



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels
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COMMISSION DECISION

of

**on the approval and financing of a Global Plan for humanitarian Actions from the
budget of the European Communities in Somalia
(ECHO/SOM/BUD/2009/01000)**

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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 and Article 15(2) thereof,

Whereas:

- (1) More than 17 years of clan-based anarchy and civil strife in Central and Southern Somalia have had a devastating impact on the population and have caused huge population displacements;
- (2) The situation has been aggravated by worsening cyclical droughts, floods and outbreaks of infectious diseases, such as cholera, resulting in wide-spread basic humanitarian needs;
- (3) There are over 1,300,000 Internally Displaced Persons in Somalia today, of which over 900,000 are newly displaced due to the conflict in the capital Mogadishu, while 400,000 are long term displaced persons since the beginning of the war;
- (4) It is estimated that around 3,200,000 Somalis are currently in need of humanitarian assistance and livelihood support, including rural populations, and new and protracted internally displaced persons;
- (5) The scale and complexity of the humanitarian crisis, which is likely to continue, requires the formulation of a coherent framework for action;
- (6) 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 central direct or joint management.
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of up to 18 months;
- (8) It is estimated that an amount of EUR 13,000,000 from budget article 23 02 01 of the 2009 general budget of the European Communities is necessary to provide

¹ OJ L 163, 2.7.1996, p. 1.

humanitarian assistance to up to 3,200,000 beneficiaries, taking into account the available budget, other donors' interventions and other factors;

- (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 Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, 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 2009 Global Plan for Humanitarian Aid for the victims of continuing insecurity and climatic hazards in Somalia for an amount of EUR 13,000,000 from budget article 23 02 01 of the 2009 general budget of the European Communities.
2. In accordance with Article 2 of Council Regulation No.1257/96, the humanitarian Actions under this Global Plan shall be implemented in the pursuance of the following specific objectives:
 - To provide integrated humanitarian assistance in favour of the most affected vulnerable populations in Somalia. An amount of EUR 12,500,000 is allocated to this specific objective.
 - To support enhancement of field based coordination mechanisms of humanitarian interventions in Somalia. An amount of EUR 500,000 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.

Article 3

1. The duration of the implementation of this Global Plan shall be for a period of 18 months, starting on 1 June 2009.
2. Expenditure under this Global Plan shall be eligible from 1 June 2009.

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

3. If the Actions envisaged in this Global Plan 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 Global Plan.

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 Global Plan 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 Global Plan may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation.

Article 5

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

Done at Brussels

*For the Commission
Member of the Commission*



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Supporting Document to the
Commission Decision on the approval and financing of a
Global Plan 2009
for HUMANITARIAN AID actions from the budget of the
European Communities for
the victims of continuing insecurity and climatic hazards in
Somalia**

ECHO/SOM/BUD/2009/01000

Humanitarian Aid Committee: March 2009

Table of contents

Supporting Document

	Page
1) Executive summary.....	1
2) Context and situation.....	2
2.1.) General Context.....	2
2.2.) Current Situation.....	3
3) Identification and assessment of humanitarian needs.....	5
4) Proposed DG ECHO strategy.....	9
4.1.) Coherence with DG ECHO’s overall strategic priorities.....	9
4.2.) Impact of previous humanitarian response.....	9
4.3.) Coordination with activities of other donors and institutions.....	10
4.4.) Risk assessment and assumptions.....	11
4.5.) DG ECHO Strategy.....	12
4.6.) Duration.....	14
4.7.) Amount of Decision and strategic programming matrix	16
Strategic Programming Matrix	16
5) Evaluation	17
6) Management Issues.....	17
7) Annexes.....	18
Annex 1: Statistics on the humanitarian situation in the Horn of Africa	19
Annex 2: Map of country	20
Annex 3: List of previous DG ECHO Actions	21
Annex 4: Overview of donor's contributions.....	22
Annex 5: List of Abbreviations.....	23

1. EXECUTIVE SUMMARY

For the past 18 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. Over the past year, the number of people in need of emergency humanitarian assistance increased by 77%, from 1.800,000 at the beginning of 2008 to 3.200,000 as of January 2009¹.

Following the rise of the Islamist Courts Union (ICU), in 2007, and their subsequent defeat by the Ethiopian Defence Forces (EDF) and Transitional Federal Government (TFG), subsequent attempts by the EDF and the TFG to take control of the South and Central regions of Somalia have failed following a growing armed opposition and organised resistance.

The situation throughout 2008 saw a defeated, but not vanquished, remnant ICU reform into the Alliance for the Re-Liberation of Somalia (ARS) and Al Shaabab and further, split, fraction and growth, together with other armed opposition groups and clans, to confront what was popularly seen as an unacceptable foreign occupation force of Ethiopian troops supporting a foreign supported TFG.

The growing influence of outside support in favour of the armed opposition groups changed the nature of the conflict from one of conventional confrontation to one of guerrilla warfare adopting the latest tactics and strategies imported from the Middle East. The provision of resources, arms, training and the introduction of suicide bombers, targeted assassinations and the use of remote control Improvised Explosive Devices (IED) had the effect of weakening the EDF and the TFG, and terrorising communities more than before.

Despite political efforts, the cycle of violence shows no signs of abating even though the access by aid agencies to the victims of the conflict have been substantially affected. The rise of armed criminal groups and the targeting of aid workers have resulted in the death of 37 aid workers. The kidnapping of foreign nationals and aid workers has since also reached epidemic proportions with 90 attacks and 38 successful kidnappings in 2008 alone. The development of Piracy out of Puntland and Southern Mudug, off the coast of Somalia, has also made Somali's territorial waters some of the most dangerous in the world for commercial shipping.

The consequence of the intensity and focus of the conflict on Mogadishu has over the past year resulted in the displacement of an estimated 900,000 people, joining an estimated 400,000 Internally Displaced people (IDPs), most of which are all concentrated in some of the worst-off regions in Somalia. However, despite a deteriorating humanitarian situation, recent major developments leave open some avenues for change, for better or worse. There is notably the withdrawal of the EDF from Somalia, reducing the cause of conflict in major areas of the South, in addition to the resignation of the President of the TFG, reducing the tension and a major obstacle in advancing the Djibouti Agreement². These changes, however potentially positive, may also bring other dimensions to the country's crisis. For example, the EDF are departing Somalia while at the same time ensuring that factions opposed to the Islamists are armed will be able to continue the conflict in their absence.

¹ FSAU Post Gu Assessment

² The Djibouti Agreement: In June 2008, the TFG and the ARS signed an agreement in Djibouti mediated by the UN agreeing to a cease-fire, the withdrawal of the EDF and the deployment of a UN peacekeeping force.

The void left by the EDF will also see the Al Shaabab lose legitimacy in the eyes of the local Somali population in favour of the TFG and the ARS currently trying to deliver on the Djibouti peace process which will be at the expense of the Al Shaabab.

The new, enlarged TF Parliament of 500 members, made up of the TFG and ARS, has recently elected the Muslim cleric and former chairman of the ARS, Sheikh Sharif Sheikh Ahmed, as President of the TFG, replacing former President Yusuf. The result is considered a very positive move by the international community, as another step towards stabilizing the situation further, together with the forthcoming appointment of a New Government of National Unity. At the same time, the ARS Asmara faction, which is seeking to resolve differences with the TFG/ARS Djibouti faction, will only see Al-Shabaab become even more isolated from popular support and more desperate in its attempts to spoil any process of reconciliation, with the likelihood of violence and conflict continuing to remain a threat to the communities in Somalia.

An envisaged reinforcement of AMISOM and a possible deployment of a UN international stabilization forces should instead aim to build a strengthened Somali security capacity. However, the situation remains very fragile and heavy fighting already broke out in many areas between Islamist factions vying for the control of territory over the Central South causing yet further displacement of people.

DG ECHO³ will respond to the crisis by continuing to focus on the core humanitarian needs of IDPs, host communities, extremely marginalized communities and the chronically vulnerable with shelter, food, non-food, health, nutrition, water, sanitation, food security and co-ordination, complementing any food and food security operations and drought preparedness activities financed under other funding decisions such as through Food Aid or the third Regional Drought Decision.

Humanitarian assistance is needed to provide relief to an estimated 3,200,000 beneficiaries focusing on IDPs, as well as urban and rural populations. The aid is to be provided through integrated humanitarian assistance in favour of the most affected people while supporting improvements to field based co-ordination efforts and interventions.

The envelope proposed for the DG ECHO Somalia Global Plan 2009 is EUR 13,000,000, covering 18 months, starting from the 1 June 2009.

2. CONTEXT AND SITUATION

2.1. General Context

With the fall of Siad Barre's regime in the early 1990's, and with it Somalia's civil governance structures, the management and access of natural resources and any remaining infrastructure has been under the anarchic control of clans, sub-clans, militias and warlords. Any viable livelihood system and resistance to external shocks and endemic insecurity has been dependent upon clan-based self-reliance.

³ Directorate General for Humanitarian Aid – DG ECHO

However, whereas the northern areas of Somalia were able to establish relative stability and an adequate form of self-governance, the central and southern parts of Somalia have endured regular armed conflict. The latest 14th attempt at internationally brokering a peace mediation effort since 2004, establishing the Transitional Federal Institutions (TFI) has not yet resulted in any consolidation of power. Unpredictable levels of instability continue to prevail amidst a political landscape that is ever changing and is extreme in nature.

The consequence of a governance vacuum has been the perpetuation of chronic long-term basic social needs and services. In most areas, there is either no or only rudimentary access to any basic health, water, sanitation or education facility. In addition, communities suffer from regular occurrences of drought and floods which serve only to widen their reliance on emergency relief interventions.

Somalia has also, over the past 18 years, been subjected to regular mass displacements of people due to open conflict, localised insecurity, economic hardship and climatic shocks, with some communities often experiencing several, if not all, at the same time. One notes that any recovery made by favourable conditions allowing for progress from one shock is often immediately offset by the losses as a consequence of another one immediately afterwards.

This has had the effect of eroding livelihoods, aggravating poverty and increasing food insecurity and vulnerability. According to the World Bank, 43.2 % of the total population live below the poverty line of one dollar a day. Poverty in rural areas involves 53% of the population of which 24% in urban areas. Life expectancy is estimated at approx. 47 years.⁴

2.2. Current Situation

The current assessment from the field identifies Somalia as already in a worst case scenario with a situation steadily getting worse. Somalia has just faced its worst insecurity situation since the early 1990s as a result of increased conflict and fighting between the EDF/TFG and the Armed Opposition Groups⁵; political tension over the current Djibouti Agreement and increased criminality targeting humanitarian aid workers and increased sea piracy which had the affect of compromising the delivery of aid shipments by sea.

This has resulted in over 1,300,000 IDPs in Somalia today representing 18% of the population. 900,000⁶ of these are newly displaced due to the conflict in Mogadishu which has been ongoing since mid-2007. The impact of these displacements is particularly felt over Lower Shabelle⁷ and the central regions. In the central regions, the host communities

⁴ UNDP/World Bank Socio-economic Survey 2002

⁵ Some of the main armed opposition groups fighting the EDF and TFG are made up of:

- a) The Alliance for the Re-liberation of Somalia (ARS) which was made up of the former ICU leadership as well as former members of Parliament; prominent businessmen and eminent political figures. The ARS later split between the hardliner ARS/Asmara faction and the more moderate ARS/Djibouti faction, the latter of which is currently engaged in the TFG in the Djibouti agreement.
- b) There is Jabhadda Islaamiya Soomaaliyeed (JABISO), appearing at the end of 2007 made up of former members of al-Itihaad al-Islamiya, the defunct Islamist militant group in Somalia with alleged ties to al-Qaeda, which went on to form the ICU before being defeated by the EDF.
- c) Harakat al-Shaabab al-Mujahidin (aka Al Shaabab), the former armed militant youth wing of the ICU, which since the defeat of the ICU, split and became an autonomous armed group with a strong Islamic fundamentalist agenda with links to JABISO. It is a loose coalition of various cells or factions with no clear leadership or command even though they have been a formidable force behind the conflict weakening the EDF's resolve

⁶ FSAU Press Release, dated 31 January 2008

⁷ In Lower Shabelle, a recent assessment conducted by OCHA at the end of December 2008 on the expansion of IDP settlements along the Afgoye Corridor found that the 20 km congested area occupied by IDP settlements has extended by 20% since March 2008. Even if it

have already been severely stressed by successive, poor rain failures. The IDP populations fleeing Mogadishu have only increased the pressure on these vulnerable host communities, exhausting water sources, food, fuel, health infrastructure and accommodation.

Besides the 1.300,000 IDPs, there are also 1.900,000 people affected by the crisis and who are in a humanitarian emergency or acute food and livelihood crisis, representing 27% of the population, living in both urban and rural areas.

Combined, the IDPs and affected local population totalling 3.200,000 people represent 45% of the total population of Somalia and an increase of 77% since January 2008 from 1.800,000 through a revised figure of 2.600,000 in April 2008, to 3.200,000 as of December, of which 76% are located in the central and southern areas of the country: 60% in the South and 16% in the central areas.

In addition to the massive consequence of the conflict, the overall situation in most parts of Somalia is deteriorating at an accelerated pace due to dramatic food price inflation; a continuing currency devaluation⁸; and persistent drought stricken regions of Central Hiran as a result of largely poor and failed rains for several consecutive seasons preventing communities for achieving any recovery.

These factors still severely undermine economic activity contributing to the overall deterioration in the humanitarian situation. For market dependent households, food prices, both local and imported, remain at historic levels with uncertainty as to whether imported commodities prices are likely to decrease or increase in the coming months while exchange rates are unlikely to decrease. As a consequence, more people, from both rural and urban areas, are falling into what is defined as an acute food and livelihood crisis (AFLC) and humanitarian emergency (HE), as they cannot cope with these sustained and increased food prices which have significantly eroded their purchasing power.

The effect of the above price hikes is causing the poor and middle income households to become severely indebted, forcing them to adopt extreme coping strategies, which includes skipping meals, and resorting to begging, the sale of productive assets⁹ and migration towards Kenya, Somaliland and Yemen. A recent FSAU urban household analysis found that the cost of the minimum basket in Dhuusamarreeb increased by 88% between March and October 2008

Severe shortages of water and pasture are leading to a large migration of livestock and people - affecting up to 50% of the pastoral settlements – which are now concentrating around permanent water sources.

is difficult to assess directly under the current circumstances, the link between the areas occupied by IDPs and population figures, the assessment allows confirmation that the IDP population has increased at least in the same proportion over that period.

⁸ Markets in southern Somalia have been in disarray due to the prolonged conflict, rising global food and fuel prices, political instability, and uncontrolled and excessive printing of the Somali Shilling for most of the past year. While the shilling lost value by 55% from January 2008 to October 2008 in the main Bakara market of Mogadishu, it has remained relatively stable compared to the USD over the last few months, devaluating by only 4% from September 2008 (SoSh34,000) to October 2008 (Sosh35,225). However, the shilling value is still about half its value compared to the five year average. Similar trends are observed in all other southern Somalia markets. The Somaliland Shilling has remained relatively stable, although it lost value slightly from SISH 6,000 per dollar in January 2008 to SISH 6,250 in October 2008, representing a depreciation of 4%. While prices of imported commodities such as rice, sugar, cooking oil and petrol have increased significantly in all markets from January 2008 to October 2008, prices generally remained stable over the last few months and have in many cases even declined. However, imported commodity prices remain high, even if at lower levels compared to last year⁸

⁹ Livestock body conditions, productivity and value have plummeted; with most pastoralists in the Central areas having no export quality animals left and resorting to selling breeding animals, in a desperate attempt to meet skyrocketing water and food prices.

With the withdrawal of the EDF from Somalia¹⁰, heavy fighting broke out in many areas between Islamist factions vying for the control of territory over the Central South causing yet further displacement of people. Even though many local communities are not keen on favouring Al Shaabab over a possible peace process involving the TFG and the ARS, the situation now sees Al-Shabaab control most of the South (Lower and Middle Juba, Gedo, Bay, Bakool, Lower and Middle Shabelle), while ICU (ARS factions) controls most of Hiran to include Belet Weyne and Jowhar, and a new Islamist group, Alho Sunna Waljama, suspected of being supported by EDF, defeated Al-Shabaab and took control of Galgaduud. Inter-clan hatred, widespread lawlessness and insecurity, exacting a heavy toll on human lives can only serve to drive the populations into ever deeper poverty and despair, besides reliance on external assistance.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Water and sanitation: Access to safe water and proper sanitation continues to remain one of the overriding key issues affecting the people in Somalia as a whole for both human and livestock consumption. Only 20%¹¹ of the population of central and southern Somalia are thought to have access to sufficient, safe drinking water. Most water sources are traditional shallow wells, unprotected and overused and in areas where improved water infrastructure does exist, they are often damaged, destroyed or just simply not maintained. During inter clan clashes, water sources are often deliberately soiled and contaminated out of spite in order to ensure enduring hardship. In terms of boreholes, it is estimated that over 70% of them have surpassed their designed life span of 20-30 years with much of the ground water aquifer supplying the boreholes turning saline due to a combination of the geophysical nature of the strata and aquifer as well as from the over use and pumping.

Erratic rainfall patterns bringing either rain failures or floods only serve to aggravate and compound the situation. Good rains seasons provide a greatly needed respite from the hardships; however, these periods do not last long enough to ensure any meaningful recovery.

In rainy seasons as in dry periods, 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.

Only 20% of households in Somalia are estimated to be undertaking safe sanitary practices. Defecation in the open scrubland as well as in urban areas (in close proximity to dwellings, cooking areas and water resources) are common and can have a direct impact on diseases (i.e. diarrhoeal) which in turns can provoke high level of malnutrition rates (particularly in under 5s) and subsequent high mortality.

Safe water remains a major factor in resolving conflict and improving health in a context where cholera and Watery Acute Diarrhoea are endemic

¹⁰ Reports have been received of the EDF being arming and resourcing a number of Somalia Warlords as they withdraw in an attempt to ensure that peace and stability do not ensue, giving indicators that the situation will still take time to stabilise.

¹¹ United Nations Somalia Consolidated Appeals 2008

Health / Nutrition: A press release issued by the FSAU at the beginning of December 2008 confirmed that the humanitarian crisis is continuing unabated, following the recent nutritional assessments conducted in November in two areas in central Somalia. High rates of global acute malnutrition of 18.8% GAM (in Addun) and 20.4% GAM (in Hawd) have been surveyed¹² and even more alarming rates of severe malnutrition of 3.8% and 5.8% SAM respectively, representing a significant increase from May 2008 from 2.3% and 2.8% respectively. These malnutrition rates exceed emergency thresholds and confirm the call of a deepening humanitarian emergency in the central regions on the back of emergency levels of acute malnutrition being reported in many parts of South and Central Somalia.

Based on the findings from surveys conducted throughout 2008, it is estimated that there are a known 180,000 children 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 years in Somalia is malnourished, reflecting an increase of 11% over the last six months.

The IDPs and the rural communities were assessed separately and the findings indicate that

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

However, acute malnutrition is so chronic that rates in Somalia do not go below 15-12% GAM at the best of times. The situation of poor access to health care, dietary intake, diversity, sanitation and hygiene practices as well as the huge caseload of IDPs, are all compounding the problem.

Reports of an unconfirmed outbreak of Acute Watery Diarrhoea (AWD) in the central regions was also confirmed by an elevated morbidity of 28% in children assessed for malnutrition as well as crude and under five mortality rates of 0.98/10,000/day and 1.8/10,000/day respectively

More needs to be done in health care, as there is still only very modest support being given to the health sector in Somalia. This is a result of there being a limited number of capable and specialised health NGOs¹³ as well as due to the difficult operating environment in which the safety of key medical staff needs to be assured.

Basic support is lacking in so many areas in terms of supplying medicine, consumables, equipment and having essential qualified personnel to ensure appropriate use and management in all categories of care. With only 0.4 doctors and 2.8 nurses per 100,000 people, Somalia is home to some of the world's worst health indicators. Infant mortality, acute and chronic malnutrition and maternity mortality are all very high. Somalia is approaching a generalized epidemic. Prevalence rates differ by area (with an estimated 1.4% in Puntland and 0.6 in the South-Central -2004¹⁴); the main drivers of the epidemic are sexual transmission and unsafe health care practices, including blood supply. However, Tuberculosis (TB) is at 460/100,000 (2000).

¹² FSAU (Food Security Analysis Unit) - Nutrition update, November-December 2008

¹³ Non Governmental Organisations

¹⁴ WHO 2005 Summary Country Profile for HIV/AIDS treatment scale up

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, which all pose added major health risk to the Somali people.

Poor vaccine rates of preventable infections like measles and meningitis is another cause of mortality and morbidity among young Somalis. 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 lowest coverage.

Finally, the level of violence is one of the most visible contributing factors to morbidity and premature mortality and disability (physical and mental) in Somalia. In 2008, the two surgical referral hospitals in Mogadishu treated more than 2,612 war wounded¹⁵; one third of these were women as well as children under the age of 15 years of age¹⁶. The true scale of the civilian loss of life is not known due to the lack of any ability to keep records and to have access to key areas of conflict.

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.

Non Food Items / Shelter: There is a continued need in Somalia to support NFIs due to the persistent nature of the conflict. The displacement of people as a result of various conflicts, insecurity and climatic shocks is a regular occurrence. Besides the need to watch over the massive caseload of 900,000 IDPs from Mogadishu, and the need to respond to possible escalating conflicts in the central regions, it is not unlikely for future conflicts to erupt between Somaliland and Puntland over the Las Canod as well as other flash points, as various clans, militias and warlords battle in Al Shaabab for control over key areas.

Approximately 45% of the IDP population is located in Lower and Middle Shabelle regions, with 26% in Mudug and Galgaduud regions, 8% in Hiran, 6% in Bay and the remainder in Juba, Bakool, Gedo, the North East and the North West¹⁷. The combined effects of such a population displacement on local host communities are seriously overwhelming, stretching their resources in terms of shelter, infrastructure, employment food and non-food commodities, all of which are being exhausted.

In most instances, the settlements are unplanned and overcrowded; with minimal availability of basic amenities and lack of sanitary facilities. The humanitarian situation of the majority of new IDPs is even worse due to insufficient shelter, clothing, blankets, sleeping mats, and essential household items. Inhabitants who remain in the city are now living in a state of terror and under constant threat of harassment.

¹⁵ , This figure is less than the 4,000 Somalis wounded in the conflict in Mogadishu by the end of 2007, but still higher than the number of war-wounded admitted to the two hospitals throughout 2006.

¹⁶ ICRC

¹⁷ FSAU Somalia Food Security and Nutrition Brief – Focus on Post Dyer Season Early Warning, December 2007

Food aid, Food security and Livestock: 2008 largely represented a year of crop failure for Somalia¹⁸ as a result of poorly performing rains in most parts of the country with dry conditions prevailing in the central pastoral regions of Galagadud and Hiran as well as in several pastoral areas of the north. The failure of the 2008 long rainy season crop follows two below-average seasons (long rains 2007 and short rains 2007/08).

In addition, hyperinflation in basic food and non-food items throughout the country is creating problems of food access for urban populations, especially the urban poor. This population relies entirely on purchased food and is being hit by an array of negative influences – including the market crisis, spiralling inflation and rising insecurity which cuts off opportunities to generate income.

Given that just under half of the people in Somalia are in need of emergency relief, the need for some food aid in support or in combination with other sectors of intervention, such as food security or nutrition, will be essential, given the level of vulnerability, indebtedness and dependence on relief needs increasing by 77% from last year.

It is also 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 to be their most valuable asset, generating approximately 60% of their subsistence income requirements. Livestock herds are severely diminished by drought as a result of three successive rain failures (long rains 07, short rains 07./08, long rains 08) which has led to high livestock abortion rates as well as to the increased deaths of many lactating animals, calves and cattle. In addition, herds are severely depleted because pastoralists have had to sell large numbers of animals over the past 6-12 months just to cope with the high cost of food and water, carrying the burden for them and the IDP communities they are hosting. Pastoralist herds now need several successful rainy seasons to recover. The mixed performance of the recent short rainy season is not enough to ensure any tangible respite beyond the immediate term.

Many households are already severely indebted and with their social support mechanisms overburdened, this results in many pastoralists becoming so called “pastoralists drop outs”¹⁹. These people are now concentrated on the outskirts of towns throughout the regions with no other form of income being entirely dependent on handouts and relief.

Co-ordination: Co-ordination has been essential with special emphasis on the difficult security situation in Somalia as well as the massive IDP caseload as a result of the conflict. DG ECHO will need to ensure continued support to OCHA as the main focal point looking at humanitarian issues and following through on strengthening OCHA, their field presence and leadership in implementing the cluster approach²⁰ and to harmonise this with the development co-ordination fora for common sectors shared by the SSS (Somalia Support Secretariat).

¹⁸ Crop conditions are extremely poor in both sorghum and maize areas and the vegetation index for maize in Lower Shabelle at this time of the year is the lowest recorded over the last ten years.

¹⁹ This sad term is used for a household reduced to abject poverty having lost all of their livestock due to being unable cope with and endure the hardship as a result of the rapid successive waves of shocks.

²⁰ Since the UN rolled out the cluster system coordinating aid in Somalia, the results have been mixed; whereas the protection, logistics and nutrition clusters have been working well, the food aid, water and sanitation and health have been found to be weak or a total failure.

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. The humanitarian impact has been a direct result of a combination of factors, least of all the past year and half of incessant conflict between the EDF/TFG and the armed opposition groups, in addition to the an economic crisis and climatic shocks. The current DG ECHO 2008 Global Plan of EUR 13,000,000 is following on from the recent Emergency Funding Decision of EUR 7,797,000 in favour of responding to the current crisis and will be complemented by funds from the Food Aid budget (5,000,000 EUR) and possibly other funds from the Regional Drought preparedness program (amount to be confirmed).

The focus of the current "Global Plan" for Somalia will mainly be on supporting basic sectors such as water and sanitation, health and nutrition, non food items/shelter, food insecurity and some limited emergency food assistance and co-ordination. The Regional Drought Preparedness funds will be aiming to build resilience and preparing the communities in the northern more stable areas to build up better techniques to cope with periods of food drought and rain failure.

The assistance will focus on supporting victims of armed conflict and natural disasters, as well as encouraging support to aid agencies trying to establish operations in new areas that could not have been reached so far, because of access or security constraints. 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 EC²¹ longer term financial instruments through joint assessments of programmes; (ii) child related assistance by focusing on under-5 malnutrition; and (iii) water, all of which which feature as DG ECHO priorities.

4.2. Impact of previous humanitarian response

In 2008, the European Commission has allocated a total of EUR 45,832,703 to Somalia to address the humanitarian needs of the people affected by the ongoing insecurity and climatic hazards. These funds were allocated through six main funding decisions: EUR 2,044,703 from the Horn of Africa Drought Preparedness funding decision (pro-rata allocation from cross border programs); EUR 10,720,980 from the 1st Food Aid funding decision; EUR 3,270,020 from the 2nd Food Aid funding decision; EUR 13,000,000 from the Global Plan funding decision, EUR 9,000,000 from the Horn of Africa Emergency Food Aid funding decision and lastly EUR 7,797,000 from the last Emergency funding decision for Somalia. These funds were allocated to 30 operations focussing support across Somalia in favour of health care, nutrition, water and sanitation, food security, food aid multi-sector support in favour of the new IDP caseloads, co-ordination and drought preparedness.

The main sectors of intervention in response to the needs have been food security, health, water and sanitation, food and non-food items. These have, over the past year, been able to impact the lives of approx. 3,025,440 Somalis. The year started with an estimated population in need of 1,800,000 people which was increased by 77% to 3,200,000. The

²¹ European Commission

above number reflects DG ECHO's ability to respond to real time increases in need for intervention.

Beneficiary figures are very hard to calculate accurately and some of the beneficiaries benefited from one and several of the same sectors, i.e. food security, food aid, nutrition and water and sanitation. What can be clearly accounted for is that access to **health care** was ensured for approx. 973,500 Somalis focusing on primary health care, including both in-patient and out-patient, specialised mother-and-child health care, paediatrics and emergency war surgery (ICRC alone has treated 2,612 war wounded in Mogadishu) as well as curative nutrition interventions.

In terms of **food security**, supported interventions were able to reach 312,800 Somalis through a number of different components, including support to reinforcing emergency veterinary services in response to outbreaks of livestock diseases threatening the loss of pastoralist livestock herds across central and southern Somalia as well as close to the border regions of Kenya, in order to ensure that the morbidity rate of critical livestock diseases would not exceed 20% and mortality rates kept below the normal 20% thus contributing significantly to ensuring the protection of people's livestock herds and livelihoods.

In **Food Aid**, 597,562 IDPs and host communities have been supported with food aid purchased through Somali traders in 2008 focused on central Somali and in Mogadishu, as well as the Afgoye corridor complementing the other activities mentioned above. A key programme is the wet feeding programme in Mogadishu, providing approx. 75,000 cooked meals a day.

Water and sanitation, a sector of vital importance in Somalia, have directly assisted 822,926 beneficiaries with improved access to water (i.e. through the rehabilitation of water points and ground surface dams) and hygiene.. However, this past year saw a major drought affect the central regions, and through ICRC and other agencies, DG ECHO supported the delivery of in excess of 2.300,000 litres of water a day for a 4 months period.

4.3. Coordination with activities of other donors and institutions

There is a very good level of co-ordination between other donors and institutions at all levels. Very close consultation and collaboration is maintained between DG ECHO and the EC Somalia Operations (ECSO) hosted by the Delegation in Nairobi and DGs RELEX and AIDCO in Brussels. At field level, DG ECHO and the ECSO meet every week to share information and to discuss strategy and programmes. In addition, there is much more regular contact on working through the LRRD Country Analysis and Action Framework that was developed jointly last year in order to avoid overlap, duplication and a different approach between projects supported by the different EC instruments and instead to reinforce complementarity in all programmes, wherever possible

As part of this process, proposals and project concept papers are shared between the services in order to ensure close consultation, also including actors in the different SSS relevant Sector Working Groups. DG ECHO is consulted by the Somalia Operations before launching Calls for Proposals and in certain key sectors, such as Food Security, DG ECHO is a member of the selection committee. DG ECHO will align the implementation of its programmes alongside those of the ECSO in order ensure a common approach and for humanitarian activities not to undermine the structures and systems supported by ECSO. An example is the agricultural sector where food security interventions have to be either

aligned or complemented by the approaches developed by ECSO with reference to agricultural and livestock support programmes.

DG ECHO's approach and strategy for Somalia in 2009 has been largely based on consultations 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 2007-2012 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).

The UN Inter-Agency Standing Committee has established a humanitarian country team which is working to promote common approaches to humanitarian aid, and a UNOCHA Country Office supported by DG ECHO also works towards strengthening the humanitarian co-ordination mechanisms through regular thematic and district-wise meetings between NGOs and UN agencies.

4.4. Risk assessment and assumptions

Perspectives and possible constraints:

Security and safety

The situation in Somalia remains highly volatile and continues to experience extreme levels of violence, although there have been some major developments which leave open avenues of change in Somalia which could be for better or for worse. The President of Somalia, Mr Abdullahi Yusuf, was forced to resign in December following international pressure and at the same time, the EDF have started to withdraw resulting in clashes between different factions aiming to fill the vacuum.

The African Union peacekeeping forces are likely to remain in Mogadishu and will as such be subject to increasing attacks by Al Shaabab, providing the armed opposition groups a cause to continue fuelling the current conflict.

The year 2008 was a very bad year witnessing some the worst fighting since the civil war in the early 1990s, leaving hundreds of civilians dead, many thousand injured and an estimated 900,000 persons displaced.

Aid workers have been declared a legitimate target by Al Shaabab and have been subject to harassment at roadblocks, kidnappings, and assassinations, with piracy off the coast of Somalia taking on epidemic proportions.

The security situation is such that in Somalia there have been 167 security incidences affecting NGOs. A total of 28 aid workers have been abducted of which 22 still held, of which 12 international; 37 aid workers killed (of which 4 international) and 16 injured (of which 5 international). Out of the 37 targeted assassinations of aid workers so far, the aid workers came from 28 different organisations: of which 4 UN agencies, 8 international NGOs (of which 6 have a DG ECHO FPA), 14 local NGOs, ICRC and the BBC. Somalia; according to these statistics, is among the most dangerous places in the world for aid workers.

DG ECHO has mainstreamed support to all partners in its grant agreements in terms of accommodating measures to increase their capacity to manage the higher levels of insecurity. These include security training for all staff whenever required, financial support

for flight charter services to increase and support the efforts provided by the EC Flight Operation which does not fly to all locations and the purchase of communication and safety and security equipment whenever necessary.

Access

Humanitarian access to Somalia's most vulnerable populations in urgent need of humanitarian assistance, particularly in the South and Central regions, remains very critical. Several obstacles, including checkpoints/road blocks, ambushes of aid convoys, heavy and arbitrary taxation of humanitarian cargo, and self appointed gate keepers attempting to divert or loot assistance, are some of the obstructions encountered. The Kenyan government has maintained the closed border with Somalia, preventing overland assistance from moving into the country. Continued lack of clarity on border crossings is delaying delivery of humanitarian assistance. In addition, closure of key airstrips in South and Central regions prevented aid staff from reaching Somalia, and caused increased logistics costs for organisations transporting supplies through further airstrips.

Mistrust is also developing between humanitarian workers and local authorities, with authorities attempting to control aid delivery and accusing the aid workers of supporting terrorists. Humanitarian workers have also been harassed, arrested, attacked and subject to damaging propaganda.

The total number of roadblocks reported across Somalia is 105 with the majority being in the South.

Climatic hazards

The climate is a critical factor for food security in Somalia. The performance and potential of livestock and rain-fed crop production, the two mainstays of the economy and rural livelihoods, are directly influenced by the climate. The climate in Somalia is arid to semi-arid. Only two areas receive rainfall ranging from 400 to 600mm - a small area in the Northwest and the river valley areas of Shabelle and Juba. Droughts as well as floods can occur without notice in many places of the country.

4.5. DG ECHO Strategy

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

DG ECHO's strategy within this global plan is to address assistance affecting the humanitarian needs of the population of Somalia with a focus on the core issues of health/nutrition, support to IDPs, water, sanitation, food and food security. Whereas some assistance will be given to some ongoing humanitarian interventions, addressing the extreme, chronic vulnerability of some communities, a significant proportion of the assistance will go to support new interventions targeting the needs of the displaced from the fighting in Mogadishu across the entire south of Somalia and the growing concerns affecting Central and Northern parts of Somalia. The geographical focus of these targeted interventions will be the whole of Somalia in areas affected by civil conflict and climatic hazard.

Specific objectives:

- To provide integrated humanitarian assistance in favour of most affected vulnerable populations in Somalia;
- To support enhancement of field based co-ordination mechanisms of humanitarian interventions in Somalia.

Health: Assistance will essentially target the urgent medical needs in and around Mogadishu, and areas in southern Somalia where there are functional medical facilities providing 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 not presently covered in close co-ordination with the ECSO, subject to the presence of operational aid agencies. Disaster response support mechanisms will also be a primary focus to ensure 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. A major part of the health sector will go through partners like ICRC in support of primary health care (provision of drugs, consumables and medical equipment) to clinics across central Somalia, and includes critical support to the war wounded surgery in the hospitals in Mogadishu. DG ECHO will also ensure the implementation and application of the DG ECHO HIV guidelines²² and the minimum activities related to partners, staff and beneficiaries; this should particularly aim at preventing further deterioration and/or spread of the current pandemic.

Nutrition: Malnutrition rates in Somalia are chronically some of the highest in the world, and the current situation reflects a sustained critical level of 15 – 20% GAM. The major component supported by DG ECHO is the therapeutic feeding programmes and centres. There are serious concerns that the GAM rates are very likely to increase following the continued stress on massive population displacements, combined with food insecurity and drought conditions affecting many of the same areas. Assistance is foreseen to support supplementary as well as therapeutic feeding in Somalia and efforts will be made to increase the coverage and quality of therapeutic care, in addition to ensuring complementarity with food security interventions supported by ECSO.

Food aid/food security: The affected communities will be supported with food security interventions and appropriate livestock support programmes, such as reinforcing veterinary emergency response support services for the treatment and vaccination against livestock diseases, cash for work rehabilitations of essential earth pans, voucher support for livestock services, agriculture support for riverside communities or income generating activities (like bee keeping, poultry etc.) to ensure that their key household assets are retained and remain in good health wherever possible.

Small scale food aid and food security components will be supported by the Global Plan when part of an integrated programme including other multi-sector assistance; affecting IDP and host communities; complementing health, water and sanitation and other sector support in specific geographic locations. The Food Aid budget line will support sizeable programmes, nationwide contributing to the delivery of relief food aid and reinforcing purchasing power through cash and voucher programmes in accordance with DG ECHO's funding guidelines for the use of cash and vouchers in humanitarian crises.

²² Guidelines adopted in October 2008

Water and sanitation: The past rainy seasons have been mixed in terms of intensity, coverage and distribution, and have since eased off pressure in some parts of South and Central Somalia. 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 as good as possible, focusing on areas of displaced communities. No new water points will be established, as these are considered to be counter productive to the current fragile environment. Only in exceptional cases would replacement infrastructures be supported as a last resort. DG ECHO will support the rehabilitation and construction of sanitation facilities as well. Public health, hygiene and nutrition education would be an essential component complementing water activities.

Non Food Items (NFI) / Shelter: NFI kits including shelter material, essential household commodities (plates, cups, cooking pots, buckets, cups, etc.) will be provided where needed, in support of the 900,000 displaced populations resulting from the recent conflict in Mogadishu. There has already been a significant response to covering these needs as well as those of the affected host communities in the most accessible and critical locations. However, the sheer extent of the coverage area affected by the mass displacement from Mogadishu has made it impossible to ensure full coverage. The past shock waves as a result of drought, floods and conflict have each caused temporary population displacement in excess of 900,000 Somalis, many of whom have been displaced more than once and by several crises. Given the recent fall of Mogadishu and the changing dynamics of the crisis, there will most likely be further population displacements over the funding decision period.

Co-ordination: Continued support will also be provided to the UN Co-ordination system through OCHA focusing on Internal Displaced People with support for the Protection Group and co-ordinating emergency aid through the Response Group. The support is also expected to facilitate OCHA to strengthen its field presence and the cluster approach. All the other aid co-ordination bodies focus on the co-ordination of development aid and the peace process.

Co-ordination with EDF²³ and budget line funded programmes will also be ensured, in particular in the framework of the Food Security Thematic Programme.

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

In order to maximise the impact of the humanitarian aid for the victims, the Commission has decided to maintain DG ECHO's 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 provides technical assistance capacity and necessary logistics for the good achievement of its tasks.

4.6. Duration

The duration for the implementation of this Decision will be 18 months. Humanitarian Actions funded by this Decision must be implemented within this period. This duration is requested since some of the activities to be funded under the Global Plan may be a continuation of or build on activities funded under the previous Global Plan which ends on 31 August 2009. In addition, given the precarious security situation and volatility of the

²³ European Development Fund

Somali conflict, it is proposed to allow for some flexibility for possible extensions to the project durations.

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 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.

4.7. Amount of Global Plan and strategic programming matrix

4.7.1 Total amount of the Global Plan : EUR 13,000,000

4.7.2. Strategic Programming Matrix

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 integrated humanitarian assistance in favour of most affected vulnerable populations in Somalia	12,500,000	Somalia, with a focus on all areas	<ul style="list-style-type: none"> - Support the provision of health services to medical facilities in Mogadishu and other locations as well as a number of health posts in areas of urgent humanitarian need. - Support for therapeutic and supplementary feeding programmes in areas of urgent need. - Support for cholera preparedness interventions and greater access and yield of existing water points for both human and livestock consumption. - Contribute to the rehabilitation and construction of sanitation facilities combined with Public Health and Hygiene Education. - Provide integrated support to IDPs and host communities from conflict areas in Somalia through food assistance, NFIs, shelter materials, water trucking, mobile health teams, etc. - Support emergency 'livelihood interventions to rural and urban communities to prevent the total loss of livelihood assets through livestock health interventions, agricultural support, debt relief and cash for work 	<ul style="list-style-type: none"> - Maintained/improved health access and malnutrition coverage with quality indicators such as cure rates, mortality, morbidity and defaulter trends. - Availability, access, safety and utilisation of water quantity and quality - Response timing and containment of livestock and human disease outbreaks - Improved and increased coping mechanisms and standard of human livelihood thresholds with greater access to food and food security 	<ul style="list-style-type: none"> - ACF-F - ADRA-D - CARE-NL - CONCERN-IRL - COOPI-I - COSV-I - DRD-DK - ICRC-CICR - IMC-UK - IR-UK - MDM-F - MEDAIR-UK - MERLIN-UK - MSF-F-NL-CH-B - NRC-N - OXFAM-UK - OXFAM-NOVIB-NL - SC-UK - SOLIDARITES-F - SOS-K-A - UNHCR - UNICEF - VSF-D-B - WV-D
Specific objective 2: to support enhancement of field based co-ordination mechanisms of humanitarian interventions in Somalia	500,000	Somalia, with a focus on South and Central regions	Support the co-ordination of mapping of the needs with regard to humanitarian aid. Support the co-ordination of mapping of the location and situation of IDPs in South and Central Somalia.	Effective and coherent humanitarian interventions reaching the intended beneficiaries in South Central Somalia	- OCHA
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	13,000,000				

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 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 under :

http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm.

6. 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 under 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.

7. ANNEXES

Annex 1: Statistics on the humanitarian situation


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

Annex 3: List of previous DG ECHO Actions

Annex 4: Overview of donors' contributions

Annex 5: List of abbreviations

Annex 1: Vulnerability and crises Index in the Horn of Africa (2008-2009)

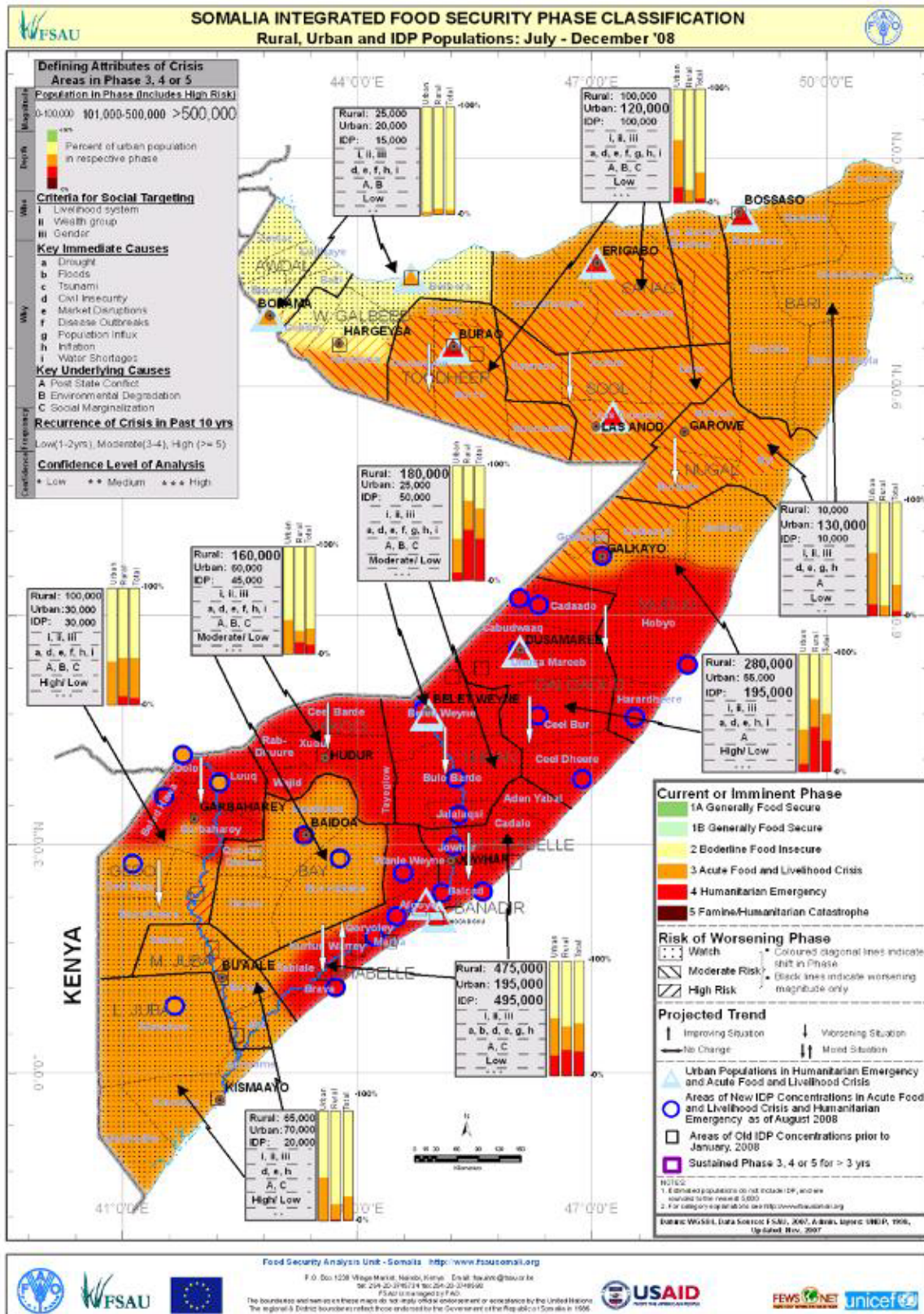
Vulnerability and Crisis index																
 GNA		Vulnerability Index (VI)										Crisis Index (CI)				
		score	aver.	HDI	HPI-1	HDI/HPI	R+I+r	R+I+r / 2	U5UW	U5M	U5	Health + Inequality	C/ND/R	Conflict	ND	Ref+IDP
<i>Countries - GNA 2007-08</i>																
Djibouti	3	2,25	2	2	2	4	2	3	3	3	2,0	3	0	3	0	
Eritrea	3	2,31	3	2	2,5	3	1,5	3	2	2,5	2,8	0	0	0	0	
Ethiopia	3	2,31	3	3	3	2	1	3	3	3	2,3	3	3	3	0	
Kenya	3	2,25	2	2	2	4	2	3	2	3	2	3	3	3	2	
Somalia	3	2,88	x	3	3	6	3	3	3	3	2,5	3	3	3	3	
Sudan	3	2,56	2	2	2	6	3	3	2	2,5	2,8	3	3	3	3	
Uganda	3	2,50	2	2	2	5	2,5	3	3	3	2,5	3	0	3	3	

HDI: Human Development Indicator

HPI: Human Poverty Indicator

R+I+r: Refugees/IDPs/Returnees

Annex 2: Map of country



Annex 3: List of previous DG ECHO Actions

List of previous DG ECHO operations in SOMALIA				
Decision Number	Decision Type	2006 EUR	2007 EUR	2008 EUR
ECHO/SOM/BUD/2006/01000	Emergency	10,000,000		
ECHO/-HF/BUD/2006/01000	Ad Hoc	1,358,377		
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			10,720,980
ECHO/-FA/BUD/2008/02000 (*)	Non Emergency			3,270,020
ECHO/-FA/BUD/2008/03000 (*)	Emergency			9,000,000
ECHO/-HF/BUD/2008/01000 (**)	Non Emergency			2,044,703
ECHO/SOM/BUD/2008/01000	Global Plan			13,000,000
ECHO/SOM/BUD/2008/02000	Emergency			7,797,000
	Subtotal	11,358,377	18,000,000	45,832,703
	Grand Total	75,191,080		

Dated : 15 January 2009

Source : HOPE

(**) pro rata attribution for cross border grant agreements (*) decisions with more than one country

Annex 4: Other 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	45,832,703		
Belgium	1,700,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	9,874,308				
Estonia					
Finland	4,000,000				
France	6,270,000				
Germany	6,366,762				
Greece	220,000				
Hungary					
Ireland	6,124,000				
Italy	4,400,000				
Latvia					
Lithuania					
Luxemburg	1,137,500				
Malta					
Netherlands	13,157,744				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	3,645,951				
United kingdom	8,738,646				
Subtotal	65,734,911	Subtotal	445,832,703	Subtotal	0
		Grand total	111,567,614		

Dated : 15 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.

Annex 5: List of Abbreviations

ACF	Action contre la Faim
ADRA	Adventist Development and Relief Agency
ARI	Acute Respiratory Infections
CAP	Consolidated Appeals Process
CARE NL	Cooperative for Assistance and Relief Everywhere - Nederland
CONCERN	Concern WorldWide
COOPI	Cooperazione Internazionale
COSV	Coordinating Committee of the Organisation for Voluntary Service
DG AIDCO	Directorate General EuropeAid Cooperation Office
DG DEV	Directorate General for Development
DG ECHO	Directorate General for Humanitarian Aid
DG RELEX	Directorate General External Relations
DPT3/OPV3	Diphtheria, Pertussis, Tetanus/Polio vaccination
DRC	Danish Refugee Council
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
FAO	Food and Agriculture Organization
FSAU	Food Security Analysis Unit
GAM	Global Acute Malnutrition
HDI	Human Development Index
HDR	Human Development Report
HOA	Horn of Africa
IASC	Internal Agency Standing Committee
ICU	Islamic Courts Union
ICRC-CICR	International Committee of the Red Cross
IDP	Internally Displaced Person
IMC-UK	International Medical Corps
IRW	Islamic Relief Worldwide
JSP	Joint Strategy Paper
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother and Child Healthcare
MDM-Fr	Médecins du Monde - France
MEDAIR	Emergency Relief and Rehabilitation
MERLIN	Medical Emergency Relief International
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Co-ordination of Humanitarian Aid
OXFAM	Oxford Committee for Famine Relief
RDP	Reconstruction and Development Programme
SSS	Somalia Support Secretariat
SAM	Severe Acute Malnutrition
SC-UK	Save the Children – UK

SISAS	Strategy for the Implementation of Special Aid to Somalia
SOLIDARITES	Solidarités
SOS Kdi	SOS Kinderdorf
TFP/G/I	Transitional Federal Parliament / Government / Institutions
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOSOM	United Nations Operation in Somalia
VSF	Veterinaries sans Frontières
WV	World Vision