COMMISSION DECISION

on the financing of a Global Plan for humanitarian operations from the budget of the European Communities 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 aid[1] and, in particular, Article 15(2) thereof,

Whereas:

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

(2) The scale and complexity of the humanitarian crisis is such that it seems likely to continue.

(3) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;

(4) It is estimated that an amount of EUR 10,000,000, from budget article 23 02 01 of the general budget of the European Communities, is required to provide humanitarian assistance to more than 1,500,000 people, taking into account the available budget, other donors interventions and other factors;

(5) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002[2], Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002[3], and Article 15 of the internal rules on the implementation of the general budget of the European Communities[4].

(6) 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 13 July 2007.

1- OJ L 163, 2.7.1996, p. 1-6
2- OJ L 248, 16.9.2002, p. 1
3- OJ L 357, 31.12.2002, p.1 as last amended by Council Regulation (EC, Euratom) No. 1995/2006, OJ L 390, 30.12.2006 p.1
4- Commission Decision of 21.2.2007, C/2007/513

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 **EUR 10,000,000** for a Global Plan for humanitarian aid operations for the victims of continuing insecurity and climatic hazards in Somalia from article 23 02 01 of the 2007 general budget of the European Communities.

2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

   - To provide support for key basic social services in favour of general local vulnerable communities in Somalia

   - To provide multi-sector support targeting new IDP caseloads

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

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific 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 EUR 2,000,000.

Article 3

1. The duration of the implementation of this decision shall be for a period of 15 months, starting on 1 July 2007.

2. Expenditure under this decision shall be eligible as from **1 July 2007.**

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 Commission shall implement the budget by direct centralised management.

2. The actions supported by this decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).

3. Taking account the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation. This means that, in case of co-financing, the possible rate of co-financing can go up to 99%, if needed.

Article 5

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

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective: To assist the victims of continuing insecurity and climatic hazards in Somalia	
Specific objectives	**Amount per specific objective (EUR)**
To provide support for key basic social services in favour of general local vulnerable communities in Somalia	6,000,000
To provide multi sector support targeting new IDP caseloads	4,000,000
TOTAL	10,000,000

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

GLOBAL PLAN 2007

Humanitarian Aid Committee: July 2007

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1. EXECUTIVE SUMMARY

For the past 16 years, Somalia has remained a country of open ended conflict and instability with overwhelming humanitarian needs that are aggravated and compounded by worsening cyclical droughts, floods and various epidemic outbreaks. An estimated 40% of the population are thought to live in dire poverty, with only a third having access to any form of safe water and only a quarter using any form of improved sanitation facility. Due to these circumstances, a Somali only has a 45% chance of surviving to the age of 60[5]. However there is no reliable data available on Somalia, to the extent that the United Nations Development Programme (UNDP) Human Development Report (HDR)[6] no longer includes Somalia in their annual world ranking. If it were to be included, it would lie at the bottom in 178th position, below drought impoverished Niger. Somalia ranks as the 6th most vulnerable country out of DG ECHO's Global Needs Assessment[7], classifying it in the highest needs category.

Somalia is in the midst of its 14th Peace Process since 1991 which, despite making modest progress over the past year, has recently suffered a number of serious set backs. While one could view the existence of a Somali Transitional Federal Parliament and Government (TFG) with cautious optimism, President Abdullahi Yusuf has nevertheless been unable to pacify any of the volatile insecure regions of Somalia. In fact, there has not been any positive impact on improving the humanitarian situation. On the contrary, over the past 6 months, the humanitarian situation has seriously deteriorated. Over the past year, not only has the country suffered from a rapid succession of climatic shocks, but also have these been interspersed with war involving the Ethiopian National Defence Force (ENDF). This has had the effect of not only changing the political landscape in Somalia, but also alienating the TFG from any popular local constituency. The past 6 months, in particular, have seen the most intense fighting over Mogadishu for the past 16 years. It resulted in the single largest mass movement of internally displaced persons (IDP) worldwide so far this year. What was initially perceived as a conflict between the TFG, backed by the Ethiopian army, and a growing Islamic movement, known as the Islamic Courts Union (ICU) aiming at creating an Islamic state in Somalia governed by Sharia law, is now seen as a feudal tribal conflict between two of the major sub-clans of the Darod and the Hawye respectively, aggravated by outside interference. Over the past year and half, the conflict not only saw the spectacular rise and fall of the ICU in Somalia, but now is also showing signs of possibly being transformed into an asymmetrical conflict mainstreaming the use of remote control detonated terror tactics. It is unpredictable how current developments will unfold, but the situation will only lead to further insecurity over the coming year, with heavier humanitarian consequences throughout the central south, and possibly northern of Somalia.

The general local populations are already exhausted, and aid agencies are compromised by insecurity in accessing victims throughout Central and Southern Somalia. Security incidences continue to compromise the access which used to be guaranteed by the goodwill and protection of local clans. Even though clan-based relationships permeate

[5] UNICEF statistics – Somalia http://www.unicef.org/infobycountry/somalia_statistics.html

[6] This is due to data on Human Development Indicators can no longer be accurately collected

[7] Directorate-General for Humanitarian Aid – ECHO http://www.cc.cec/dgintranet/echo/index_en.htm

and dominate all tiers of community representation, Somalia is entering a new phase in which they may no longer be able to ensure adequate security.

As a result of the events over the past year, DG ECHO has to prioritise core humanitarian needs focusing on central and southern Somalia. Support will need to focus on maintaining and encouraging humanitarian partners to respond to the current situation rapidly and flexibly, as well as to an ever changing situation and circumstances. Humanitarian aid interventions will need to address the most extremely marginalized communities in addition to address some of the most persistent chronically vulnerable left without the ability to sustain themselves any longer.

Humanitarian assistance is required to support an estimated 1,500,000 beneficiaries in order to fulfil the specific objective:

1. To provide support for key basic social services in favour of general local vulnerable communities in Somalia

2. To provide multi-sector support targeting new IDP caseloads

The envelope proposed for DG ECHO Somalia Global Plan 2007 is EUR 10,000,000. Following recent fighting in Mogadishu, the Commission recently adopted an emergency decision for EUR 4,000,000 to provide humanitarian assistance to IDPs. Moreover, in the second DG ECHO global Food Aid decision, currently in the pipeline, an amount of EUR 4,000,000 has been earmarked for Somalia.

The duration of the decision is 15 months, starting as from 1 July 2007.

2. CONTEXT AND SITUATION

2.1. General Context

Siad Barre's regime fell in the early 1990's and with it Somalia's formal civil governance structures. Competition and access to natural resources and any remaining infrastructure was replaced by clan based management and control. However, even though the northern areas of Somalia were able to establish adequate governance structures leading to a greater sense of stability, central and southern Somalia continues to be affected by regular armed confrontations, despite the establishment of Transitional Federal Institutions (TFI). This has not yet culminated into any consolidated power and instability continues to prevail.

The political landscape in Somalia is forever changing, and can be extreme in nature even if the fundamental obstacle remains the same, which is the reconciliation of all Somali clans. The absence, for over 16 years, of a fully functioning civil administration has led to the disappearance of most social service infrastructure, and contributes to perpetuating the aggravation of existing long-term chronic needs. In most areas, access to any basic medical, water and sanitation or education facility is non-existent, if not limited. In addition, regular cycles of drought and floods only result in widening the existing humanitarian needs. Of the livestock herds that remained in their locations during the drought, approximately 40-60% of the herds were reported to have died[8]. A viable livelihood system depends on clan-based affiliated self-reliance, as well as resistance to regular external shocks and endemic insecurity. Somalia is witness to

[8] FSAU post Gu analysis 2005

regular mass displacements of people for different causes, usually related to conflict, insecurity, climatic hazards and economic hardship, often experiencing several at the same time. One notes that any recovery made by favourable conditions allowing for progress from one shock is often immediately off set by the losses as a consequence of another one immediately afterwards.

Somalia has always been one of the poorest countries in the world, with an estimated population of 6,800,000[9], of which just under half live in extreme poverty, on less than EUR 0.76[10] a day, mainly in rural areas and most of which, following the past year and a half, are close to exhaustion.

2.2. Current Situation

For many observers, the past six months in Somalia have been very disappointing and constitute a serious setback from the modest progress made by the TFI over the past year and a half. In January 2004, the Somali National Reconciliation and Peace Conference was successful in nominating Members of the Transitional Federal Parliament and Transitional Federal Government and was since able to relocate to Somalia. However, the President, Abdullahi Yusuf, has not been able to establish order and acceptance of his Government in Central and South Somalia. Instead, there is a growing opposition to and a rising unpopularity of the TFG.

At the start of 2006, Somalia was suffering the consequences of one of the worst droughts to affect the region, displacing approximately 500,000 semi-nomadic people. What started out as a battle between two feudal warlords over the control of assets, territory and resources in a corner of Mogadishu, abruptly turned into a conflict between the sudden appearance of an alliance of Mogadishu based warlords called "the Restoration of Peace and Counter Terrorism Alliance", which had suspected US covert support, and the sudden rise of a loose coalition of Mogadishu based Islamic courts, confounding many seasoned observers. The militias under the control of the Islamic Courts prevailed and went on to expand their control over two thirds of South Somalia in a remarkably short period of time. The Islamic Courts became known as the Islamic Courts Union (ICU) and had apparent support of most of the population. This forced the TFG and the ICU to recognise each others existence in a bid to bring stability to the country. However, whereas the ICU was seen as predominantly moderate in their Islamic stance, within the wings of the ICU's militia, there were a number of hard line elements that were needlessly agitating Ethiopia and went on to declare a *jihad* against Ethiopia and the TFG.

The stage was being set for renewed conflict and towards the end of 2006, South Somalia experienced a level of renewed open conflict not seen since the early 1990s.

From December 2006 to February 2007, the TFG, backed by the Ethiopian National Defence Forces, openly engaged the ICU's militias, shortly after the region had just experienced one of the worst floods in a decade, momentarily displacing approximately 250,000 people in Somalia alone[11]. The first phase of the conflict resulted in very few civilian casualties, though there were reports of Ethiopian troops using extraordinarily

[9] UNDP/World Bank, Somalia Watch brief Socio-economic statistics. UNDP/World Bank 2003
[10] UN Extreme Poverty measured as under USD1 a day

[11] OCHA Somalia situation reports December 2006

heavy handed use of fire power, literally blighting the ICU militias. There were gross human rights violations, summary executions. The highly militarised conflict resulted in an extremely rapid and decisive defeat of the ICU, which subsequently disbanded. Many of the former ICU militias integrated into residential neighbourhoods of Mogadishu, setting the stage for the second phase.

Since mid-March, the Ethiopian troops and TFG militias have carried out, what can only be described as, a veritable "blitzkrieg" against so called "Islamist" insurgents in Mogadishu". This has resulted in an estimated 1,000 civilian fatalities, 4,000 war-wounded casualties and approximately 350,000 IDPs[12]. The resulting IDP population has been scattered throughout South Somalia mostly concentrating in areas in Central Somalia and represent approximately one third of Mogadishu's population. In addition, it is estimated that between 30-40%[13] of the population of Mogadishu are displaced within the city, accounting for a total population displacement of up to 70-80%. Due to the current circumstances and the nature of the situation in Somalia, it is difficult to assess the exact number of IDPs. Aid agencies have been able to assess their living conditions, and they have been found to be extremely precarious. Many have had their homes destroyed and others are left without sufficient means or the will to return.

The majority of the IDP population has had to live out in the open at a time when the rainy season is upon them, adding to the hardship of being exposed to the elements. The sheer concentration and size of displaced communities is putting untold pressure on basic amenities such as shelter, clean water, safe sanitation, health care, food and so their means are insufficient to meet the needs of both the host communities and the displaced populations. However, if this were not enough, their plight is exacerbated by a major cholera outbreak emanating from Ethiopia, as well as the effect of floods, and is being spread throughout South Somalia by the same fleeing IDP population. Cholera cases have been recorded throughout South Somalia, from Galgadud, Kismayo, Mogadishu and Gedo and all places in between. There have since been an estimated 30,000 cases of cholera and in excess of 500 known fatal cases. The current rains season will only further increase the spread of the disease.

This crisis follows a year in which Somalia has experienced several of its worst shocks with drought floods, outbreak of Rift Valley Fever (RVF), open conflict and cholera. There is not much left for Somalia to suffer from besides exhaustion, terrorism in a growing asymmetrical conflict and, sadly, more of same.

Even though each crisis has been subject to its own emergency relief efforts and responses, there has been no recovery time, or time allowing for some respite before the onslaught of the next crisis. Each crisis has caused massive population displacements, human suffering and loss of livelihoods. Whereas most countries tend to suffer one of the above mentioned shocks and take a year to recover, Somalia has recently suffered them all, in rapid succession, in addition to 16 years worth of civil war, and a 14th peace and reconciliation process precariously in the balance.

Politically, the international community is hoping that the upcoming Peace and Reconciliation Conference, which is to be held tentatively on the 14th of June, will help resolve some of the major issues in addressing the causes of the conflict. This would allow for the withdrawal of Ethiopian troops, to be replaced with an 8,000 strong African

[12] ICRC Budget extension appeal – Somalia 3rd May 2007

[13] FSAU Food Security and Nutrition quarterly brief April 30, 2007 www.fsausomali.org

Union (AU) peacekeeping mission (AMISOM), of which there are already 1,500 Ugandans deployed in Mogadishu.

However, this catastrophic situation can only be seen as a layered situation on top of previous crises and an increasingly tense situation of inter clan hatred and insecurity which is exacting a heavy toll on human lives, meagre and fragile livelihoods. This only serves to drive the population into ever deeper poverty, despair and reliance on external humanitarian aid.

Given the seriousness of the situation as it currently stands, and the potential for an ever growing emergency over the next three months, it is recommended that emergency relief interventions be supported in response to the current situation

To date, it is estimated that there are 1,500,000 people in extreme need of humanitarian aid[14] with approximately 45% of the population living in extreme poverty.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS[15]

Non Food Items and Shelter: At present, by far the most pressing and urgent needs in Somalia are to target support in favour of the massive IDP movements from Mogadishu. In its latest information, OCHA reports of a total displaced population of 390,000 IDP. This represents approximately 30% of the Mogadishu's population as having been displaced into the central and southern areas of Somalia. Approximately 50% of the IDP populations has relocated to the Central regions of Somalia (Galgadud) and 39% throughout Lower and Middle Shabelle, whereas the remaining 10% have been dispersed throughout the south, down to as far as Gedo, Juba and Bay. Whereas previous population displacements have been known to be temporary, the sheer distances travelled by the majority of the caseload indicates that these tend to be more of a permanent relocation. A small number of displaced people have returned to Mogadishu, but those are mostly due to lack alternative. The combined effects of such population displacements on both the IDP communities themselves and their local host communities are seriously overwhelming. There is not sufficient access to water, shelter and food, as well as any means to pay for access to health care. Resources are being exhausted and food prices have been reported to have increased 4 fold in some of the more densely populated areas. Added to this, there are the effects of cholera. In addition, there is approximately another 30-40% of the population of Mogadishu that has been displaced within the city. Over a period of three months, in total approximately 70-80% of the city's population can be accounted for as having been displaced.

Nutrition: Malnutrition rates also remain a consistently critical concern, despite some improved food and livelihood security. However, the effects of the current persistent cholera outbreak, mass displacement of people, poor health services, and recent conflict are likely to be very significant. Malnutrition rates are a "late" indicator. From February to March 2006, seven nutrition assessments were undertaken in South and Central Somalia. Six of the seven assessments reported consistent critical levels of malnutrition between 15-20% Global Acute Malnutrition (GAM). Poor access to health care, with on average 50% of children reporting an illness prior to assessment, poor dietary intake and

[14] OCHA revised CAP 2007 appeal + an estimated recent 400,000 IDP population

[15] Unless data has a footnote citing source, figures come largely from the United Nations Development Program National Human Development Report for Somalia, 2001. No better data available

diversity, and a recent influx of IDPs as well as general mortality rates at alert levels are all compounding the problem. Besides, the loss of livestock assets in and amongst the flood affected and RVF areas, as well as the ongoing outbreak of cholera all account for the current situation.

Health: Still, only very modest support is given to the health sector in Somalia due to the absence of health NGOs. Nevertheless, support is required to improve both access to and standards of public health services wherever they exist. Supplies of medicines, consumables, equipment and essential qualified personnel in all categories are a chronic need. There are an estimated 0.4 Doctors and 2.8 Nurses per 100,000 persons. Field visits often discover veterinary surgeons running pharmacies supplying medicine for human consumption as income generating measures. About 80% of all existing health services available in Somalia are in the private sector and receive some limited support from the Somali diaspora. Even though data cannot be relied upon as accurate, whenever data can be measured, Somalia is seen to have some of the worst health indicators in the world: underweight prevalence is 35%; the infant mortality rate is estimated at 96/1,000 live births; the under-five mortality rate is 156/1,000 live births; and maternal mortality ratio stands at more than 1,013/100,000 live births[16].

Chronic, acute communicable infectious diseases, adverse behaviour and deeply rooted improper traditional health and hygiene practices are the main causes of morbidity and mortality in Somalia. More than half of all under-5 child mortality is due to malaria, Acute Respiratory Infections (ARI), pneumonia and diarrhoea. Neonatal Tetanus is also an important contributor to mortality rates, as well as tuberculosis. There are at least 200 cases per 100,000 persons, in addition to the regular outbreaks of measles, dysentery, meningitis, RVF and Kala Azar, all constitute an added major health risk for the Somali people. As such, support needs to be provided to rapid reaction mechanisms in favour of responding to suddenly onset outbreaks. This past year alone saw a major outbreak of RVF and, currently, as a result of the recent floods, Somalia is experiencing a cholera outbreak, which originated in Ethiopia and which has spread on the back of the mass movement of IDPs. At present, the number of cholera cases has reached more than 30,000 people throughout the whole of South Somalia. For political reasons, the aid community refer to the cholera outbreak as Acute Watery Diarrhoea as the TFG do not recognise the outbreak as one of cholera, despite confirmed cases proven by laboratory testing.

There has not been an Extended Programme of Immunization (EPI) for the past 16 years covering the needs of Somalia, and as such the coverage rates remain very low for measles and Diphtheria/Pertusis/Tetanus vaccine (DPT3). However, there are significant variations throughout the various regions and districts of Somalia, with the south having the lowest coverage.

Finally, violence is one of the most visible contributing factors to morbidity and premature mortality and disability (physical and mental). The recent fighting in Mogadishu during the first half of the year alone has resulted in approximately 1,000 dead and 4,000 war-wounded requiring attention in Mogadishu. As a result of the fighting between the TFG and ICU at the beginning of the year, there has also been an untold estimate of the number of war wounded and dead. This is requiring DG ECHO to increase financial support to Somalia in order to cope with the increased medical needs.

[16] UNICEF data 2007

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

Food security and Livestock: This represents one of the rare positive news items on Somalia. It is estimated that 60% of the Somali population is dependent on livestock, providing them with 55% of their overall dietary needs through the consumption of milk and meat. Their livestock is also considered as their most valuable asset, generating approximately 60% of their subsistence income requirements.

Since the height of the drought period at the end of the 2005, and despite a limited number of livestock herds being subjected to the effects of floods and RVF, the livestock herds throughout central, southern and northern Somalia have been in full recovery. The recent quarterly brief issued by the Food Security Analysis Unit (FSAU)[17] reports that livestock body conditions for all species are good and is set to continue improving for the foreseeable future. A very mild dry season saw pasture, browse and water remaining widely available in most regions and, as a result of the onset of the wet season, current rains are replenishing water sources and rangeland conditions. Availability of milk is improving throughout most of the country and, as anticipated, high rates of kidding and calving is expected in May and June.

There is concern for pockets of IDPs suffering from extreme vulnerability and food security as a result of the recent fighting in Mogadishu. There is a strong likelihood that they remain destitute and become pastoralist "drop outs", entirely dependent on social and humanitarian support.

These affected communities will be supported with food security interventions and appropriate livestock management services in favour of treating and vaccinating livestock. These interventions will be complementing support from the EC Somalia Operations Unit in the spirit of linking relief rehabilitation and development.

Water and sanitation: Access to safe water and proper sanitation remains one of the over riding key issues affecting the people in South Somalia. Sadly, water is a critical resource in short supply. Most water sources are of the traditional water hole variety, unprotected and overused. In areas where improved water structures do exist, they are often damaged, destroyed or simply just not maintained. Erratic rainfall patterns, bringing either rain failures or floods, only serve to aggravate and compound the situation. It is estimated that over 70%, of the boreholes have surpassed their designed life span of 20-30 years. As it is, only 30% of the population of central and southern Somalia are estimated to have access to sufficient safe potable drinking water.

Much of the ground water aquifer supplying boreholes have since turned saline due to a combination of the geophysical nature of the strata and aquifer as well as from the over pumping of water. During the rainy season, the situation is not as stressed as during the dry periods when the increased burden of seeking water falls heavily on the shoulders of women and young girls. During the peak of the dry seasons, it is estimated that, on average, women and children spend as much as six hours a day fetching water that is unsafe to drink from distant water sources. Many opportunistic open water sources are subject to widespread contamination due to unhygienic drawing and storage practices as

[17] FSAU Food Security and Nutrition quarterly brief April 30, 2007

well as the proximity of livestock herds accessing the same water in an unprotected manner.

Approximately 75% of the households in Somalia do not use any proper sanitary or waste disposal facility. Defecation is in open scrubland as well as in urban areas, in close proximity to dwellings, cooking areas and water resources. The impact and effect this has on the environment is particularly noticeable in any town, village, hamlet or settlement where groups of people gather in close proximity of each other. The effects of this, when combined with a lack of garbage collection in an urban environment, are particularly potent for human and animal health. The scope of the current cholera outbreak has no doubt been aggravated by the effects of flood waters mixing with discarded waste.

Co-ordination: Support for co-ordination has been provided with special emphasis on the situation affecting Internally Displaced Persons (IDPs). As a result of the fighting in and around Mogadishu, there are estimated to be approximately 400,000 new IDPs in Somalia. There needs to be a clearer mapping exercise of the needs with regards to humanitarian aid, as well as a more precise mapping of their locations and situation. OCHA is the focal point looking at this issue.

4. PROPOSED DG ECHO STRATEGY

4.1. Coherence with DG ECHO´s overall strategic priorities

DG ECHO will be responding to the most critical humanitarian needs of Somalia, focusing support on the provision of emergency assistance and relief as a result of the consequences of the recent escalation of conflict over Mogadishu. DG ECHO's current Global Plan of EUR 10,000,000 is following on from a recent Emergency Funding Decision of EUR 4,000,000 in favour of responding to the current crisis and will be complemented by an additional EUR 4,000,000 allocation from the recently acquired Food Aid budget line in favour of food security interventions. The assistance will focus on supporting victims of armed conflict and natural disasters, as well as encouraging support to aid agencies trying to establish greater access wherever possible in order to reach beneficiaries that have been compromised by access. At the same time, assistance will be focused on supporting the three “cross-cutting” issues of (i) Linking Relief Rehabilitation to Development (LRRD) with the EC longer term financial instruments through joint assessments of programmes; (ii) child related assistance by focusing on Under 5 malnutrition; and (iii) water, which feature as DG ECHO's priorities.

4.2. Impact of previous humanitarian response

In 2006, the European Commission adopted a humanitarian aid financing decision of EUR 10,000,000 for Somalia to address the victims of the ongoing insecurity and climatic hazards in the sectors of health, water, sanitation, and food security. These sectors applied mostly to the south and central zones of Somalia, which host an estimated 4 to 5,000,000 people out of Somalia’s estimated population of 6,800,000.

The main sectors of intervention in response to the needs have been in food security, health, water and sanitation and non food items. These have, over the past year, been able to impact the lives of approximately 1,500,000 people.

Food security supported interventions were able to reach 925,410 people through a number of different components, including support to veterinary services that were able to vaccinate and treat in excess of 1,500,000 head of livestock, all along the spine of

Somalia. This resulted in a 30% reduction in disease rate in animal morbidity and 28 % mortality, significantly contributing to protecting people's livestock herds and livelihoods. Interventions also included straining community animal health workers, income generation and support for agricultural interventions through the provision of small ruminants to pastoralists and seeds and tools to riverside communities respectively in key areas. This was meant to promote and support recovery after the drought and floods. Support also focused on improving irrigation and labour intensive rehabilitations, but agricultural interventions remain a serious challenge due to the nature of the environment and the dependence on rain water in an area prone to regular rain failures.

In health, DG ECHO supports access to health care for approximately 500,000 Somalis, of which 41,000 benefited from nutrition interventions and 430,000 received primary health care support (both out-patient consultation, treatment and in-patient treatment, including specialised mother-and-child health care, paediatrics and surgery. Throughout 2006, ICRC supported medical intervention in Mogadishu treated 3,607 war wounded, resulting from the fighting[18], with 5,598 surgical operations. So far, since the beginning of 2007, ICRC has treated some 2,000 wounded people in the hospitals of Baidoa and Mogadishu[19]. As a result, DG ECHO has been able to contribute to maintaining overall hospital mortality rates of below 4% and cure rates at above 90%, which are below emergency levels. However, access to health care remains one of the single biggest concerns affecting the Somali population in the southern region of the country.

With reference to IDPs, during 2006, before the open conflict and fighting erupted, DG ECHO undertook a pilot intervention through the Italian NGO COSV in support of 3,538 internally displaced populations inside Mogadishu. Even though the programme was compromised due to insecurity, access and mobility, COSV has been able to establish a presence and working modalities in a timely manner allowing for a more appropriate intervention under the current circumstances. Despite the fact that aid agencies do not have the means to start interventions due to access being denied, the current huge number of reported Internal Displaced Persons (IDPs) is forcing aid agencies to rise to the challenge in a co-ordinated manner.

In water and sanitation DG ECHO has been able to assist a total of 103,235 people directly with improved access to water and hygiene through the rehabilitation of water points and ground surface dams. This sector will receive significant attention in 2007.

4.3. Coordination with activities of other donors and institutions

Other donors and donor co-ordination mechanisms:

The mechanisms for co-ordinating aid in the various sectors have been well established, involving donors and aid agencies with *fora* based in Nairobi and in Somalia. Due to historical legacies related to United Nations Operation in Somalia (UNOSOM), the donor supported a co-ordination body called the Somalia Aid Co-ordination Body (SACB), which recently changed to the Somalia Support Secretariat (SSS). This manages and hosts most fora, mostly related to political and development aid issues. The past year has seen the UN, through OCHA, increase their role in specifically focusing on co-ordinating emergency humanitarian aid issues through the Humanitarian Response Group and Protection Group, and the Inter-Agency Standing Committee (IASC) through which

[18] ICRC yearly data report on support for hospitals and first aid posts

[19] ICRC Budget Extension Appeal, 3rd May 2007

priority interventions and gaps in assistance are identified. The role of the SSS as a co-ordinating body will evolve with the progress of the peace process. In 2006, the United Nations chose Somalia as a pilot for the role out of the Cluster approach which, despite some mixed results, is progressing positively.

LRRD:

DG ECHO and the EC Somalia Operations (ECSO) have developed a joint DG ECHO/AIDCO/DEV approach for project identification and appraisal within an LRRD framework in order to avoid potential overlapping, duplications and differences of approach between projects supported by different EC instruments, as well as other donors.

As part of this process, in situations of non-emergency, project concept papers are shared between the services in order to receive comments. Aid agencies are also asked to present their proposals to the relevant cluster lead chairs and relevant Sector Working Groups in order to ensure that approaches are appropriate and co-ordinated. The ECSO has also integrated DG ECHO into weekly meetings.

The potential for further LRRD will depend on the political developments and aid strategies that become possible in the foreseeable future. However, current examples of approaches to LRRD consist of aligning aid strategies complementing each other, i.e. in particular, in the Food Security and Livestock sector

DG ECHO Response in Somalia:

The DG ECHO approach and strategy for Somalia in 2006 has been largely based in consultation with the EC Somalia Operations, and the Humanitarian Working Group with relevant humanitarian actors, including UN Agencies, International Organizations and NGOs. The DG ECHO strategy has taken into account the EC 2002-2007 Country Strategy Paper and is in line with the strategy to achieve "improved access to basic public social services" (chapters 5.2 and 5.3).

In addition, DG ECHO is also implementing a Drought Disaster Preparedness decision covering the region for EUR 10,000,000. Due to the prevailing insecurity, this regional decision does not include for the time being any response on recovery support or preparedness interventions in Somalia.

Other Commission services

In 2005, the European Commission continued to implement EC co-operation in line with the "Strategy for the Implementation of Special Aid to Somalia 2002-2007" (SISAS). The strategy has the two objectives of: "alleviation of poverty" and "the promotion of a more peaceful, equitable and democratic society", and is based on a flexible multi-sector approach in four clusters of intervention:

a) The enhancement of good governance, reconciliation and sustainable peace building;
b) A reduction of widespread vulnerability;
c) Access to social services
d) Economic growth and diversification.

The EDF allocation represents a total of EUR 217,000,000 for the period 2002-2007: respectively EUR 50,000,000 and EUR 149,000,000 under the 8th and 9th EDF with an additional allocation of EUR 18,000,000 from EDF's interests recently pledged under the Somalia Recovery Programme.

Three Financing Decisions have been approved to date, i.e.:

● The 4th Rehabilitation Programme, in 2002, for EUR 50,000,000 with particular emphasis on peace building and reconciliation, with major support being given to the Somali National Reconciliation Conference.
● The 5th Rehabilitation Programme, in 2003, for EUR 100,000,000 abiding by the EC Strategy but with priority shifts, in line with the country's specific needs in terms of the restoration of peace, governance and poverty reduction.
● The Somalia Recovery Programme, in 2006, worth EUR 70,000,000 which includes EUR 18,000,000 for EC flight operations into Somalia

In terms of EC aid delivery, as of April 2007, the EC was managing 74 projects funded through EDF, EC Budget Lines, and Italian co-financing (42 funded through EDF, 3 funded under Italian co-financing, and 29 funded under thematic budgets lines).

All DG ECHO operations are closely co-ordinated with SISAS. Between the EC Delegation and DG ECHO Regional Support Office, there is a regular Exchange of concept papers.

4.4. Risk assessment and assumptions

Perspectives and possible constraints:

Humanitarian conditions in Somalia may be compromised by several factors, of which the current political and security developments constitute the major one. Given that the aid community cannot rely on the Ethiopian troops, or on the TFG to ensure security, aid agencies may not exclude to be targeted by increasing terror tactics (and the use of remote control detonated bombs, car bombs etc.) and possibly the attempts of local authorities to interfere with the delivery of aid. The efforts of international agencies could be thwarted by, on the one hand, militia looting relief supplies, demanding "taxes" and violently threatening aid workers and, on the other hand, by unreasonable administrative obstacles imposed by the TFG. In this regard, the EC and the international community had already advocated the TFG in order to ensure the respect of humanitarian space and to ensure the security of humanitarian workers.

Following the recent fighting in Somalia, the current focus is on the reconciliation conference to be held in a month time. Although little "good will", combined with the mounting pressure on the Ethiopian government to withdraw from Somalia, might show that the current conflict will not be resolved.

The position and the perceived role of the international community in this situation is extremely fragile and it is imperative that humanitarian aid might be considered as neutral as possible. As such, one needs to be independent, neutral, and impartial, and clan balanced.

The presence of the African Union Peace Keeping forces is also no guarantee for safety and it may take some time before they will be deployed, allowing for the withdrawal of the Ethiopian troops. However, their respective roles are different. Ethiopia was a peace enforcing mission (of *de facto* occupation), whereas the AU will be seeking to keep a non-existent peace.

4.5. DG ECHO Strategy

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

It is DG ECHO's strategy is to address assistance affecting the humanitarian needs of the population of Somalia focusing on core issues, such as health, nutrition, food security, water and sanitation. Whereas some assistance will be given to some ongoing humanitarian interventions, a significant proportion of the assistance will support new interventions such as the needs of those displaced by the fighting in Mogadishu across the entire south of Somalia. The interventions will be in the central and southern areas of Somalia affected by civil strife and climatic hazard.

Specific objective(s):

1. To provide support for key basic social services in favour of general local vulnerable communities in Somalia

2. To provide multi sector support targeting new IDP caseloads

Non Food Items and Shelter: NFI kits including plastic sheeting will be provided to cover the needs of the 365,000 displaced populations resulting from the recent conflict in Mogadishu. In the most accessible and critical locations, there has already been some quite significant response to covering the needs of these communities. However, the sheer extent of the covered area affected by the mass displacement of Mogadishu has made it impossible ensure full cover. DG ECHO will mostly be focusing its assistance on the central areas, such as Galgadud, Hiran, and Gedo areas. The past shock waves, resulting from drought, floods and conflict, have each caused waves of temporary population displacement in excess of 250,000 people, many of whom have been displaced by each crisis. Unfortunately, mass population displacements are often witnessed in Somalia. Given the recent fall of Mogadishu and the changing dynamics of the crisis, there are likely to be further population displacements throughout the duration of the funding decision.

Health and Nutrition: Assistance will essentially target the urgent medical needs in and around Mogadishu, and areas in south Somalia where functional medical facilities provide essential medical services. Primary and secondary health care will be of the highest priority as well as providing outpatient services in both Mogadishu and other locations where operational aid agencies have established a presence. Disaster response support mechanisms will primarily focus on ensuring adequate coverage in response to the cholera outbreak, currently prevailing across the entire south of Somalia, as well as other unforeseen epidemics throughout the year.

The currently prevalent rates of malnutrition are stabilising. However, following the massive populations displacements, food insecurity and persistent cholera outbreaks across the same areas, will increase to critical thresholds. In some areas, assistance will be provided to support supplementary feeding to all under-5 children in some areas, as well as therapeutic feeding in Southern Somalia.

Food Security and Livestock: Support will be provided to complement EC Somalia Operations Unit livestock support with the training and support of community based animal health workers to vaccinate and treat animals against the main common prevailing animal diseases. The most significant diseases resulting from infections and tick borne diseases that contribute noticeably to weaken and impoverish livestock body conditions. Interventions would also include support for agricultural interventions where possible supporting the provision of seeds and tools, as well as irrigation systems and equipment wherever necessary.

Water and Sanitation: The past drought has substantially eased off its pressure on South Somalia with the current rains providing substantial quantities of water. DG ECHO will provide continued support for the recovery effort by rehabilitating and repairing existing water points in key areas that benefit human and livestock needs focusing, at best possible on areas of displaced communities. No new water points will be established, as this is considered to be counter productive to the current fragile environment. Only in exceptional cases and, as a last resort, would replacement of infrastructures be supported. Public health, hygiene and nutritional education would be an essential component complementing water activities.

Co-ordination: Continued support will also be provided to the UN Co-ordination system through OCHA focusing on Internally Displaced Persons with support for the Protection Group and co-ordinating emergency aid through the Response Group. All the other aid co-ordination bodies focus on the co-ordination of development aid and the peace process.

These different components would include the "cross-cutting" issues of LRRD, child related assistance and water, which feature as DG ECHO priorities.

4.6. Duration

The duration for the implementation of this decision will be 15 months as from 1 July 2007 in order to provide a coherent framework for action in Somalia, where the scale and complexity of the humanitarian crisis is such that it seems likely to continue.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible as from 1 July 2007.

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 itself the right to terminate the agreements signed with the implementing humanitarian organizations 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 procedure 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: EUR 10,000,000

4.7.2. Strategic Programming Matrix for the Global Plan

Principal objective	*To assist the victims of continuing insecurity and climatic hazards in Somalia*				
Specific objectives	**Allocated amount (EUR)**	**Geographical area of operation**	**Activities proposed**	**Expected outputs / indicators**	**Potential partners**
Specific objective 1: To provide support for key basic social services in favour of general local vulnerable communities in Somalia	6,000,000	Countrywide	Support the provision of health services to medical facilities in Mogodishu and health posts throughout South Somalia.; Support for therapeutic and supplementary feeding programmes Banadir, Gedo, Bay Bakool	Maintained/improved access to health care coverage with quality indicators such as cure rates, mortality, and mortality and morbidity trends for impact. Improved nutritional status of treated Under 5s and local populations through treatment centres and increased screening and coverage rates.	- ACF-F - ADRA-D - CARE-NL - CONCERN-IRL - COOPI-I - COSV-I - ICRC-CICR-CH - OXFAM-UK - SC-UK - SOS-K-A - SOLIDARITES-F - ISLAMIC RELIEF-UK - MDM-F - UN-FAO - UN-OCHA - UN-UNICEF - NRC
Specific objective 2: To provide multi sector support targeting new IDP caseloads	4,000,000	Countrywide	Support the rehabilitation of water points and sanitation facilities combined with Public Health and Hygiene Education throughout South and Central Somalia; Vaccinate and treat up to approx 1,000,000 head of cattle; Support livestock agricultural interventions Provide integrated support to recent IDPs from Mogadishu, NFIs, water trucking, and mobile health teams. Support the co-ordination of mapping of IDPs in South and Central Somalia.	Improved access to safe water in quantity, quality, management and utilisation, as well as increased access, and reduction in incidents of water related disease. Maintaining core livestock ratios food production, and support Community Animal Health Outreach Workers, as well as increase LRRD with EC Somalia Operation Improved and stabilized conditions of IDP caseload, reduced pressure on host communities, control of outbreak of cholera. Improved mapping and population movement tracking systems, identification of needs, reporting and co-ordination of response	
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	10,000,000				

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 DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights and 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 from:

http://ec.europa.eu/echo/evaluation/index_en.htm.

6. BUDGET IMPACT ARTICLE 23 02 01

Budget impact article 23 02 01	CE (EUR)
Initial available appropriations for 2007	485,000,000.00
Transfers Commission	-
Total available appropriations	**485,000,000.00**
Total executed to date (25 May 2007)	377,145,694.95
Available remaining	107,854,305.05
Total amount of the Decision	**10,000,000.00**

7. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at http://ec.europa.eu/echo/partners/index_en.htm.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.

8. ANNEXES

Annex 1: Statistics on the humanitarian situation in the Horn of Africa
Annex 2: Map of country and location of DG ECHO operations
Annex 3: List of previous DG ECHO operations
Annex 4: Overview of Donors' contributions
Annex 5: List of abbreviations

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

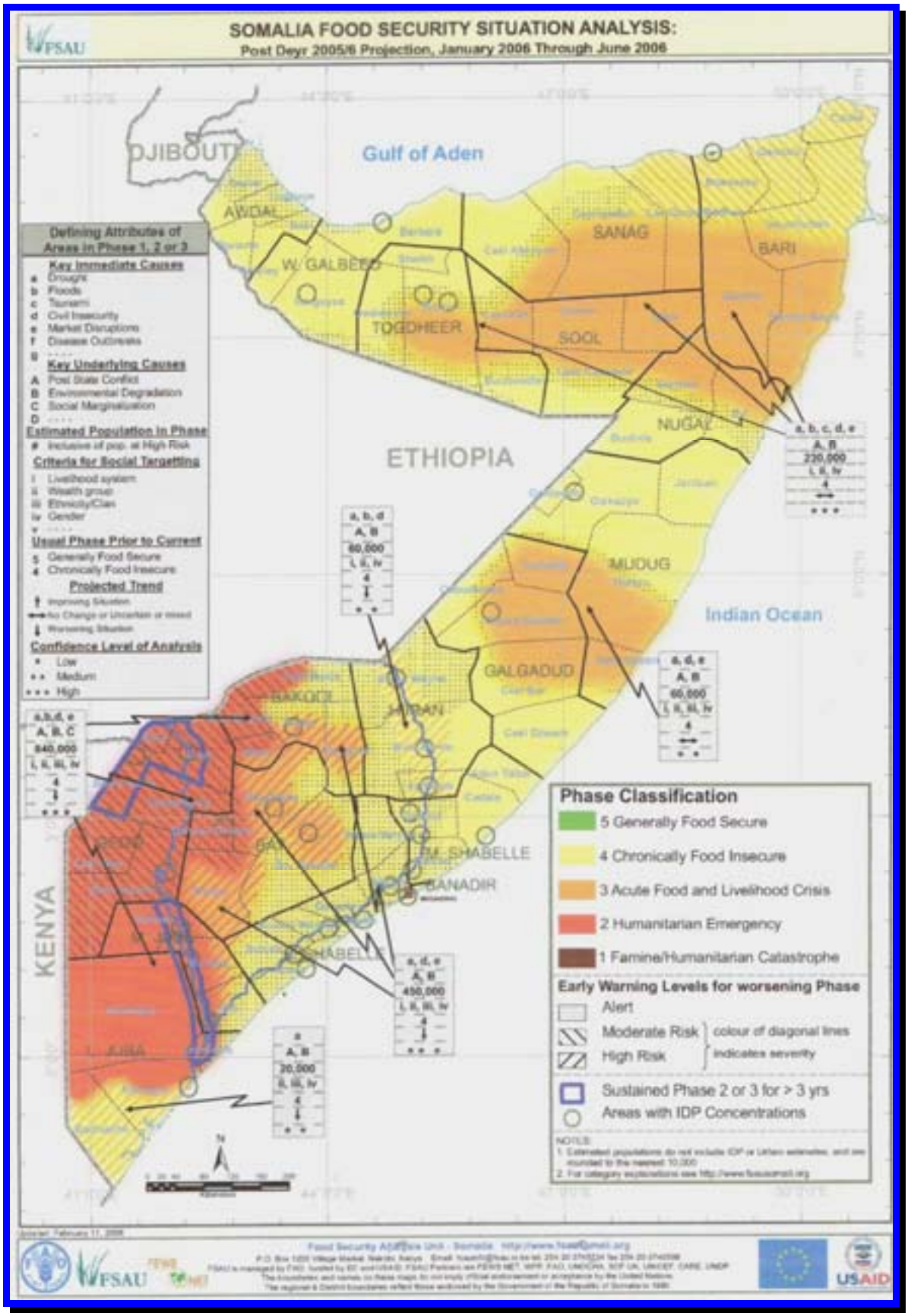
Global Index for Humanitarian Needs Assessment (GNA 2007)			I	II	III	IV	V	VI	VII	VIII
DG ECHO Humanitarian Aid Office GNA 2007			HDR 2005 UNDP **Human Development Index HDI**	HDR 2005 UNDP **Human Poverty Index HPI**	CRED **Natural Disasters**	UCDP+HIIK 2006 **Conflicts**	**Refugees + IDP + Returned / Total population**	UNICEF HDR2006 **Children under WEIGHT** for age as % of Total population	UNICEF HDR2006 **Children Mortality Rate Under 5**	**OECD ODA / Capita**
Countries ranking including ODA		**2007**	**2005**		**July 2006**	**2004-06**		**1996-2004**	**2004**	
Rank	**Country**	**Average**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**	**Score**
17	***Djibouti***	**2,25**	3	2	2	0	4	2	3	1
8	***Eritrea***	**2,44**	3	2	0	0	4	3	2	2
5	***Ethiopia***	**2,44**	3	3	0	1	2	3	3	2
32	***Kenya***	**2,31**	3	2	2	0	4	3	2	2
4	***Somalia***	**2,81**	-	3	1	3	5	3	3	2
8	***Sudan***	**2,44**	2	2	0	3	6	2	2	3
17	***Uganda***	**2,44**	2	2	2	3	5	3	3	2

Key:			***Score parameters1:***
			GNA average
3	high need	>	2,0
2	medium need		
1	low need	<	1,0
0	No need		

Key:			***Score parameters2:***
			IDPs & Refugees / Total population
6	high need	>	5%
5		>	1,7%
4	medium need	>	0,4%
3		>	0,17%
2	low need	>	0,06%
1		>=	0,005%
0	no need	<	0,005%

Source: The draft DG ECHO Global Index for Humanitarian Needs Assessment 2007. The information used in the GNA comes from OECD, CRED, HIIK and UN organizations. It complements needs assessments at field level. The above table reflects the global humanitarian situation in these countries in a comparative perspective across eight aggregated indicators. It draws on data collected by international organizations 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 sub national 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. However, the scale for indicator five ranks from 0 (no need) to 6 (high need) providing a more detailed ranking of needs.

Annex 2: Map of country and location of DG ECHO operations



Annex 3: List of previous DG ECHO operations

List of previous DG ECHO operations in Somalia				
		2005	2006	2007
Decision Number	Decision Type	EUR	EUR	EUR
ECHO/SOM/BUD/2005/01000	Global Plan	9,000,000		
ECHO/SOM/BUD/2006/01000	Global Plan		10,000,000	
ECHO/SOM/BUD/2007/01000	Emergency			4,000,000
	Subtotal	9,000,000	10,000,000	4,000,000
	Grand Total	23,000,000		

Dated : 16 May 2007
Source : HOPE

Annex 4: Overview of Donors' contributions

Donors in Somalia the last 12 months

1. EU Members States (*)	EUR	2. European Commission	EUR	3. Others(***)	EUR
		DG ECHO (**)	15,428,571	Norway	1,190,765
Austria		Other services		USA	14,581,618
Belgium	600,000			CERF	4,169,852
Bulgaria				UNICEF	1,035,294
Cyprus				Japan	2,205,588
Czech republic					
Denmark	2,054,908				
Estonia					
Finland	4,800,000				
France	483,700				
Germany	11,450,717				
Greece	50,000				
Hungary					
Ireland	6,502,021				
Italy	3,072,200				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	8,219,778				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	1,645,991				
Sweden	6,591,486				
United kingdom	10,511,839				
Subtotal	55,982,640	Subtotal	15,428,571	Subtotal	23,183,117
		Grand total	94,594,328		

Dated : 16 May 2007
(*) Source : DG ECHO 14 Points reporting for Members States. https://hac.ec.europa.eu
(**) Includes the Global Plan 2006 (EUR 10 M) and the Somalia component of the Regional Drought Emergency Decision adopted in 2006 (EUR 1.4 M).
(***) source FTS 2007
Empty cells means either no information is available or no contribution.

Annex 5: List of Abbreviations

ACF	Action Contre la Faim
ADRA	Adventistische Entwicklungs- und Katastrophenhilfe e.V. (DEU)
ARI	Acute Respiratory Infections
CAP	Consolidated Appeals Process
CARE	Stichting CARE Nederland
CONCERN	Concern Worldwide (Irl)
COOPI	Cooperazione Internazionale (Ita)
COSV	Comitato di Coordinamento delle Organizzazioni per il Servizio volontario (Ita)
DG DEV	Directorate General for Development
DG ECHO	Directorate General for Humanitarian Aid
DPT3/OPV3	Diptheria, Pertussis, Tetanus/Polio vaccination
EC	European Commission
ECSO	European Commission Somalia Operation
ECSU	European Commission Somalia Unit
EDF	European Development Fund
ENDF	Ethiopian National Defence Force
EPI	Extended Programme of Immunisation
FSAU	Food Security Analysis Unit
GAM	Global Acute Malnutrition
HDI	Human Development Index
HDR	Human Development Report
ICU	Islamic Courts Union
ICRC	International Committee of the Red Cross
IDP(s)	Internally Displaced Person(s)
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother and Child Healthcare
MDM	Médecins du Monde (FR)
MSF	Médecins Sans Frontières
NGO	Non Governmental Organisation
NRC	Norwegian Refugees Council
SACB	Somalia Aid Coordination Body
SAM	Severe Acute Malnutrition
SC-UK	Save the Children – UK
SISAS	Strategy for the Implementation of Special Aid to Somalia
SOS-K-A	SOS Kinderdorf - Austria
TFP/G/I	Transitional Federal Parliament / Government / Institutions
UN	United Nations
UNDP	United Nations Development Programme
UN - FAO	Food and Agriculture Organization
UNICEF	United Nations Children's Fund
UNOSOM	United Nations Operation in Somalia
UN - OCHA	Office for the Co-ordination of Humanitarian Aid