthrough for Somalia, the situation on the ground has yet to see any change. Furthermore, with 'Somaliland' in north west Somalia continuing to claim its independence from the rest of Somalia, the current tensions as regards control over the Sool and Sanag regions may well become a factor of further national destabilisation.

Until or unless political progress translates into material improvements, chronic vulnerability at household level has reached such an extent that any shock, man-made or due to a natural disaster, translates into an acute humanitarian crisis. Most recently this has occurred in north east Somalia where successive years of rain failure have now exhausted local coping capacity.

¹ UNDP/World Bank, Somalia Watch brief Socio-economic statistics. UNDP/World Bank 2003

² Menkhaus, Ken. Writernet Report Somalia: A situation Analysis and Trend assessment. Writernet/UNHCR: 2003

Humanitarian situation:

The humanitarian situation in Somalia remains as difficult as ever, as insecurity persists and drought looms again. While there is broad agreement on the seriousness of the humanitarian situation, in particular in Central and Southern Somalia, and more recently the north east, there is little reliable general data. Most published figures remain rough estimates. This is mainly due to the difficulty of access as well as the mobility of the Somali population, which traditionally also includes temporary migration into neighbouring countries.

It is estimated that nearly 50% of the population live without access to sanitation; nearly 80% without access to safe water³; and 72% do not have access to health services.

ECHO's Global Needs Assessment ranks Somalia 9th out of 135 countries, classifying it in the highest need category.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Humanitarian needs sectoral analysis ⁴:

Health / Nutrition: The sector of main concern is that of health and nutrition. Where public health services still exist, they suffer from a lack of drugs and qualified personnel in all categories (there are an estimated 0.4 Doctors and 2.8 Nurses per 100,000 persons). Some 80 % of the total health services available in Somalia are at present provided by the private sector. However, also those services seriously suffer from unqualified personnel and the sale of non-regulated drugs of poor quality. It is estimated that some 30% of the population does not have any access to health services at all.

Consequently, Somalia faces one of the worst health indicators in the world. The underweight prevalence is 25.8; infant mortality rate is estimated at 132 per 1,000 live births; under-five mortality rate at 224/1,000 live births; and maternal mortality ratio at more than 1600 per 100,000 live births. The estimated life expectancy at birth is 47 years (male is 44.7 while female is 47.9 years).

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

As a result of the combination of food insecurity, poor feeding practices and the above mentioned health issues; Somalia suffers from high malnutrition rates. Significant

³ UN Consolidated appeals process 2004

⁴ Figures cited in the sections below, and where no source is cited, come largely from the United Nations Development Program National Human Development Report for Somalia, 2001. These reports are provided every three years based on compilation and analysis of information provided, inter alia, by aid agencies working in Somalia. An up-dated report is being prepared, due out in spring 2005.

regional differences however exist. The FSAU's (Food Security Analysis Unit, of the Somalia Aid Coordination Body) food security and nutritional assessments in northern Somalia in July 2004 indicated that 21.2 percent of the children (children under 19 make up 57% of the population) in Sool Region were malnourished with 2.8 percent assessed to be severely malnourished. According to FSAU, critical areas of northern Somalia include the Sool Plateau, as well as Taleex, Lasanood, Huddun, Garoowe, Qardho, and Galdogob districts. In central Somalia, FSAU's July rapid assessment in Dhuusamarreeb and Adaado in Galguduud Region indicated malnutrition rates of 31 percent and 27.8 percent respectively, while the retrospective under five and crude mortality rates for Adaado district were 4.7 per 10,000 per day and 3 per 10,000 per day, respectively. In southern Somalia, ongoing civil strife has disrupted livelihoods and resulted in greater food insecurity. In northern Gedo Region where the usual level of acute malnutrition is already above 20 percent, FSAU reported that the number had increased to 37 percent in Bulahawa and 34.1 percent in Dolow.

EPI coverage rates in Somalia remain low. Specifically, BCG coverage is at 50%, DPT is at 49%, DPT 3 is at 26% and measles is at 29%. However, significant variations are reported among different regions and districts⁵.

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

Given the above context, and as in 2004, there still exists a pressing need to improve access to quality health care services notably for the most vulnerable population groups, and to reduce the prevalence of malnutrition among them, notably in Central, Southern Somalia and Northern Somalia.

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

According to the FSAU annual post Gu rains nutrition and livelihood security assessment (2004) throughout Somalia, key findings indicate that while much of the Horn of Africa (including Ethiopia, Kenya, and Somalia) is currently affected by drought, Somalia is suffering the most critical food security situation of the whole region. In northern Somalia, (including the administrations of Somaliland and Puntland) three successive years of drought or poor rains has led to immediate humanitarian needs for an estimated 313,000 people in regions of Toghddeer, Bari, Nugal, Sanaag, and Sool. Dominated by pastoral livelihoods, some areas in the North have suffered cumulative livestock deaths of upwards to 60% for goats/sheep, and 80% for camels. Already there are large numbers of destitute people who have "dropped out" of pastoralism and are now entirely dependent on social and humanitarian support.

In Central Somalia, areas subject to successive drought or poor rains combined with continued, sporadic civil conflict have distorted markets and limited access to grazing areas. An estimated 88,000 people in Galgaduud and Mudug regions are in need of humanitarian assistance due to loss of livestock and livestock products. In Southern Somalia, critical regions include Lower and Middle Juba, Gedo, and Bakol. An estimated

⁵ UNICEF proposal 2004

300,000 people require immediate humanitarian assistance. Both Juba Valley and Gedo are areas of chronic food insecurity, which has been exasperated by extremely poor Gu harvests this year (<20% of post war average). Of particular concern for already vulnerable groups is a scenario of civil insecurity related to recent militia movements nearby Kismayo. Agro pastoralists in Bakool region are also experiencing poor harvests of less than 20% of post war average.

Water and sanitation: Access to safe water is one of the major problems in Somalia and has been aggravated by the destruction and looting of water supply installations during civil war and continuing conflicts, and by the general lack of maintenance. This situation is compounded by erratic rainfall patterns, which produce both droughts and floods. Currently, over 70%, of the bore wells have passed their designed life span of 20-30 years, and thus require specialised rehabilitation or new drilling. As a result, only an estimated 20% of the population of Central and Southern Somalia has access to safe drinking water. This increases the already heavy burden on women and girls. In many areas, particularly during the dry season, large numbers of women and children (especially girls) have to spend a considerable amount of their time and energy in fetching water from distant sources. Assessments show that distances traveled for water collection can be as much as 6 hours. There is also widespread contamination of surface supplies and dug wells, unhygienic drawing and storage of water and little treatment of drinking water.

Less than 50 percent of the population of Somalia are living in households with sanitary means of excreta disposal. The impact of poor environmental sanitation is particularly felt in the cities, towns and large villages or other places where people live in proximity to each other and defecation is close to dwellings and water resources. In addition, lack of garbage collection affects the urban environment and water sources.

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

4. PROPOSED ECHO STRATEGY

4.1. Coherence with ECHO's overall strategic priorities

ECHO's mandate is needs based. Its components include the provision of emergency assistance and relief to the victims of natural disasters or armed conflict, and disaster preparedness. The Somali context responds to an example of a 'forgotten crisis', given the level of need and extent of donor response, but one where ECHO has been increasing its support as aid agencies have been able to achieve a greater access. Further, Somalia includes the three "cross-cutting" issues of LRRD, child related assistance and water that feature as ECHO priorities.

4.2. Impact of previous humanitarian response

In 2004 the Commission adopted two humanitarian aid financing Decisions for Somalia, for a total of 9.15 million € to address the victims of the ongoing insecurity and climatic hazards in Somalia in the sectors of health, water and sanitation, and food security.

These applied mainly to the populous south and central zone, with an estimated 4 – 5 million out of Somalia's estimated 6.8 million population.

In response to the needs, health/nutrition is the main area of intervention with various services provided for well over 1 million beneficiaries. Assistance includes intensive emergency life-saving assistance such as war surgery, therapeutic feeding and cholera treatment, as well as regular in-patient and out-patient health services such as maternity and paediatric. This has ensured that crude mortality rates in assisted areas have been kept below emergency thresholds with epidemic disease contained, and no mass starvation. In addition, preventative activities such as vaccination have been increased. Thus vaccination coverage for BCG and DTP 1 should reach 65 %, and measles 50 %, by the end of 2004.

To address one of the major causes of malnutrition and morbidity, ECHO has targeted vulnerability in the food security sector, with approaching 1 million beneficiaries. Principally these have been pastoralist populations for whom, through livestock support, the staple milk supply has been ensured, together with a core ratio of livestock. In addition, improved irrigation for riverine farmer has increased crop production.

Closely linked with the food security sector, where rural water supply is increased for livestock, is the water and sanitation sector. Thus, over and above the food security improvements, ECHO has improved the quantity and quality of water available for 150,000 people.

4.3. Coordination with activities of other donors and institutions

Other donors and donor co-ordination mechanisms:

There has been a well-established co-ordination mechanism, including donors, through the Nairobi based Somalia Aid Co-ordination Body (SACB). Strategies have been designed within an inter-sectoral operational framework under the co-ordination of the SACB. Donors, UN Agencies and NGOs meet regularly and take part to a series of regional field co-ordination meetings. Sectoral strategies are regularly reviewed, and priority interventions and any gaps in implementation identified. The role of the SACB may well evolve with progress in the peace process.

LRRD:

ECHO and the EC Somalia Operations (ECSO) have developed a joint ECHO/Aidco/DEV approach for project identification and appraisal within the LRRD framework aimed at avoiding potential overlapping, duplications and differences of approach between projects supported by the different EC instruments, as well as other donors.

As part of this process, in a situation of non-emergency, project concepts already shared with and commented by the SACB relevant Sectoral Working Groups considered for funding under ECHO or DEV will be further examined both by ECSO and ECHO against development related policies, strategies, guiding principles and to enable when relevant a smooth taking over of ECHO supported projects within ECSO programming. The EC Somalia Operations has integrated the ECHO requirements of having partners with a strong emergency response capacity in their call for proposals.

Potentially, the new political developments may translate into an increased rehabilitation or development support from the international community. It is paramount that such an increased support takes into consideration investments already made in the humanitarian sector.

ECHO Response in Somalia:

The ECHO approach and strategy for Somalia in 2004 and 2005 has been developed in consultation with the EC Somalia Operations, the Somalia Aid Coordination Body, and all relevant humanitarian actors, including UN Agencies, International Organizations and NGOs. The ECHO strategy has taken the EC 2001-7 Country Strategy Paper into account and is in line with it through complementing the strategy to achieve “improved access to basic public social services” (chapters 5.2 and 5.3).

Other Commission services

In 2004, the European Commission has continued to implement EC co-operation in line with the “Strategy for the Implementation of Special Aid to Somalia 2002-2007” (SISAS). This Strategy, which has a dual objective (alleviation of poverty and the promotion of a more peaceful, equitable and democratic society), is based on a flexible and multi-sectoral approach in four clusters of intervention:

- (i) enhancement of good governance, reconciliation and sustainable peace building;
- (ii) reduction of widespread vulnerability;
- (iii) access to social services and
- (iv) economic growth and diversification.

Based on the “peace dividend” and on a “local area” approach, the SISAS has placed particular emphasis on peace building and reconciliation, with major support being given to the Somali National Reconciliation Conference. From now on, the Commission will introduce a criterion of “governance dividend” in the implementation of EC co-operation in order to promote the return of effective administration and good governance..

The EDF allocation represents a **total of €199 million** (respectively €50 million and €149 million under the 8th and 9th EDF) for the period **2002-2007**.

On the basis of the EC Strategy, **two Rehabilitation Programmes** have been approved to date: the **4th in 2002 for €50 million and the 5th in 2003 for €100 million**. €49 million from the 9th EDF remain to be committed through a 6th Rehabilitation Programme.

4.4. Risk assessment and assumptions

Perspectives and possible constraints:

Humanitarian conditions in Somalia depend on several factors, including political developments, *Gu* and *Deyr* seasonal rains and harvest, price levels for commodity purchase, condition and security on transport routes, market access and kinship networks. Politically, the most likely scenario could be that the Transitional Federal Parliament / Government (TFP/G) could establish itself inside the country but challenged by some factional leaders. This could lead to a limited resurgence of violent conflict in some areas, including Mogadishu, where the TFP/G may not be able to establish itself for some time. AU monitors and/or troops may not be welcomed by some factional leaders, with possible confrontations. Mogadishu and other areas in South/Central may well not be brought under control immediately, and humanitarian access will probably remain problematic in a number of areas. Political tensions between Somaliland and Somalia may well continue, with no change in the contested areas of Sool and Sanaag, and problematic access.

Current climate outlooks indicates localized flooding may affect more than 30% of the crop growing areas; crop production may thus be less than 20% of average. Chronic food security may continue in the Juba Valley. Drought in northern Somalia may leave pastoralist communities very vulnerable. Distress migration to urban centers in north and central Somalia will continue in the absence of recovery programs, putting further pressure on coping mechanisms and social support systems. Livestock epidemics could cause livestock bans on exports, impacting on livelihoods.

4.5. ECHO Strategy

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

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

Specific objective: To maintain and if possible improve the health and nutritional status of targeted beneficiaries, through the support of health and nutrition, water and sanitation, and food security interventions. Components :

Health : Key measurable results would include the extent of access (coverage per catchment area) to both primary and secondary health care, and trends in mortality and morbidity data. To achieve these results would include interventions to provide primary and secondary health facilities (including mother and child health care, maternity care

and surgery for war wounded), expanded programs of vaccination, and therapeutic and supplementary feeding.

Water and sanitation : Key measurable results would include the quality and quantity of water and the extent of access to water and sanitation facilities, complemented by reductions in water and sanitation related mortality and morbidity, such as diarrhoea or cholera. To achieve these results would include interventions to chlorinate, rehabilitate or improve key existing water points, and in exceptional cases establish new water points or provide water trucking, and rehabilitate and install sanitation facilities as well as provide education on hygiene.

Food security : Key measurable results would include core ratios of healthy livestock to vulnerable populations, or of available food produced, complemented by mortality and morbidity data of both livestock and human populations. To achieve these results would include interventions to provide vaccination and anti-parasite treatment to livestock, together with some livestock food supplements where necessary, and seeds and tools together with some irrigation equipment where necessary.

These components will involve the three “cross-cutting” issues of LRRD, child related assistance and water that feature as ECHO priorities.

4.6. Duration

The duration for the implementation of this decision will be 18 months starting from 1st January 2005. 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. In this respect the procedures established in the general conditions of the specific agreement will be applied.

4.7. Amount of Decision and strategic programming matrix

4.7.1. Total amount of the Decision: 9,000,000 Euro

4.7.2. Strategic Programming Matrix

STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal Objective	<i>To assist the victims of continuing insecurity and climatic hazards in Somalia</i>				
Specific objective	Allocated amount	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
Specific objective 1: To maintain, and where possible improve, the health and nutritional status of targeted beneficiaries (through a combination of health, nutritional, water and sanitation and food security).	9,000,000	Countrywide	Provision of health services; repair, maintenance and provision of water; provision of sanitation, and hygiene education; livestock support, field irrigation schemes.	Maintained/improved health access and coverage with quality indicators such as cure rates, mortality, and mortality and morbidity trends for impact. Water quantity and quality, extent of access, and incidents of water related disease. Improved nutritional status through maintaining core livestock ratios and milk production, and quantities of food production.	- ACF - FRA - COOPI - CROIX-ROUGE - CICR- ICRC -CH - MSF - CHE - MSF - ESP - MSF - NLD - OXFAM - UK - SAVE THE CHILDREN - UK - UN - UNICEF - BEL
Risk assessment	Volatile security environment, recurrent risk of evacuation/suspension of interventions.				
Assumptions	Continued commitment of high quality professional aid agencies to address the needs in Somalia.				
Total cost	9,000,000				

5. EVALUATION

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

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

6. BUDGET IMPACT ARTICLE 23 02 01

	CE (in Euro)
Draft Budget Appropriations for 2005	471.000.000
Supplementary Budgets	-
Transfers	-
Draft Budget Appropriations for 2005	471.000.000
Total amount of the Decision	9,000,000

7. ANNEXES

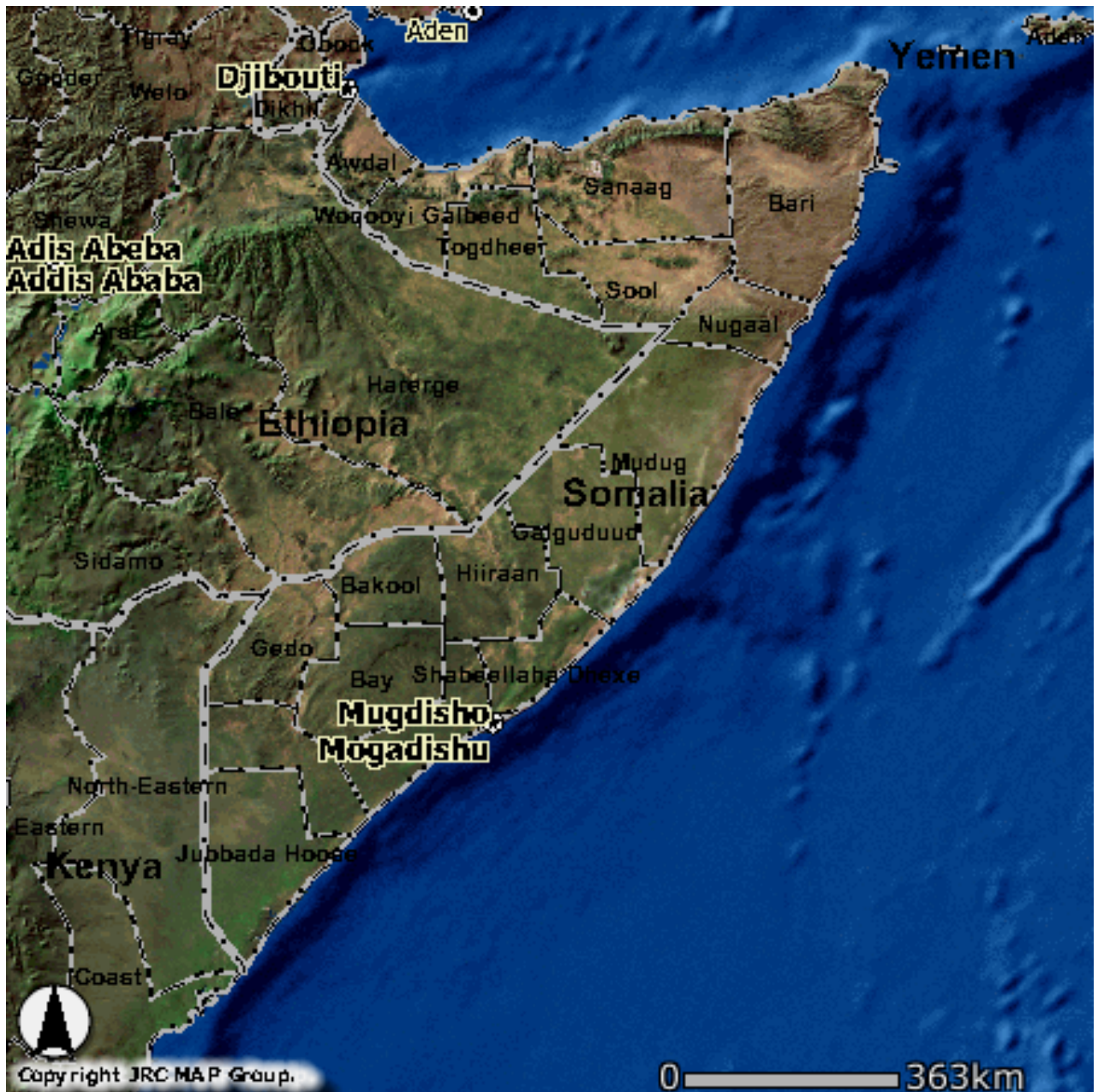
Annex 1: Map of country and location of ECHO operations

Annex 2: List of previous ECHO operations

Annex 3: Other donors' assistance

Annex 4: List of abbreviations

Annex 1: Map of country and location of ECHO operations



ECHO operations foreseen for 2005 are focused on the most vulnerable areas, spread over the whole country.

Annex 4: Other donors' assistance

Donors in SOMALIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	11,150,000	World Bank	1,352,473
Belgium	0	Other services	40,000,000		
Denmark	2,023,829				
Finland	700,000				
France	0				
Germany	2,828,900				
Greece	0				
Ireland	379,000				
Italy	0				
Luxembourg	0				
Netherlands	4,852,768				
Portugal	0				
Spain	0				
Sweden	7,152,200				
United Kingdom	442,868				
Subtotal	18,379,565	Subtotal	11,150,000	Subtotal	1,352,473
		Grand total	70,882,038		

Dated : 04/11/2004

(*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>
Empty cells means either no information is available or no contribution.

Annex 5: List of Abbreviations

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

COMMISSION DECISION

of

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

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid⁶, and in particular Article 15(2) thereof,

Whereas:

1. After more than a decade of clan-based anarchy and civil strife in Central and Southern Somalia, aggravated by climatic hazards resulting in a recurrent cycle of droughts and floods, there are wide-spread basic humanitarian needs in particular in the sectors health and nutrition, water and sanitation and food security with consequent population displacements and outbreaks of infectious diseases such as cholera.
2. An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of up to 18 months.
3. It is estimated that an amount of 9,000,000 Euro from budget title 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance.
4. In accordance with Article 17(3) of Council Regulation (EC) No. 1257/96 of the 20th June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favorable opinion on 16 December 2004.

HAS DECIDED AS FOLLOWS :

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of 9,000,000 Euro for humanitarian aid operations (Global Plan) Humanitarian Aid for victims of continuing insecurity and climatic hazards in Somalia from article 23 02 01 of the 2005 budget of the European Union,

⁶ OJ L 163, 2.7.1996, p. 1-6

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

To maintain, and where possible improve, the health and nutritional status of targeted beneficiaries (through a combination of health, nutritional, water and sanitation and food security).

Article 2

1. The duration of the implementation of this decision shall be for a period of 18 months, starting on 01.01.2005.
2. Expenditure under this decision shall be eligible as from 01.01.2005
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 3

1. The commitment and payment of euro 9,000,000 shall be conditional upon the necessary funds being available under the 2005 general budget of the European Union.
2. This Decision shall take effect on 01.01.2005.

Done at Brussels,

For the Commission

Member of the Commission