COMMISSION OF THE EUROPEAN COMMUNITIES



Brussels C(2009) XXX final

COMMISSION DECISION

of

on the financing of humanitarian Actions from the general budget of the European Communities in the Iraqi crisis (ECHO/-ME/BUD/2009/02000)

COMMISSION DECISION

of

on the financing of humanitarian Actions from the general budget of the European Communities in the Iraqi crisis (ECHO/-ME/BUD/2009/02000)

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 aid¹, and in particular Article 2, Article 4 and Article 15(2) thereof: Whereas:

- (1) The level of violence in Iraq, although on a decreasing scale in 2008, remains too high for the majority of hundreds of thousands of Internally Displaced People (IDPs) and refugees to return in great numbers to their areas of origin;
- (2) The basic needs of the IDPs and the most vulnerable population in Iraq remain high in terms of protection, basic health care, food and water and sanitation;
- (3) Also the resources of the refugees living in neighbouring countries, mainly Syria and Jordan, start to be depleted in the absence of working perspective, and this population is more than ever in needs of basic support to survive and cope with the trauma of displacement;
- (4) A coordinated approach amongst the numerous actors intervening in an extremely unsecure context such as Iraq remains more than ever a priority to ensure an appropriate and effective response to the most vulnerable population's needs.
- (5) To reach populations in need, aid should be channelled through Non-Governmental Organisations (NGOs), International Organisations including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralized management or by joint management;
- (6) For the purposes of this Decision, the Middle East countries involved are Iraq, Syria, Jordan, Turkey, Lebanon, Egypt and Iran;
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the Community for a period of 18 months;
- (8) It is estimated that an amount of EUR 20,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian

1

OJ L 163, 2.7.1996, p. 1.

assistance to the most vulnerable victims of the Iraqi crisis, including Internally Displaced People and refugees, taking into account the available budget, other donors' contributions and other factors. The activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation;

- (9) 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 Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁴.
- (10) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on **26 March 2009**,

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 20,000,000 for humanitarian aid Actions for the vulnerable population affected by the crisis in Iraq by using budget article 23 02 01 of 2009 general budget of the European Communities.
- 2. In accordance with Articles 2 and 4 of Council Regulation No.1257/96, the humanitarian Actions under this Decision shall be implemented in the pursuance of the following specific objectives:
 - To provide protection and relief to refugees, internally displaced people and other vulnerable populations affected by the Iraqi crisis.

An amount of EUR 19,400,000 is allocated to this specific objective.

- To support coordination in order to ensure an adequate, timely and needs based humanitarian response for the victims of the crisis.

An amount of EUR 600,000 is allocated to this specific objective.

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.

² OJ L 248, 16.9.2002, p.1.

³ OJ L 357, 31.12.2002, , p.1.

⁴ Commission Decision of 5.3.2008, C/2008/773

Article 3

- 1. The duration for the implementation of this Decision shall be for a maximum period of 18 months, starting on 1 April 2009.
- 2. Expenditure under this Decision shall be eligible from 1 April 2009.
- 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 implementation of this Decision.

Article 4

- 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 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 5

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

Done at Brussels

For the Commission Member of the Commission



Humanitarian Aid Decision 23 02 01

<u>Title:</u> Humanitarian aid for the vulnerable population affected by the crisis in Iraq

Location of Action: Middle East

Amount of Decision: EUR 20,000,000

Decision reference number: ECHO/-ME/BUD/2009/02000

Supporting Document

1 - Rationale, needs and target population.

1.1. - <u>Rationale</u> :

Since the 2003 war, the Republic of Iraq has been faced with a dire security situation characterized by sectarian violence and an ongoing asymmetric warfare, particularly after the attack on the Holy Shrine at Samara in February 2006. However since the middle of 2007 with the military surge of the Multi-National Force Iraq (MNF-I) against insurgents and militias (Sadr city in April-May 2008, Dyala governorate in July-August), violent incidents in Iraq have fallen. According to the United Nations, civilian casualty rates are down by 74% since August 2007, close to pre-Samara level⁵. Nevertheless Iraq remains a very dangerous country where civilians are killed on a daily basis. According to the International Non-Governmental Organisation (INGO) Iraq Body Count, between 90,000 and 98,000 civilians have been killed since 2003, including around 9,000 last year. The most notable reduction in violence took place in Baghdad. Most of these reductions have been attributed to declining intercommunal violence⁶. However, armed opposition groups still have the capacity to launch attacks and, in particular, continue to target the Iraqi security forces and prominent individuals. The security environnement remains particularly challenging in Mosul (Ninawa governorate) and Dyala governorate⁷.

The relative improvement of the security situation is leading to the progressive transfer of the security powers from the MNF-I to the Iraqi forces. The Iraqi forces have now taken over

⁵ Source: United Nations' Department of Safety and Security (UNDSS).

⁶ Iraq Body Count, 28 December 2008 (www.iraqbodycount.org).

⁷ Report of the UN Secretary General to the Security Council, 6 November 2008.

security responsibility from the MNF-I in most of the governorates and the agreement between the United States (US) and the Government of Iraq (GoI) on the withdrawal of US forces from Iraq by the end of 2011 at the latest (Status of Forces Agreement – SOFA) entered into force in 2009. Iraq formally took over responsibility for the International Zone in Baghdad in January 2009 as the MNF-I mandate expired. The Government of Iraq also took over the Republican Palace, previously used as a US embassy. Both highly symbolic events were interpreted by the authorities as "restoration of sovereignty" to Iraq.

Despite these positive developments, basic services such as water, sewage and electrical power remain insufficient due to destroyed or badly-maintained infrastructure. Unemployment and poverty levels are still high, and much of the population remains reliant on government food rations to cover immediate needs, although many families entitled to benefit from the public food distribution system are unable to do so for various administrative and other reasons.

Thanks to the decrease of violence, there were no massive displacements of population in 2008, although localised displacements happened following threats and crimes against Christian minorities in Mosul in October. Since July 2008, the number of displaced families is down to 200 per month, to compare with 15,000 per month in July 2006⁸. On the contrary, while an estimated 1.6 million individuals remain displaced in Iraq, return is growing, notably in Baghdad despite the fact that many houses have been destroyed and infrastructure is damaged⁹. The authorities encourage this return, offering financial compensation, in the range of IQD 500,000 (or EUR 300)¹⁰ to IDP families returning in another directorate, and IQD 250,000 (EUR 150) for families returning within the same directorate. According to UNHCR statistics, 195,240 IDPs (32,930 families) returned home in 2008¹¹. In 2009, IDP returns are expected to continue should the security context continue improving.

The most likely scenario retained in the 2009 Iraq Consolidated Appeal¹² is that, in a context where Iraq is gradually moving from crisis to fragile transition, the "*overall situation is likely to continue to be mixed. Although no widespread humanitarian crisis is foreseen, localised life-threatening crises are probable and will require swift but limited humanitarian response*". This assumption is translated in the financial appeal for Iraq reduced by 27.5 % compared to 2008. This trend is also followed by the International Committee of the Red Cross (ICRC). Their Iraq operation, which remains their second biggest in the world after Sudan with CHF 107.3 million in 2008, is down to CHF 97 million in 2009, i.e. a reduction by 11%.

<u>In neighbouring countries</u>, hundreds of thousands of Iraqi refugees are still living in difficult conditions. Although the authorities in Syria and Jordan, the two countries hosting the majority of refugees, estimate the number of 1.5 million refugees and 500,000 respectively, the number of refugees registered by UNHCR are much lower: As of the end of 2008, the total number of registered refugees in the region was 305,681 persons, with the following breakdown: Syria 224,343 persons; Jordan 52,656; Lebanon 10,208; Egypt 10,182; Turkey 8,292; Iran 4,943. It should be reminded that in the 2008 appeal, UNHCR was planning for approximately 384,000 registered refugees by the end of the year. It is also worth noting the

⁸ IDP Working Group update, September 2008.

⁹ IOM emergency needs assessments, monthly report, 1 January 2009.

¹⁰ 1 EUR = 1662 IQD in January 2009.

¹¹ UNHCR Iraq operation, Monthly statistical update on return-December 2008.

¹² CAP launched on 11 November 2008; Pillar I (Iraq) amounts to USD 192.3 million (to compare with USD 265 million for the 2008 CAP) and Pillar II (neighbouring countries) amounts to USD 365 million (there was no CAP for the neighbouring countries in 2008). Total Pillars I and II is USD 547.3 million. the document can be found in <u>http://www.humanitarianappeal.net</u>

decreasing trend in registration: 163,904 people registered in UNHCR offices in the region in 2007, and 101,326 in 2008. The month of December 2008 had the lowest number of new registrations since January 2007. In the region, there were 3,666 new registrations, out of which 2,517 in Syria and 373 in Jordan, and it is expected that this trend will continue in 2009, showing that, even if there is still an unknown number of unregistered refugees, the caseload is reaching its peak.

In parallel, resettlement to third countries has increased. 2008 has marked the submission of 32,716 Iraqis to various resettlement countries bringing up the total number of Iraqi submissions since the beginning of the Iraq operation to 54,028 persons; out of which 40,760 persons were submitted to the US alone. Resettlement countries have, as well, increased their quotas and new countries have emerged, such as France, Luxembourg and Germany, in response to UNHCR's appeal for Iraqi refugees. The US set a new target starting May 2008 and ending April 2009 to submit 26,800 Iraqi refugees for resettlement to the US.

Although needs assessments are limited and incomplete, feedback from DG ECHO¹³ partners suggests that, despite the generous hospitality of the host countries, which provide Iraqi refugees with access to public health and education services, more than two years of exile and the formal prohibition to work depleted the resources that many of the refugees managed to bring with them. In addition, refugees faced sharply rising prices for basic commodities, fuel and rent costs in 2008 and have more and more difficulties to cope with this protracted situation.

Returns back to Iraq occur from neighbouring countries, although the exact figure is not known. Proxy indicators¹⁴ suggest that a significant number of refugees has left the host countries, mainly from Syria. UNHCR policy for the moment, supported by donors, is not to encourage returns to Iraq given the security situation but to facilitate spontaneous individual requests. UNHCR assisted 3,751 persons to return in 2008 with cash assistance (up to USD 500) and travel allowance. The official number of refugee returns in 2008, according to GoI statistics, was 25,370 persons.

Since 2003, support to the Iraqi population is a priority for the European Commission, notably since the refugee crisis of 2006, with a total amount of EUR 785.3 million through the Development Cooperation Instrument (DCI) in addition to humanitarian aid.

- In 2009, following the gradual winding down of the International Reconstruction Fund Facility (IRFFI), EC assistance, with 2008 allocation, will be predominantly bilateral, in order to strengthen the capacity of the Iraqi institutions and to improve the quality of life of the population in the health and water and sanitation sectors (EUR 30.6 million).
- A EUR 6 million programme will create a protective environmement and facilitate durable solutions for returnees and IDPs, with a focus on shelter rehabilitation and community-based projects in local communities impacted by displacement and/or relocation.
- Outside Iraq, an amount of EUR 36 million will be used to finance four programmes in the sectors of water supply in Jordan (EUR 12 million), of education (EUR 14 million) and waste and medical waste management (EUR 10 million) in Syria, with the aim of helping these countries to share the financial burden of hosting the refugees.
- In addition, the Instrument for Stability is funding currently a programme assisting Iraqi female-headed households and victims of trafficking in Syria (EUR 1.5 million).

¹³ Directorate-General for humanitarian aid - ECHO

¹⁴ Number of school children enrolled in Syria dropped from 49,000 to 33,700 (source: Ministry of Education); also in Syria, no-show rates in food distributions and cash assistance are a constant feature continuing in 2009.

1.2. - <u>Identified needs</u> :

Protection and registration

<u>Within Iraq</u>, tens of thousands of people are held in custody by the Iraqi authorities and the MNF-I, and many families are still without news of relatives who went missing during past conflicts or since the start of the current hostilities¹⁵. Iraqi and MNF-I authorities held 50,595 detainees as of June 2008, with a peak at 56,320 at the end of March¹⁶. According to the United Nations' Mission in Iraq (UNAMI), many detainees have been deprived of their liberty for months or even years, often under precarious physical conditions, without access to defence counsel, or without being formally charged with a crime or produced before a judge. Continuous allegations of widespread torture and ill-treatment of inmates are of particular concern. Slow bureaucratic procedures, insufficient resources, degraded infrastructure and lack of effective accountability measures result in inordinate delays in processing detainees' cases. ICRC staff is visiting detainees held by the MNF-I and visit some of the places of detention under the responsibility of the Iraqi and Kurdish authorities. They are in continuous dialogue to gain access to all places of detention, with some success in 2008.

There are other communities at risk inside Iraq, either because they are trapped in conflict affected areas, because they have been displaced due to the conflict, or because they belong to religious minorities such as Christians (in Baghdad, in Mosul in October 2008). Some lack access to basic services such as health, water and sanitation, and education. The level of vulnerability varies among the population, and the humanitarian actors need to identify the most vulnerable communities in order to address protection problems. In this context, special attention will have to be paid to the caseload of Palestinian refugees (around 10,000), especially those in the three remote camps in Syria and Iraq.

Outside Iraq

In the absence of a census on the exact numbers of Iraqi refugees <u>in neighbouring countries</u>, the only reliable data are the ones available on the refugees registered by UNHCR. Also, in the absence of extensive needs assessments, the UNHCR database of registered refugees provides the only reliable information on the needs of the refugees. These persons have regular access to basic services by UNHCR and its implementing partners, including the possibility for resettlement for the most complicated cases.

Detention and refoulement cases are relatively rare, with the exception of Lebanon, where several hundred Iraqis were arrested and kept in prison, facing deportation due to lack of residence permits. UNHCR follow-up by protection officers is essential in order to prevent deportation and imprisonment. Sexual violence and human trafficking/prostitution are other elements of the protection crisis that the refugees from Iraq are faced with. In Syria alone, UNHCR has identified 700 survivors of sexual gender based violence in 2008 during the registration process, and is following women and adolescent girls in prison charged because of their involvement in prostitution acts and is supporting "safe houses" to accommodate women, mainly victims of sexual violence and prostitution.

¹⁵ Iraq, ICRC Emergency Appeals 2008.

¹⁶ UNAMI Human Rights Report (January – June 2008).

Water and sanitation

According to ICRC, 40% of the Iraqi households, mainly in the countryside and suburbs, are not connected to a water network. They must either buy water (USD 0.5 for 10 litres) or collect it from rivers and wells which are often polluted. People who do have piped water regularly experience problems owing to a chronic lack of maintenance and innumerable illegal connections to the network. Furthermore many Iraqis have to live with the health hazards of uncollected household waste and untreated sewage¹⁷. As a result, many people contract water-borne diseases, such as cholera. The number of cholera cases confirmed since the start of the outbreak in late August 2008, had reached 918 by December 2008, with 11 deaths and 47 % of cases among under-five children. Most of the new confirmed cases was reduced to zero cases by mid December. However, since cholera is endemic in Iraq, cases are reported sporadically. The prevention and response mechanisms of the GoI and its partners are believed to have improved in 2008. As a comparison, there were 4,696 registered cases and 24 deaths in the 2007 epidemic.

Food

Within Iraq, there are chronic patterns of food insecurity that are exacerbated by the conflict and the prevailing insecurity. However, according to a joint Government of Iraq/WFP Comprehensive Food Security and Vulnerability Assessment (CFSVA) conducted with the cooperation of UNICEF, FAO and WHO at the end of 2007, the number of people without adequate access to food fell dramatically from 4 million in 2005 to 930,000 people in 2007. However WFP adds that a further 6.4 million depend completely on the monthly food basket of the national Public Distribution System (PDS) and would fall into food insecurity if the system was not in place. Frequent shortfall and delays in the distribution of certain commodities have made it difficult for vulnerable households to manage their monthly food needs¹⁸. To complement the PDS, WFP and ICRC provide food assistance to over 800,000 IDPs since 2006. These people, being displaced between governorates or within governorates, do not have continuous access to the PDS ration as they are unable to register in the places where they are currently living. In 2008, GoI contributed to WFP programme with a USD 40 million support, making GoI the first donor of the WFP regional programme of USD 134.6 million. Following the worst drought in 40 years during the winter 2007-2008, DG ECHO provided last year a support worth EUR 5 million to rural populations in the north and IDPs displaced within directorates. The impact of this year's rainfall is not yet known and DG ECHO will decide in April if a follow up intervention is needed.

Health

Within Iraq, the general health indicators are problematic. Recent data¹⁹ indicates that 24 of 114 districts are considered highly vulnerable in eight governorates (low access and utilisation) had diphtheria and tetanus (DPT1) immunisation coverage below 80% (first dose). Under-five mortality rates (46 per 1,000)²⁰ and maternal mortality rates (84 per 100,000)²¹ are considered high for the region. Diarrhoea and acute respiratory infections still account for about two-thirds of deaths amongst the under-five population. The low immunisation coverage in the last four years (measles coverage dropped to less than 50% in

²⁰ State of the world's children report, United Nations Children's Fund (UNICEF) 2008.

¹⁷ ICRC Head of Delegation to Iraq, 21 October 2008.

¹⁸ WFP, 12 November 2008.

¹⁹ Iraqi Ministry of Health –World Health Organisation (WHO) supported routine surveillance data, Jan-June 2008.

²¹ Iraq family health survey, 2007.

26 governorates) resulted in an increased cumulative number of susceptible cases leading to a measles outbreak in 11 out of 18 governorates in 2008. Despite past achievements in the area of Expanded Programme on Immunisation (EPI), such data indicates that pockets of vulnerability still exist which can lead to increased infant morbidity and mortality.

Shortages and rationing of life-saving drugs at primary health care (PHC) centres prevent treatment of chronic diseases. Around four million Iraqis suffer from hypertension and one million have diabetes²².

However, it must be recognised that significant progress has been achieved in 2008, with improved access to health structures and availability of drugs and material.

In the neighbouring countries, Iraqi refugees are using the health services available to the local population. In the case of the public health sector, they add an additional burden on the already strained services. According to UNHCR, there is a relatively high percentage of refugees that have medical problems and disabilities²³.

The access to health care varies from country to country. In Syria, the main choice for affordable primary health care is through the Syrian Arab Red Crescent clinics, with over 520,000 consultations in 2008. In Jordan, the Ministry of Health provides free preventive health care to Iraqis and primary health care at a cost equal to the rate for non-insured Jordanians. In Lebanon, refugees must pay the full price of health care, at the same rates as the local population. Access to secondary and tertiary health care is problematic due to the high cost and limited available services. UNHCR, UNICEF and WHO are supporting institutional capacity for subsidised health care and referrals for vulnerable persons in areas with high concentrations of Iraqi refugees, thereby reducing the strain on institutional capacity.

Coordination

In view of the lack of a coordinated humanitarian response to the crisis within Iraq and the lack of coordinated collection and analysis of data, an OCHA office was established in Amman, in 2007, in order to coordinate the planned activities and appeals of the divers UN agencies responding to the crisis in Iraq, and improve the collection of information and data analysis. The efforts culminated in the launch of the Consolidated Appeals Processes for Iraq of February and November 2008, which provide a coordinated response to the most urgent humanitarian needs.

In addition, the UN family decided in 2008 to expand its international presence in Iraq, both in Baghdad and at governorate level. WFP, UNHCR, UNDP and WHO have now established a permanent international presence in the Iraqi capital, while other agencies are present on a rotating basis. OCHA's presence in Iraq has increased in 2008 and this will continue into 2009 with international staff also based in Baghdad, Erbil and Basra as well as establishing coordination structure (Iraq Field Coordination – IFC) throughout Iraq's 18 governorates

As regards information management, building on OCHA's information management unit presence in 2007 and 2008, an interagency Information Analysis Unit was created in 2008 made up of information management and analysis experts from UN agencies and the NGO community.

1.3. - <u>Target population and regions concerned</u> :

²² IRAQ 2009 CAP.

²³ In Syria, 19.2% have a medical problem and 2.4% disabilities (CAP 2009).

This Decision targets the most vulnerable populations affected by the conflict in Iraq, notably IDPs, and in the neighbouring countries, namely Iraq, Syria and Jordan, although it is not excluded that humanitarian assistance may be provided in other affected neighbouring countries such as Turkey and Lebanon, and to a lesser extent Iran and Egypt.

1.4. - <u>Risk assessment and possible constraints</u> :

<u>Within Iraq</u>, the major obvious constraint relates to the security conditions. In 2008, the decreased level of violence allowed a certain widening of the access to the population in need. For example the number of UN missions to Iraq is gradually increasing, from 21 in January 2008 to 79 in September 2008^{24} and the percentage of ICRC remote-control operation is gradually reducing from a third in 2007 to 15-20% in 2008, with a further expected reduction in 2009.

However the high level of violence and the extreme volatility of the situation lead to a fragile situation although the security conditions vary from a region to another: It is generally rare for expatriates to visit the Centre of the country outside the Green Zone and other protected areas of Baghdad. Visits to the South of the country can only be made by foreigners on a rapid in-and-out basis. In the Iraqi Kurdistan Region, on the other hand, security conditions are much better and humanitarian projects can be carried out, but this is the area of the country where humanitarian needs are generally not as acute as in other regions. However, the unresolved constitutional matters on the final status of Kirkuk and the rest of the disputed areas, the passing of a revenue-sharing oil law, and the attacks from Turkey and Iran on Kurdish rebels, present a high risk of also destabilising the Iraqi Kurdistan Region.

Due to these severe access and security constraints, Iraq has to be considered a high-risk area of intervention for DG ECHO. However, given the scope of the humanitarian crisis inside the country, it was decided in 2007 to provide a response to the most urgent humanitarian needs. In order to minimize the risk involved in doing so, the Commission's humanitarian aid in Iraq these last two years was mainly channelled through the ICRC, considered to be the most reliable partner for such a difficult context. Moreover, individual project's files are subject to a close scrutiny by the ECHO Amman- based experts and in Brussels. In addition, DG ECHO is currently funding part of the UNICEF emergency "Impact" programme and a small short term emergency health care operation, for which the same control mechanism applies.

In the region, although neighbouring countries have been generally tolerant towards the Iraqis, during the last two years they have tightened their immigration regimes and have made an effort to reduce the influx of Iraqis seeking asylum. The Iraqis are residing in neighbouring countries under specific and time-specific "residence regimes", and many among them are currently without a regularised residence status. Although the neighbouring countries have reassured the international community to tolerate Iraqis as long as they need to stay in exile, the complex regional dynamics between Iraq and its neighbours, as well as the current food price crisis and the world economic crisis, may lead to push factors for refugees to return to Iraq. Furthermore, the respective host governments may not necessarily approve proposed humanitarian aid projects and strategies, and/or suspend projects.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives :

²⁴ Source: CAP 2009.

Principal objective: To provide the necessary assistance and relief to vulnerable populations affected by the crisis in Iraq.

Specific objectives:

- To provide protection and relief to refugees, internally displaced people and other vulnerable populations affected by the Iraqi crisis.

- To support coordination in order to ensure an adequate, timely and needs based humanitarian response for the victims of the crisis.

2.2. - Components :

Projects funded under the present Decision will include the following activities:

Protection

Support refugee registration; prevent deportations and refoulement; support activities targeting victims of sexual violence, human trafficking, and child labour; support the promotion of International Humanitarian Law and other relative international standards.

Health and psychosocial:

Within Iraq, it must be recognised that significant progress has been achieved in 2008, with improved access to health structures and availability of drugs and material. The Ministry of Health has the main role in improving the basic services within the framework of the reform of the health care system. Humanitarian interventions will be focused on ad-hoc and targeted material support in the cases when the system will be overwhelmed due to a rapid onset emergency such as massive explosions, population movement or epidemic.

Outside Iraq, there will be targeted technical and material support to health structures in order to absorb the influx of refugees. In the psychosocial sector, the humanitarian interventions will focus on support reaching the most vulnerable victims of the crisis.

Water and Sanitation:

Provision of special attention to areas with a high water-based epidemic risk, through rehabilitation and/or construction of basic infrastructure in areas with high concentration of Iraqis affected by the conflict.

No water and sanitation actions foreseen in neighbouring countries. The majority of the refugees live in urban areas together with the local population, where the water and sanitation problems are related to structural issues and demand an appropriate long-term response by development actors.

Response to sudden population movements and returns

In case of sudden and significant population movements in Iraq as a direct result of violence, provide timely and appropriate support for basic services such as shelter, water and sanitation, health, food and non-food items.

Also, in the case of a significant increase of refugee returns from neighbouring countries to Iraq, support and facilitate the movement while ensuring the voluntary nature of such returns. In parallel, ensure that the agencies with a protection mandate have sufficient means to monitor the conditions of return.

Coordination:

DG ECHO will continue to support OCHA in its efforts to coordinate the efforts of the UN agencies and NGOs as defined in the CAP. In addition, DG ECHO will support OCHA's Humanitarian Information Centre (HIC) and a Research and Analysis Unit.

3 - Duration expected for Actions in the proposed Decision:

The duration for the implementation of this Decision shall be 18 months. Given the overall volatile situation in Iraq, and the lack of immediate perspective on the refugee situation in neighbouring countries, it is essential that the implementation period covered by this Decision is adequate to ensure the completion of all operations taking into account possible delays or the halting of the activities.

Humanitarian Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 April 2009.

Start Date: 1 April 2009

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 Actions.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the Action. In this respect, the 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

		2007	2008	2009
Decision Number	Decision Type	EUR	EUR	EUR
ECHO/IRQ/BUD/2007/01000	Non Emergency	7,800,000		
ECHO/-ME/BUD/2007/02000 (*)	Non Emergency	10,000,000		
ECHO/-ME/BUD/2008/02000 (*)	Non Emergency		20,000,000	
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency		5,000,000	
ECHO/-FA/BUD/2008/05000 (*)	Non Emergency		5,000,000	
	Subtotal	17,800,000	30,000,000	(
	Grand Total	47,800,000		

Dated : 12 January 2009 Source : HOPE

(*) decisions with more than one country

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	20,000	DG ECHO	30,000,000		
Belgium	1,000,000	Other services	74,100,000		
Bulgaria					
Cyprus					
Czech republic	88,000				
Denmark	8,724,909				
Estonia					
Finland	2,500,000				
France	775,450				
Germany	5,236,392				
Greece	300,000				
Hungary					
Ireland	2,340,850				
Italy	2,500,000				
Latvia					
Lithuania					
Luxemburg	185,000				
Malta					
Netherlands	8,835,543				
Poland	218,000				
Portugal					
Romania					
Slovakia					
Slovenia					
Spain					
Sweden	9,252,570				
United kingdom	19,000,000				
Subtotal	60,976,714	Subtotal	104,100,000	Subtotal	

5 - Overview of donors' contributions (not only related to the Iraqi crisis)

Donors in IRAQ/JORDAN/SYRIAN ARAB REPUBLIC the last 12 months

Dated : 12 January 2009

(*) 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.

The United States are the major provider of humanitarian aid for the Iraqi crisis. During the US fiscal year 2008 (October 2007 – September 2008), their contribution totalled USD 398.27 million, up from USD 171 million for fiscal year 2007. This included funding of 65% of UNHCR's regional appeal of USD 271 million (a total of USD 175.4 million). In addition, 13,823 Iraqi refugees were resettled during the year. The target for fiscal year 2009 is 17,000.

6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 20,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: To provide the necessary assistance and relief to vulnerable populations affected by the crisis in Iraq							
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners ²⁵			
Specific objective 1: To provide protection and relief to refugees, internally displaced people and other vulnerable populations affected by the Iraqi crisis.	19,400,000	Iraq and neighbouring countries	Protection activities; rehabilitation of basic water and sanitation schemes; support medical structures with drugs and material; psychological support; Registration of refugees; Response to sudden population movements and returns.	- CARE - AUT - CARITAS - FRA - CROIX-ROUGE - FRA - ICMC - ICRC-CICR - PREMIERE URGENCE - TERRE DES HOMMES - CHE - UNHCR - UNICEF			
Specific objective 2: To support coordination in order to ensure an adequate, timely and needs based humanitarian response for the victims of the crisis.	600,000	Iraq	Coordination; implementation of a Humanitarian Information Centre and a Research and Analysis Unit	- OCHA			
TOTAL:	20,000,000						

²⁵ CARE ÖSTERREICH - VEREIN FÜR ENTWICKLUNGSZUSAMMENARBEIT UND HUMANITÄRE HILFE, CARITAS FRANCE - SECOURS CATHOLIQUE, (FR), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CROIX-ROUGE FRANCAISE, PREMIERE URGENCE, (FR), TERRE DES HOMMES-CHE, THE INTERNATIONAL CATHOLIC MIGRATION COMMISSION (CHE), UNICEF, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS

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/policies/evaluation/introduction_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/about/actors/partners 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.