



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels
C(2008) XXX final

COMMISSION DECISION

of

**on the financing of emergency humanitarian Actions from the general budget of the
European Communities in SOMALIA
(ECHO/SOM/BUD/2008/02000)**

COMMISSION DECISION

of

on the financing of emergency humanitarian Actions from the general budget of the European Communities in SOMALIA (ECHO/SOM/BUD/2008/02000)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC, Euratom) No.1257/96 of 20 June 1996 concerning humanitarian aid¹, and in particular **Article 2(a)** and Article 13 thereof,

Whereas:

- (1) The number of people considered to be in a humanitarian emergency situation continues to increase in Somalia, notably in the drought stricken central regions of central, Hiran and Bakool, due to yet another failure of the rainy season being the fourth consecutive failure in a row.
- (2) Recent assessments concluded that the total number of people in need of humanitarian assistance will reach 3,245,000 by the end of 2008, representing a 77% increase of the affected population since January of the same year.
- (3) In particular, due to a combination of factors including insecurity, drought, currency devaluation and commodity price increases, the food security situation is deteriorating in most parts of Somalia at an accelerated pace. Furthermore, the CAP (Consolidated Appeals Process) update issued by UNOCHA on 09 October 2008, shows that key sectors like Health/nutrition and Water/Sanitation still remain heavily under-funded.
- (4) To reach populations in need, emergency aid may be channelled through Non-Governmental Organisations (NGOs), or International Organisations including United Nations (UN) agencies. Therefore, the European Commission may implement the budget by direct centralized management or by joint management;
- (5) Humanitarian aid Actions financed by this Decision should be of a maximum duration of 6 months.
- (6) It is estimated that an amount of EUR 7,797,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to over 2,000,000 displaced persons and local populations, taking into account the available budget, other donors' contributions and other factors.
- (7) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by

¹ OJ L 163, 2.7.1996, p. 1.

² OJ L 248, 16.9.2002, p.1.

Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the Internal Rules on the Implementation of the general budget of the European Communities⁴.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 7,797,000 for emergency humanitarian aid Actions to provide the necessary assistance and relief to over 2,000,000 people in Somalia by using article 23 02 01 of the 2008 general budget of the European Communities.
2. In accordance with Article 2(a) of Council Regulation No.1257/96, the humanitarian Actions shall be implemented in the pursuance of the following specific objective:
 - To provide timely and adequate humanitarian assistance in favour of the most affected vulnerable populations in Somalia

The full amount of this Decision has been allocated to this specific objective.

Article 2

1. The implementation of humanitarian aid Actions funded by this Decision shall have a maximum duration of 6 months from their starting date.
2. Expenditure under this Decision shall be eligible from 9 October 2008
3. If the Actions envisaged in this Decision are suspended owing to force majeure or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the humanitarian aid Actions.

Article 3

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.
2. Actions supported by this Decision will be implemented either by:
 - Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96;
 - Or by International organisations
3. Taking account of 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.

Article 4

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

³ OJ L 357, 31.12.2002, p.1.

⁴ Commission Decision of 5.3.2008, C/2008/773

Done at Brussels

For the Commission
Member of the Commission



Emergency Humanitarian Aid Decision
23 02 01

Title: Emergency Decision to assist vulnerable populations in Somalia in dealing with the effects of extreme drought cycles, conflict and elevated food prices

Location of Action: SOMALIA

Amount of Decision: EUR 7,797,000

Decision reference number: ECHO/SOM/BUD/2008/02000

Supporting Document

1 - Rationale, needs and target population.

1.1. - Rationale :

The FSAU (Food Security Analysis Unit) and FEWSNET's (Famine Early Warning System Network) recent assessment of the post Gu 2008 season (long rains), have concluded that the total number of people in need of humanitarian assistance projected until the end of the year are likely to reach 3,245,000 people, representing a 77 % increase of the affected population since January 2008. This is 43% of the entire estimated population.

The number of people considered to be in a humanitarian emergency situation continues to increase, notably in the drought stricken regions of central, Hiran and Bakool, due to yet another failure of the rainy season being the fourth consecutive season in a row.

The failure of the 2008 Gu crop, has resulted in a critical food supply position. The humanitarian situation is rapidly deteriorating due to a combination of increasing food prices, a significant devaluation of the Somali Shilling, disruption of internal markets and internal trade, and mounting civil insecurity. Across Somalia, prices for imported and locally produced cereals have increased, in real terms, by 110 to 375%.

The effects of past outbreaks, mass displacement of people, and continued conflict are likely to be very significant. Poor access to health care, with on average 50% of children reporting an illness prior to assessment, poor dietary intake and lack of diversity, poor sanitation and

hygiene practices, as well as the recent influx of IDPs (Internally Displaced People) and a general mortality rate at alert levels are all compounding the problem. These factors are all severely undermining economic activity and the delivery of humanitarian aid, thus contributing to the overall deterioration in the humanitarian situation. Should there be no change in Somalia's current context, all trends and indicative data point to a worsening situation.

Despite the increased humanitarian effort to mitigate the effects of failed harvests and global food price increases, the food security situation which has affected Somalia as well as the entire Horn of Africa, has continued to be alarming. Already in July 2008, alarmed by the situation, members of the Regional Humanitarian Partnership Team in Nairobi¹ called upon governments in the region and all humanitarian partners including donors to act promptly to save lives and prevent an escalation of the crisis.

On 16 July, U.N. and cooperating relief agencies released the revised 2008 Consolidated Appeal Process (CAP) totalling USD 641,000,000 for Somalia, representing a 57 % increase from the original USD 406,000,000 announced in December 2007. However, a recent update dated 09 October 2008, issued by UNOCHA Somalia has also shown that, even though the CAP was 65% funded, some key sectors like Health/nutrition and Water/Sanitation still remain heavily underfunded. The UN agency highlights the need for urgent and innovative short, medium, and long-term responses to the crisis.

Through this funding Decision, DG ECHO² proposes specific targeted responses to meet the humanitarian needs of the most vulnerable populations. The interventions are life-saving ones.

In total, more than 2,500,000 people in the country are in need of immediate humanitarian assistance for the next three to six months.

1.2. - Identified needs

Food Aid, Food security and Livestock: The overall food security situation in most parts of Somalia is deteriorating at an accelerating pace due to a combination of factors, such as:

- i) Insecurity. The increased fighting in many areas in South and Central Somalia, notably Mogadishu and Belet Weyne, have resulted in a massive displacement of people³, destroying livelihoods and imposing an increased burden on host communities; the overriding major concern is that many people cannot access or buy the food available on the market⁴ as it is too expensive;
- ii) Disruption to livelihoods and consequences of increased commodity prices⁵ (requiring food aid imports), which have already reached a record historic level, have heavily eroded people's purchasing power⁶;
- iii) Continuing currency devaluation⁷;

¹ The Regional Humanitarian Partnership Team is comprised of United Nations regional humanitarian agencies, non-governmental organizations and the Red Cross family.

² Directorate General for Humanitarian Aid – ECHO

³ The number of IDPs is still increasing. The major port city of Kismayo fell to the Islamists recently adding an additional 35,000 IDPs on top of an additional recent 80,000 IDPs fleeing Belet Weyne. The only town now in the whole central south still under the control of the TFG is the town of Baidoa.

⁴ There is an estimated 72,000 to 150,000 MT of stock surplus in Somalia, which is by large inaccessible to the estimated population affected by a humanitarian aid emergency. Although cereal production in Bay and parts of Shabelle regions is expected to help mitigate some of the food access constraints for farming communities, its overall impact on food prices will not be significant.

⁵ High fuel prices are contributing to increasing water prices which are now between 300 to 1,000 % higher than normal levels. Normally 10,000 Somali Shilling can buy a 200 lt. barrel of water. It now costs 30,000-100,000 Somali Shillings.

⁶ More and more people, from both rural and urban, are falling into what is defined as Acute Food and Livelihood Crisis (AFLC) and Humanitarian Emergency (HE).

- iv) Drought stricken regions of the food basket regions of Central, Hiran and Bakool due to largely failed rains for the fourth consecutive season resulting in a below normal Gu cereal production.

The effect of the above is that poor and middle income households become severely indebted, leading them to adopt extreme coping strategies, such as skipping meals, begging, sale of productive assets, and out migration.

Livestock body conditions, productivity and value have plummeted, while pack animals and small ruminants are dying. Most pastoralists have no export quality animals remaining and are resorting to selling breeding animals, in a desperate attempt to meet skyrocketing water and food prices. Buying on credit is limited due to high debt levels caused by prolonged drought. Severe shortages of water and pasture are leading to a large migration of livestock and people - affecting up to 50% of the pastoral settlements – who are now concentrating around permanent water sources.

A combination of approaches (Food Aid and emergency food security and livelihood based interventions) is needed in order to mitigate the situation and address main humanitarian needs.

Water: Access to safe water and proper sanitation remains one of the overriding key issues affecting the people in South Somalia. Water is a sadly 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 just simply 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 20.22%⁸ of the population of central and southern Somalia is estimated to have access to sufficient, safe drinking water.

Much of the ground water aquifer supplying boreholes has 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 very distant water sources. Many opportunistic open water sources are subject to widespread contamination due to unhygienic drawing and storage practices as well as the proximity of livestock herds accessing the same water in an unprotected manner.

Sanitation: Approximately 20% of households in Somalia practice safe means of excreta disposal. Otherwise, defecation is in the open scrubland as well as in urban areas in close proximity to dwellings, cooking areas and water resources. The impact and effect on the environment can be particularly noted in any town, village, hamlet or settlement which gathers a group of people in close proximity to another. The effects of this, when combined with a lack of garbage collection in an urban environment, are particularly potent for human and animal health.

Inadequate water and lack of proper sanitation in the whole of Somalia have resulted in high levels of mortality among IDPs (Internally Displaced People) and other vulnerable

⁷ The last 6 months has seen the exchange rate to the USD dollar decline from 24,000 to 38,000 KES/USD. The Somali shilling has depreciated 150% since January 2007

⁸ United Nations Somalia Consolidated Appeals 2008

communities. Competition and overcrowding around water sources persist throughout Somalia, and improving access to safe water remains a major mitigation factor in conflicting resolution. An acute watery diarrhoea/cholera outbreak in 2007 (over 37,000 reported cases and over 1,100 deaths in a span of 6 months) confirmed the cholera outbreak is still endemic in Somalia and should be addressed adequately to avert future outbreaks.

Health and malnutrition: There is still only very modest support being given to the health sector in Somalia due to a limited number of specialised health NGOs⁹. Nevertheless, support is required in favour of improving access 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. With 0.4 doctors and 2.8 nurses per 100,000 people, Somalia shows some of the world's worst health indicators. Infant mortality, acute and chronic malnutrition and maternity mortality are all high. The HIV prevalence rate for adults 15 – 49 is estimated at 1.4 % (2004) while TB is at 460/100,000 (2000).

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, Rift Valley Fever (RVF) and Kala Azar, all posing an added major health risk to the Somali people. As such, support needs to be provided to rapid reaction mechanisms in favour of responding to sudden onset outbreaks.

Other causes of mortality and morbidity are vaccine preventable infections, such as measles and meningitis. There has not been an Extended Programme of Immunization (EPI) for the past 17 years covering the needs of Somalia, and as such the coverage rates remain very low for measles and Diphtheria/Pertussis/Tetanus vaccine (DPT3). However, there are significant variations among different regions and districts of Somalia, with the south having the least coverage.

Emergency levels of acute malnutrition continue to be reported in many parts of South and Central Somalia.

Based on the findings from the surveys conducted in 2008, an estimated 180,000 children are believed to be acutely malnourished of which a very limited number have access to nutrition centres. This number reflects that approx. 1 in 6 of all children under the age of 5 in Somalia is malnourished and this reflects an increase of 11 % over the last six months.

The above is confirmed by recent nutrition reports indicating a doubling of the caseload of severely malnourished children that are admitted to nutrition centres run by aid agencies. The IDPs and the rural communities were assessed separately and the findings indicate that:

- a) The Median IDP GAM¹⁰ rate is 20.8% and SAM¹¹ is 1.45%
- b) The Median rural GAM rate is 18.4% and SAM is 2.8%

⁹ Non Governmental Organisation

¹⁰ Global Acute Malnutrition

¹¹ Severe Acute Malnutrition

The trend in malnutrition will continue to deteriorate in line with the current situation. Malnutrition rates have, are and will remain a consistent critical concern as they have been doing for the past 12 years.

Finally, violence is one of the most visible contributing factors to morbidity and premature mortality and disability (physical and mental). In 2007, the two surgical referral hospitals in Mogadishu treated more than 4,000 Somalis who had been wounded in the conflict – twice the number of war-wounded admitted to the two hospitals in 2006. One third of these were women and children under 15 years of age.

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.

1.3. - Target population and regions concerned :

The population that is particularly vulnerable is the following:

Affected Population*	Number	% of total population
Urban population in AFLC** and HE**	705,000	9%
Rural population in AFLC and HC	1,395,000	19%
New IDPs – updated as of August	870,000	12%
Protracted (old) IDPs	275,000	4%
Estimated total population in crisis	3,245,000	43%

* **Source: FSAU 2008**

** **Note: AFLC (Acute Food and Livelihood Crisis); HE (Humanitarian Emergency)**

76% of the affected population identified in above table is located in the Central South of the country, as follows:

- i) 60% of the 3.24 million people are located in the South
- ii) 16% are located in the central regions

1.4. - Risk assessment and possible constraints :

The security and safety of affected communities and aid workers trying to assist in the delivery of humanitarian aid is by far the major concern.

Humanitarian space is drastically shrinking and many agencies are trying not to pull out or suspended operations despite the critical nature of the situation and the deteriorating security situation, with killing and kidnapping of aid workers affecting both expatriate and local staff¹².

¹² ¾ of Somalia is identified as an area under extreme risk of insecurity as a result of:

- a) 150-200 security incidences overall a month, of which 126 involving humanitarian aid agencies since the start of the year.
- b) 19 aid workers abducted of which 10 still being held. All releases made have been on the back ransom payments with the exception of two;
- c) 29 aid workers killed in either cross fire or directly targeted, of which 4 internationals.
- d) 10 aid workers wounded of which 4 internationals
- e) In excess of 30 ships have been hijacked off the coast of Somalia since January.

The above is having a huge impact on the second biggest constraint faced by aid agencies in Somalia of limiting the absorption / implementation capacity of already stretched partners. The security situation is preventing aid agencies from scaling up activities adequately to meet the needs of the escalating crisis and their ability to undertake accurate field assessments.

Humanitarian organisations are also particularly concerned that humanitarian issues are being included in the political agenda and argue that this is having a negative impact on the perception of their neutrality and impartiality, in turn increasing the security threats facing aid workers.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives :

Principal objective:

To ensure adequate and timely humanitarian assistance for vulnerable populations affected by drought, conflict and elevated food prices.

Specific objective:

To provide timely and adequate humanitarian assistance in favour of the most affected vulnerable populations in Somalia

2.2. - Components :

DG ECHO's strategy within this emergency Decision is to address assistance affecting the humanitarian needs of the population of Somalia with a focus on the core issues of health/nutrition, food security, support to IDPs, and water and sanitation.

Most of the assistance is meant to reinforce ongoing humanitarian interventions, addressing the extreme, chronic vulnerability of target communities and channelled through key DG ECHO partners, like ICRC (International Committee of the Red Cross) and/or NGOs.

The geographical focus of these targeted interventions will be the central and southern areas of Somalia affected by civil strife and climatic hazard.

In order to provide appropriate and adequate emergency humanitarian assistance to targeted vulnerable households, DG ECHO support will include the following activities:

Food Aid, Food Security and Livestock: Assistance will be provided to support the critical, unforeseen emergencies related to gaps in the provision of food aid, combined with support (i.e. cash and/or livelihood based interventions) to cover access to food and the protection of livelihood assets so as to prevent their depletion. 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, to assist with early recovery wherever possible.

Non Food Items (NFI) and Shelter: Continued massive displacement from Mogadishu and Belet Weyne, as well as tension building up in Puntland and Somaliland would result in the requirement of NFI kits including plastic sheeting to be provided. There has already been some quite significant response to covering the needs of the displaced, but as the security situation remains highly volatile, communities are being regularly displaced.

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 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 extremely high and, with the current situation, they will be increasing. Massive population displacements, food insecurity and persistent cholera outbreaks across the same areas and insecurity affecting livelihoods 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 where access is possible.

Water and Sanitation: Water is in constant shortage for the communities in these arid lands when aggravated by droughts, such as in the recent past, putting substantially more pressure on rural communities in Somalia. DG ECHO will provide continued support for the maintenance and running of key existing water points benefiting both human and livestock needs. The focus will be on areas of displaced communities, and no new water points will be established, unless for life saving reasons in exceptional cases, and as a last resort.

These different components would include the “cross-cutting” issues of LRRD (Linking Relief Rehabilitation and Development), child related assistance and water, which feature as DG ECHO priorities.

The current Emergency Decision will complement four other 2008 financing Decisions (see Annex 4), namely the Global Plan, the Food Aid and the Regional Drought Decisions. The Food Aid funding Decisions (Global and Regional Emergency decision), essentially concentrates on food assistance and emergency food security interventions. The Regional Drought Decision, covering the Horn of Africa region (Kenya, Uganda, Djibouti, Eritrea, Ethiopia and Somalia) for EUR 30,000,000, will include some support to areas particularly sensitive to drought in Somalia. The Global Plan funding decision of 13,000,000 is supporting a multi-sector assistance programme, focussing on Central and South Somalia regions.

In order to maximise the impact of the humanitarian aid for the victims, the Commission will maintain a DG ECHO support office located in Nairobi. This office will appraise project proposals, co-ordinate and monitor the implementation of humanitarian Actions financed by the Commission. The office will provide technical assistance capacity and the necessary logistics for the achievement of these tasks.

3 - Duration expected for Actions in the proposed Decision:

The duration of humanitarian aid Actions shall be 6 months. Expenditure under this Decision shall be eligible from 1 October 2008. If the implementation of the Actions envisaged under 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 Actions.

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 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 procedure established in the general conditions of the specific agreement will be applied.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous DG ECHO operations in SOMALIA

Decision Number	Decision Type	2006 EUR	2007 EUR	2008 EUR
ECHO/-HF/BUD/2006/01000 (*)	Emergency	0		
ECHO/-HF/BUD/2006/02000 (*)	Non Emergency	0		
ECHO/SOM/BUD/2006/01000	Global Plan	10,000,000		
ECHO/-AF/EDF/2007/01000 (*)	Non Emergency		0	
ECHO/-FA/BUD/2007/02000 (*)	Non Emergency		4,000,000	
ECHO/SOM/BUD/2007/01000	Emergency		4,000,000	
ECHO/SOM/BUD/2007/02000	Global Plan		10,000,000	
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency			14,000,000
ECHO/-FA/BUD/2008/03000 (**)	Emergency			9,000,000
ECHO/-HF/BUD/2008/01000 (***)	Non Emergency			2,100,000
ECHO/SOM/BUD/2008/01000	Global Plan			13,000,000
	Subtotal	10,000,000	18,000,000	38,100,000
	Grand Total	66,100,000		

Dated : 27 October 2008

Source : HOPE

(*) decisions with more than one country

(**) Decision under modification before the end of 2008; estimated share for Somalia

(***) Estimated share from cross border grant agreements

5 - Overview of donors' contributions

Donors in SOMALIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	100,000	DG ECHO	42,000,000		
Belgium	1,700,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	6,512,104				
Estonia					
Finland	3,100,000				
France	860,297				
Germany	6,864,126				
Greece	220,000				
Hungary					
Ireland	6,482,578				
Italy	2,050,000				
Latvia					
Lithuania					
Luxemburg	853,000				
Malta					
Netherlands	12,852,956				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	2,466,808				
United kingdom	24,866,577				
Subtotal	68,928,446	Subtotal	42,000,000	Subtotal	0
		Grand total	110,928,446		

Dated : 30 October 2008

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

6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 10,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To ensure adequate and timely humanitarian assistance for vulnerable populations affected by drought, conflict and elevated food prices.</i>			
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Potential partners¹³
Specific objective 1: To provide timely and adequate humanitarian assistance in favour of the most affected vulnerable populations in Somalia	7,797,000	Somalia	<ul style="list-style-type: none"> - ACF - FRA - ADRA - DEU - CARE NEDERLAND (FORMER DRA) - CONCERN WORLDWIDE - COOPI - COSV - MILAN - DRC - FAO - ICRC-CICR - ISLAMIC RELIEF - MDM - FRA - MERLIN - NORWEGIAN REFUGEE COUNCIL - NOVIB - OCHA - OXFAM - UK - SAVE THE CHILDREN - UK - SOLIDARITES - SOS KINDERDORF INT. - UNICEF - WFP-PAM - WORLD VISION DEU
TOTAL:7,797,000			

¹³ ACTION CONTRE LA FAIM, (FR), Adventistische Entwicklungs- und Katastrophenhilfe e.V., COMITATO DI COORDINAMENTO DELLE ORGANIZZAZIONI PER IL SERVIZIO VOLONTARIO (ITA), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CONCERN WORLDWIDE, (IRL), COOPERAZIONE INTERNAZIONALE (ITA), DANSK FLYGTNINGEHAELP, ISLAMIC RELIEF WORLDWIDE, MEDECINS DU MONDE, MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), NORWEGIAN REFUGEE COUNCIL (NOR), Nederlandse Organisatie voor Ontwikkelingssamenwerking, OXFAM (GB), SOLIDARITES, (FR), SOS-KINDERDORF INTERNATIONAL (AUT), Stichting CARE Nederland, THE SAVE THE CHILDREN FUND (GBR), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, WORLD FOOD PROGRAM, WORLD VISION, (DEU)

7 - Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid the Commission is required to "regularly assess humanitarian aid Actions financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." 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, 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://ec.europa.eu/echo/evaluation/index_en.htm

8. 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/policies/evaluation/introduction_en.htm.

For International Organisations identified as potential partners for implementing the Decision, actions will be managed under joint management.

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.