



EUROPEAN COMMISSION

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**COMMISSION DECISION**

**of**

**on the approval and financing of a Global Plan for humanitarian actions in Somalia  
from the general budget of the European Union**

**(ECHO/SOM/BUD/2010/01000)**

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**on the approval and financing of a Global Plan for humanitarian actions in Somalia  
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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>1</sup>, and in particular Article 2, notably 2 (c), Article 4 and Article 15 (2) and (3) thereof;

Whereas:

- (1) More than 18 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 of basic humanitarian needs;
- (3) There are over 1,300,000 internally displaced persons in Somalia today, of which over 900,000 are 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) As the scale and complexity of the humanitarian crisis is such that it is likely to continue, it is necessary to adopt a Global Plan to provide a coherent framework for the implementation of humanitarian actions;
- (6) To reach populations in need, humanitarian aid should be channelled through Non-Governmental Organisations (NGOs), Member States' Specialised Agencies and through International Organisations, including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralized management or by joint management;
- (7) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid actions should be financed by the European Union for a period of 18 months;

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<sup>1</sup> OJ L 163, 2.7.1996, p. 1.

- (8) It is estimated that an amount of EUR 35,000,000, of which EUR 30,000,000 from budget article 23 02 01 and EUR 5,000,000 from budget article 23 02 02 of the general budget of the European Union is necessary to provide humanitarian assistance to around 3,200,000 vulnerable people in Somalia, taking into account the available budget, other donors' contributions and other factors. Although as a general rule actions funded by this Global Plan should be co-financed, the Authorising Officer, in accordance with Article 253 of the Implementing Rules of the Financial Regulation, may agree to the full financing of Actions;
- (9) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002<sup>3</sup>, and Article 15 of the internal rules on the implementation of the general budget of the European Union<sup>4</sup>;
- (10) In accordance with Articles 17(2) and 17(3) of Council Regulation (EC) No. 1257/96, the Humanitarian Aid Committee gave favourable opinions on 8 June 2010.

HAS DECIDED AS FOLLOWS:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a 2010 Global Plan for the financing of humanitarian Actions in Somalia for a total amount of 35,000,000, of which EUR 30,000,000 from budget article 23 02 01 and 5,000,000 from budget article 23 02 02 of the 2010 general budget of the European Union.
2. In accordance with Articles 2, notably 2 (c), and 4 of Council Regulation No.1257/96, the principal objective of this Decision is to provide humanitarian assistance to vulnerable people affected by natural and man-made disasters in Somalia

The humanitarian actions shall be implemented in the pursuance of the following specific objectives:

- To contribute to an improvement of the humanitarian situation of the affected vulnerable people in Somalia by providing multi-sector assistance, notably in the areas of health, water and sanitation, non-food items/shelter, coordination, logistics, security and mainstreaming Disaster Risk Reduction.

A total of EUR 30,000,000 from budget article 23 02 01 is allocated to this specific objective.

- To improve the humanitarian situation of the affected vulnerable people in Somalia by providing appropriate food assistance

A total of EUR 5,000,000 from budget article 23 02 02 is allocated to this specific objective.

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<sup>2</sup> OJ L 248, 16.9.2002, p.1.

<sup>3</sup> OJ L 357, 31.12.2002, , p.1.

<sup>4</sup> Commission Decision of 5.3.2008, C/2008/773

## *Article 2*

1. The period for the implementation of the actions financed under this Global Plan shall start on 1 June 2010 and shall run for 18 months. Eligible expenditure shall be committed during the implementing period of the Decision.
2. If the implementation of individual actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into account in the implementing period of the Global Plan in respect of the Action suspended.
3. In accordance with the contractual provisions ruling the Agreements financed under this Global Plan, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.

## *Article 3*

1. As a general rule, actions funded by this Global Plan should be co-financed.  
The Authorising Officer, in accordance with Article 253 of the Implementing Rules, may agree to the full financing of actions when this will be necessary to achieve the objectives of this Global Plan and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.
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, International organisations Member States' specialized agencies.
3. The Commission shall implement the budget:
  - \* either by direct centralised management, with Non Governmental Organisations and Member States' specialised agencies;
  - \* or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the European Commission - UN Financial Administrative Framework Agreement (FAFA) and which were subject to the four pillar assessment in line with Article 53d of the Financial Regulation.

## *Article 4*

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 and 23 02 02**

Title: Commission decision on the approval and financing of a Global plan for humanitarian actions in Somalia from the general budget of the European Union

Description: Humanitarian assistance to people affected by natural and man made disasters in Somalia

Location of Action: Somalia

Amount of Decision: EUR 35,000,000

Decision reference number: ECHO/SOM/BUD/2010/01000

**Supporting document**

**1 Humanitarian context, needs and risks**

**1.1 Situation and context**

With the fall of Siad Barre's regime, and the country's civil governance structures, in the early 1990s, the management of and access to natural resources and any remaining infrastructure has been under the anarchic control of clans, sub-clans, militias and warlords. In the resultant atmosphere of endemic insecurity, viable livelihood systems and coping mechanisms have rested upon clan-based self-reliance.

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 seen regular armed conflict. The fourteenth and latest attempt since 2004 to broker an internationally-mediated peace agreement and establish the Transitional Federal Institutions (TFI) has yet to result in a consolidation of power. Unpredictable levels of instability continue to prevail amidst an extreme and ever-changing political landscape.

The year 2009 began with the election of a new President as head of Somalia's Transitional Federal Government, and the transition period was extended to August 2011. Hopes of greater stability proved, however, to be short-lived. Armed groups opposed to the Djibouti peace process and the presence of the African Union Peacekeeping Force based in Mogadishu continued to

fight against the new interim government, gaining control of most of Central and Southern Somalia<sup>1</sup>. Finally, although there has been no open confrontation between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland, tensions continued to run high during 2009.

The prolonged lack of effective central government has resulted in a chronic lack of basic and sustainable social services. In most areas, there is little or no access to basic health, water, sanitation or education facilities. Furthermore, regular drought and floods increase the vulnerability of much of the population, as well as their reliance on emergency relief interventions. An entire generation of Somali children have never known peace.

Somalia has also, over the past 18 years, been the theatre of regular mass displacements of people due to conflict, localised insecurity, economic hardship and climatic shocks, with some communities often experiencing several, if not all, at the same time. Recovery from one shock is often immediately jeopardized by the consequences of another one immediately afterwards.

This has had the effect of eroding livelihoods, aggravating poverty and increasing food insecurity and vulnerability. Somalia is one of the most impoverished countries in the world, being in last position of 179 countries on the 2008 UNDP Human Development Index, with 43.2%<sup>2</sup> of the population living on less than US \$ 1/day, and average life expectancy at birth well below 50<sup>3</sup>. Somalia earns the worst possible score of 3/3 on DG ECHO's Vulnerability and Crisis Index<sup>4</sup>.

Current field assessments confirm a worst-case scenario. The country is experiencing the worst insecurity since the early 1990s as a result of: increased and fighting between the TFG (Transitional Federal Government) and armed opposition groups; political tension over the current Djibouti Agreement; adverse climatic conditions<sup>5</sup>; criminality targeting humanitarian aid workers and; increased piracy, which had the effect of compromising the delivery of aid shipments by sea. The situation is unlikely to improve in 2010.

The ongoing conflict, lack of appropriate agricultural inputs, decay and looting of irrigation schemes have severely restricted areas put under cultivation and limited the planting and yield of cash and other crops. These factors, together with the degradation of the rangelands, deterioration of animal health in the absence of adequate veterinary services, and the repeated failure of the rains over the last decade have all contributed to the cumulated stress on, and impoverishment of, rural communities of pastoralists and agro-pastoralists who represent 80% of the Somali population<sup>6</sup>, and resulted in a degradation of their health and nutritional status. Moreover, inter-clan hatred and widespread lawlessness and insecurity take their own toll, driving populations deeper into poverty and despair, and increasing their reliance on external assistance.

One consequence of this generalized increase in vulnerability has been the movement of populations towards urban areas. UNHCR (United Nations High Commissioner for Refugees)

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<sup>1</sup> By January 2010, Al-Shebaab movement had progressively gained control of southern and central zones of Somalia and most of the districts of Mogadishu reducing the area under the control of TFG forces to estimated 14 km<sup>2</sup>.

<sup>2</sup> Somalia MDG report 2007.

<sup>3</sup> UNICEF 2007

<sup>4</sup> ECHO Global Needs Assessment 2009/2010.

<sup>5</sup> FSNAU *post Gu* analysis of September 2009 indicated a clear deterioration of the food security and nutritional status of vulnerable populations affecting IDPs, as well as rural and urban poor.

<sup>6</sup> The three successive rain failures and consequently increased exposure to droughts has in particular exacerbated the vulnerability of the populations living in arid and semi arid areas; conflicts over access to natural resources (competition for grazing areas and water points) and the sustained high cost of living, have, among other, contributed to further reduce the resilience and eroding coping capacities of the affected populations.

estimates that there are 1,115,000 internally displaced persons (IDPs) living mainly in makeshift camps, in addition to 275,000 protracted IDPs. IDPs now account for some 43% of the population in crisis in Somalia. Whilst a slight improvement was reported amongst the urban poor and rural poor populations between September 2009 and February 2010, no similar improvement was reported for the IDP population in terms of food security and nutritional status. However, it should be noted that, thanks to sustained humanitarian assistance and a rather good Deyr rain season, the nutritional status seems to have stabilised after having steadily deteriorated over the last few years. In spite of this stabilisation, the nutritional status of IDPs in Somalia remains among the worst in the world.

According to the most recent interagency assessment led by the Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWSNET) 3,225,000 people, representing 42% of the population of Somalia, will need emergency humanitarian assistance and/or livelihood support in the first half of 2010. Sustained conflict and adverse climatic conditions currently affect up to 70% of the population in Central Regions and up to 73% of the population in the region of Hiran, Southern Somalia<sup>7</sup>.

## 1.2 Identified humanitarian needs

**Water and sanitation:** Access to safe water for both human and livestock consumption and basic sanitation continues to remain a key issue : countrywide, just eight litres of water per person per day, half of the emergency minimum recommended by SPHERE, is available for drinking, cooking and bathing. Most water sources are traditional shallow wells, which are unprotected and overused, and subject to widespread contamination by livestock and unhygienic extraction. In areas where improved water infrastructure does exist, it is often damaged, destroyed or just simply not maintained. It is estimated that over 70% of boreholes have surpassed their design life span, 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, and over use. Water sources are, moreover, often deliberately damaged and contaminated during inter-clan clashes in order to ensure enduring hardship.

Erratic rainfall patterns serve only to aggravate the situation. Good rainy seasons provide a greatly needed respite from the hardship, but often 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 women and young girls<sup>8</sup>.

In terms of sanitation, coverage is only 23%, with one latrine being shared by 110 people on average<sup>9</sup>. Open defecation is common in both rural and urban areas, in close proximity to dwellings, cooking areas and water sources. Such conditions are rife for the transmission of diarrhoeal (and other) diseases and can also exacerbate the effects of malnutrition (particularly in under 5s), with associated increased morbidity and mortality rates.

Equitable access to safe water remains a major factor in resolving conflict and improving health in a context where cholera is endemic. Though the number of cases reported in 2009 (53,000) fell over previous years, acute watery diarrhoea (AWD) and cholera continue to be problematic

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<sup>7</sup> FSNAU post Deyr 2009/2010 assessment analysis, 11/02/2010.

<sup>8</sup> During the peak of the dry seasons, it is estimated that on average, women and children spend up to six hours per day fetching water that is unsafe to drink from distant water sources.

<sup>9</sup> SPHERE recommends that no more than 20 people should share a latrine in an emergency.

and endemic. Communities in South and Central Somalia are particularly affected due to the low coverage of rural water and sanitation<sup>10</sup>.

**Nutrition:** According to the most recent FSNAU assessment analysis<sup>11</sup> 1 child in 6 suffers from acute malnutrition (Global Acute Malnutrition, GAM) in Somalia, with 1 in 22 suffering from severe acute malnutrition (SAM). These rates are amongst the worst – if not the worst - in the world. Yet they represent a slight improvement on 6 months earlier, when 1 child in 5 was acutely malnourished. The improvement is mainly attributable to a slight reduction of malnutrition rates in northern Somalia, whilst the median rate for the south and central regions remains unchanged at 1 child in 5 acutely malnourished. This means that an estimated 240,000 children under five are acutely malnourished, of whom 63,000 suffer severe acute malnutrition. A very limited number of these children have access to nutrition centres<sup>12</sup>.

These malnutrition rates exceed emergency thresholds and confirm fears of a deepening humanitarian emergency in the central regions of the country. The main areas of concern continue to be the regions of Galgaduud, Mudug and Hiran, where critical and very critical levels of malnutrition exist in the presence of severe food insecurity. Another concern is the IDP populations in cities like Galkacyo and the Afgoyee corridor, where GAM rates of 23.7% and 16% respectively have been reported. IDPs in these areas are in need of large-scale integrated humanitarian response to prevent the situation from further deteriorating.

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

**Health:** The level of violence is one of the most visible factors contributing to morbidity and premature mortality and disability (physical and mental) in Somalia. The recent escalation and spread of armed conflict, coupled with deepening poverty and malnutrition, have increased the demand for treatment of patients with gunshot wounds and other trauma. The true scale of the civilian loss of life is not known due to the absence of record-keeping and the lack of access to key areas of conflict. Hospitals are funded almost exclusively by international aid. Outside Mogadishu, few medical facilities in south and central Somalia have the resources to perform war surgery. There is, furthermore, a very high attrition rate of qualified medical personnel leaving Somalia, whilst those remaining have little opportunity to update their skills. Many trauma patients cannot reach a medical facility because of security constraints or the lack of and/or the cost of transport.

As far as primary health care (PHC) / mother and child healthcare (MCH) is concerned, the current very modest level of support needs to be boosted 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 has some of the world's worst health indicators. Infant and maternal mortality are very high. The number of capable and specialised health NGOs<sup>13</sup> is, however, limited, not least because of the difficult operating environment in which the safety of key medical staff needs to be assured.

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<sup>10</sup> WASH cluster UN CAP 2010.

<sup>11</sup> FSNAU assessment analysis post 2009/2010 Deyr 11/02/2010.

<sup>12</sup> UNICEF estimates that one third of <5 SAM children live in Mogadishu and immediate outskirts. According to FSNAU, 70% of GAM children live in south and central regions of Somalia.

<sup>13</sup> Non Governmental Organisations

Somalia also experiences epidemics of various communicable diseases : HIV and AIDS is on the increase, (with prevalence rates of around 1.4% in Puntland and 0.6% in the South-Central regions in 2004<sup>14</sup>), as is tuberculosis (TB). Malaria is one of the main causes of under 5 mortality; and regular outbreaks of measles, dysentery, meningitis, Rift Valley Fever (RVF) and Kala Azar all pose major health risk. In this connection, there has not been an Extended Programme of Immunization (EPI) for the past 17 years, with a corresponding low coverage 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.

Given the above context, there is a pressing need to improve the access to and availability of quality health care services for the most vulnerable population groups.

**Non Food Items (NFI)/ Shelter:** The displacement of people as a result of various conflicts, insecurity and climatic shocks is a regular occurrence, which results in a continued need to support the distribution of non-food items. In addition to the very large caseload mentioned above, there is the possibility that conflicts in the central regions may escalate, whilst conflict may break out in the future between Somaliland and Puntland over the disputed Las Canod district as well as other flash points, as various clans, militias and warlords fight Al-Shebaab for control over key areas. The likelihood of further displacements cannot, therefore, be excluded.

The highest IDP concentrations are currently found in the Lower and Middle Shabelle regions, as well as in Mudug, Galgaduud and Hiran regions. According to UNHCR estimates in February 2010, 366,000 IDPs had found refuge in the Afgoyee corridor of the Lower Shabelle region, fleeing poverty and the conflict in Mogadishu and southern regions. The effects of such a population displacement on local host communities are overwhelming, stretching their resources in terms of shelter, infrastructure, employment, food and non-food commodities.

In addition, the trend of mixed migration across the Gulf of Aden and the Red Sea remained high in 2009, with over 50,000 illegal migrants, refugees and asylum seekers boarding smugglers' boats from several departure points in Somaliland, Puntland and Djibouti for the up to 48 hour journey to Yemen<sup>15</sup> Migrants, asylum seekers and refugees gather together in large unplanned and overcrowded settlements near the departure sites, which lack essential services of any kind. The humanitarian situation of the majority of these new IDPs is even worse than their more experienced counterparts due to insufficient shelter, clothing, blankets, sleeping mats, and essential household items. Furthermore, the local inhabitants are terrorized and constantly harassed.

**Food aid, Food security and Livestock:** In 2009, crops largely failed in Somalia as a result of poor rains in most parts of the country, and of the dry conditions prevailing in the central pastoral regions of Galagadud and Hiran and in several pastoral areas of the north. Good Deyr short rains (2009/2010) following three below-average seasons (long rains 2008, short rains 2008/09, and long rain 2009) will, unfortunately, not be sufficient to provide a durable positive impact on the harvest for the most vulnerable populations. At the same time, local Somali retailers keep back part of the harvest in order to maintain high cereal prices on the local markets<sup>16</sup>. Food availability generally is not a major issue, except in some parts of remote pastoralist areas of central

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

<sup>15</sup> Somalia Mixed Migration Task Force.

<sup>16</sup> FSNAU February 2010.

Somalia<sup>17</sup>. Economic access to food is, however, much more difficult, especially for 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.

At a time when the World Food Programme's General Food Distribution and Supplementary Food Distributions are being temporarily suspended in the South Central Zone and given that 42% of the people in Somalia are in need of emergency relief or livelihood support, 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.

It is also estimated that 60% of the Somali population is dependent on livestock, which provides 55% of overall dietary needs through the consumption of milk and meat. Livestock is also considered to be the most valuable asset for pastoralists, generating approximately 60% of subsistence income requirements. Livestock herds have been severely depleted as a result of three successive rain failures, which have led to high livestock abortion rates as well as to the increased deaths of many lactating animals, calves and cattle. In February 2010, for example, FSNAU was already reporting abnormal transhumance patterns in central and Somaliland regions highlighting the competition for pastures and water points. At the same time, the water trucking season started in southern Puntland earlier than usual Herds have been further 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. This burden is compounded by the need to host displaced groups. Pastoralist herds now need several successful rainy seasons to recover. The good performance of the recent Deyr short rainy season is not enough to ensure any tangible respite beyond the immediate term. Many households are, however, already severely indebted and have become so called “pastoralists drop outs”<sup>18</sup>, concentrated on the outskirts of towns throughout the regions with no other form of income being entirely dependent on handouts and relief.

**Protection issues:** The civilian population continues to pay a high price for the ongoing urban warfare in Mogadishu and in other urban centres in the south central zone, as the conflict is not confined to clearly identified military targets. Accusations abound of indiscriminate shelling of residential areas and medical structures<sup>19</sup>, which inevitably results in civilian deaths and injuries. More evidence has emerged in 2009 of the scale and nature of child recruitment by all sides in the conflict. The majority of children are between 14 and 18 years of age, although there is evidence of children as young as nine years of age being recruited by insurgent groups. Children are mostly recruited through force and deception in places like schools, IDP settlements or refugee camps in neighbouring countries<sup>20</sup>.

**DRR (Disaster Risk Reduction):** Through previous decisions, DG ECHO has been supporting various actions which have provided response to droughts and other climatic hazards (i.e. floods), including specific actions to protect both lives and livelihoods. Whilst this response will continue, enhanced support is proposed to activities aimed at increasing the resilience of the affected populations to climatic shocks like drought, through a better preparedness. Such

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<sup>17</sup> FSNAU March 2010.

<sup>18</sup> 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.

<sup>19</sup> MSF, OCHA.

<sup>20</sup> UNOCHA CAP 2010.

activities will reflect the good practices and lessons learnt<sup>21</sup> identified in the Horn of Africa Regional Drought Decision (RDD), including a comprehensive approach to drought cycle management.

**Co-ordination, logistic and security:** Co-ordination is essential in the light of the difficult security situation in Somalia, as well as of the massive IDP caseload. DG ECHO will need to ensure continued support to the Office for the Coordination of Humanitarian Affairs (OCHA) in order to strengthen their field presence and leadership in implementing the cluster approach, as well as to link with the development co-ordination fora, such as the Somalia Support Secretariat (SSS).

In 2010, OCHA should play a greater role in the facilitation of humanitarian access for the benefit of the entire humanitarian community. It is also expected that OCHA will better convey the views and expectations of Non Governmental Organisations (NGO) community within the UN system and the donor community through the Interagency Standing Committee (IASC) and the cluster structures.

Somalia is one of the most challenging and dangerous contexts for humanitarian aid workers. Security constraints continued to hamper humanitarian operations across much of Somalia. Of the 77 recorded security incidents reported in October 2009, three directly targeted humanitarian workers and assets. The reduction in targeted attacks against humanitarian workers and assets is mainly due to limited presence of humanitarian staff in South/Central Somalia. Impediments and restrictions to humanitarian agencies, such as demands for registration and payment continued particularly in South Somalia.

Based on the above, a permanent assessment of the situation related to access on the ground is required; at the same time humanitarian person needs to be informed of and trained in back up strategies, medical evacuations and overall security matters. It is important to ensure an increased access by supporting, among other, logistics and air transport facilities.

### **1.3 Risk assessment and possible constraints**

#### *Security and safety*

The situation in Somalia remains highly volatile and continues to demonstrate extreme levels of violence. The African Union peacekeeping forces are likely to remain in Mogadishu and are likely to be subject to increasing attacks by armed opposition groups (mainly Al-Shebaab). Some the worst fighting since the civil war in the early 1990s has taken place in 2008 and 2009, leaving hundreds of civilians dead, many thousands injured and an estimated 900,000 persons displaced.

Aid workers have been declared a legitimate target by Al-Shebaab and have been subject to harassment at roadblocks, kidnappings, and assassinations. Furthermore, piracy off the coast of Somalia has taken on epidemic proportions.

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<sup>21</sup> Some of the main lessons learned include for instance: the importance of ensuring that response to drought properly integrates actions which protect both lives and livelihood in a timely manner, the need to involve long term development donors, ensure an increased level of ownership by local communities aiming as well to maximise access to natural resources (i.e. grazing areas).

### *Access*

Humanitarian access remains very critical, particularly in the South and Central regions. . Some of the many obstacles include 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. Continued lack of clarity on border crossings is delaying delivery of humanitarian assistance. In addition, the closure of key airstrips in the South and Central regions has complicated access for humanitarian personnel and increased the logistics costs for organisations having to use airstrips further away.

At the end of 2009, Al-Shebaab and Hisbul al Islamyia armed groups issued lists of requirements including, inter alia, payment of taxes and a ban on the employment of women, as preconditions for humanitarian aid agencies to pursue their activities in the areas under their control (Lower Juba, Bay, Bakool, Gedo). Mediation through clan elders allowed the resumption of most aid operations, though the decrees issued by the local authorities were not formally withdrawn. Some agencies including UNDP<sup>22</sup>, UNMAS<sup>23</sup>, UNWFP and CARE were declared *non grata* in Al-Shebaab controlled areas and had to terminate or suspend (in full or partially) their activities in most of southern and central Somalia.

In such context, access to populations in need in the South Central zone relies totally on the capacity of local NGOs, the Somali Red Crescent Society and community-based organisations, as well as a pool of long-established international NGOs which have built up local acceptance over the years. Aid agencies still offer a reasonable capacity to deliver in those areas; needs assessments, monitoring and evaluations are conducted by Somali national staff or expatriates of Somali origin. Inspired by methodologies of rural development, some partners have build up local capacities aiming at self- assessment, programming and monitoring by the local communities themselves. Partners have, over the years, also established monitoring systems through triangulation of information. Such "remote-controlled" operations, however, also mean that aid agencies have limited capacity to scale up their current activities. It is, furthermore, highly unlikely that new agencies will be able to engage in the South Central zone and overcome all security and access difficulties in the current context. In comparison, access to Puntland and Somaliland populations in need remains easier, allowing for direct monitoring and needs assessments.

## **2 Proposed Commission response**

### **2.1 Rationale**

The Commission's strategy within this Global Plan is to address the humanitarian needs of the population of Somalia, with a focus on the core issues of health/nutrition, support to IDPs, water, sanitation, food security, victims of armed conflict and climatic hazards. Though assistance will be delivered country-wide particular attention will be paid to the increasingly worrying humanitarian situation in the south and central parts of the country. DG ECHO support will be channelled through ongoing interventions as well as encouraging support to aid agencies trying to establish operations in areas that have hitherto been inaccessible for different reasons.

Whilst DG ECHO will continue to focus on its core humanitarian activities, an increased attention should be also given to the mainstreaming of community based drought-preparedness and disaster risk reduction initiatives across the various actions to be funded.

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<sup>22</sup> United Nations Development Programme

<sup>23</sup> United Nations Mine Action Service

The strategy as described will continue and consolidate the relief response provided during 2009, when a total of EUR 45,000,000 in EU humanitarian funds was allocated . These funds have been supporting various interventions across Somalia targeting the humanitarian needs of the people affected by insecurity and climatic hazards and in favour of health care<sup>24</sup>, nutrition, water and sanitation<sup>25</sup>, food security<sup>26</sup>, food aid<sup>27</sup>, multi-sector support in favour of the new IDP caseloads and co-ordination.

While the bulk of the response focused on vulnerable populations living in south and central regions of Somalia, 2009 saw an exceptional increase of EU support for humanitarian aid actions implemented in northern Somalia, addressing the immediate needs of IDP populations as well as those of pastoralist and agro-pastoralists communities who were severely affected by the repeated rain failures. The 2010 Commission strategy for Somalia will continue to focus on live-saving activities in the South-Central zone where most of the humanitarian needs exist; such support will be extended to other pockets of related vulnerabilities (IDPs/host communities) in urban areas of Puntland and Somaliland. Additional support to pastoralist and agro-pastoralists communities of Puntland and Somaliland, will be considered as appropriate and after close assessment of existing needs.

DG ECHO currently supports humanitarian actions in 17 of Somalia's 18 regions (Awdal in Somaliland is the exception) reflecting the extent of the humanitarian needs all over the country. As such, DG ECHO is one of the largest humanitarian donors in Somalia, present in all key sectors of the humanitarian response with a large panel of implementing partners including the ICRC, 4 UN agencies and 17 International NGOs.

Actions funded under this Global Plan will start in mid-2010 and cover the needs for the next 18 months<sup>28</sup>.

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<sup>24</sup> In the *health sector*, DG ECHO support has been focusing on primary health care, including both in-patient and out-patient, specialised mother and child health care, paediatrics and emergency war surgery as well as curative nutrition interventions

<sup>25</sup> *Water and sanitation*, a sector of vital importance in Somalia, has included an improved access to water (i.e. through rehabilitation of water points and ground surface dams) and hygiene. When appropriate, particularly in drought affected areas, water trucking has continued in 2009.

<sup>26</sup> In terms of *food security*, interventions aimed at reaching thousands of people through a number of different components including the reinforcement of emergency veterinary services<sup>26</sup> in response to outbreaks of livestock diseases threatening the loss of pastoralist livestock herds across the central and south of Somalia as well as close to the border regions of Kenya, delivery of agricultural inputs (seeds and tools), cash based interventions (CFW, income generating activities or unconditional cash) and other livelihood based initiatives.

<sup>27</sup> In *food aid*, DG ECHO has contributed to the WFP food aid pipeline targeting approx. 2.2 million people. One key programme was the wet feeding programme in Mogadishu providing roughly 75,000 cooked meals a day.

<sup>28</sup> Nb: A number of ongoing actions funded from the 2009 budget (Global Plan, Food Aid Decision and Regional Drought Response) will cover a part of the needs until the end of 2010.

## 2.2 Objectives

**Principal objective:** To provide humanitarian assistance to vulnerable populations affected by natural and man made disasters in Somalia

**Specific objectives:**

1. To contribute to an improvement of the humanitarian situation of the affected vulnerable populations in Somalia by providing multi sector assistance, notably in the areas health, water and sanitation, non-food items/shelter, coordination, security, logistics and mainstreaming Disaster Risk Reduction.

Components: Health, Nutrition, Food Aid/Food security, Water and Sanitation, Non Food Items/Shelter, Disaster Risk Reduction, Logistics, Security, Coordination.

2: To improve the humanitarian situation of the affected vulnerable populations in Somalia by providing appropriate food assistance

Components: Nutrition, Food Aid/Food security

## 2.3 Components

**Health:** Assistance will essentially target the urgent primary and secondary medical needs in and around Mogadishu, and areas in southern and central Somalia where there are functional medical facilities providing essential services, or where operational partners are able to establish facilities .Epidemic response support mechanisms will also be a primary focus to ensure appropriate action to control and contain epidemics, such as the cholera outbreak currently prevailing across the entire south of Somalia. A major part of the support to the health sector is likely to be channelled through partners such as ICRC in support of primary health care (provision of drugs, consumables and medical equipment) to clinics across central Somalia, and includes critical support to war surgery intervention in hospitals in Mogadishu.

**Nutrition:** In the light of the prevailing rates of malnutrition, the major focus of EU funded humanitarian support will be the therapeutic and supplementary feeding programmes and centres. Efforts will be made to increase the coverage and quality of therapeutic care, in addition to ensuring complementarity with food security interventions supported by the European Commission's SOU (Somalia Operations Unit).

**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 services for the treatment and vaccination against livestock diseases, cash for work rehabilitations of essential earth pans and other water sources, voucher support for livestock services, voucher support for the purchase of seeds in the local market, small scale irrigated agriculture support for riverside communities or income generating activities (like bee keeping, poultry etc.) to ensure that key household assets are retained and remain in good health wherever possible.

Food aid and food security interventions will be supported either as a small-scale component of an integrated programme including other multi-sector assistance, or as a large country-wide programme prioritising the reinforcement of 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.

**Water and sanitation:** DG ECHO will continue to focus on availability of drinking water in sufficient quantities in priority health structures. Continued support will be provided to short term rehabilitations and spare parts supply, maintenance and repair of boreholes and critical existing water points for human and livestock use, focusing on areas of high displacement. In view concerns about the fragility of the environment, DG ECHO will not support the establishment of new water points, and will only support the replacement of existing infrastructure in exceptional cases. One of the aims of water supply activities will be to maintain as free an access as possible to natural resources; specific attention will therefore be given to supporting activities which address and mitigate tensions (conflict risk reduction) erupting as a consequence of limited access to grazing areas and water points. As part of a comprehensive approach, the rehabilitation and construction of essential and emergency sanitation facilities will be supported for the most affected communities, as well as hygiene promotion focusing on key practices to reduce disease transmission.

**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, particularly to support displaced populations. 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 area affected by the mass displacement from Mogadishu and the numbers involved, have made it impossible to ensure full coverage.

**Disaster Risk Reduction (DRR):** DRR is part of DG ECHO's core strategy in the Horn of Africa. DRR and drought risk reduction in particular, should be mainstreamed in all DG ECHO funded actions. Comprehensive initiatives will be supported aiming to reduce the impact of droughts and/or other climatic shocks on the assets (i.e. livestock, agriculture) of the local population, to reduce the competition for access to natural resources, and to piloting appropriate adaptation mechanisms which contribute to increasing the resilience of the communities. Activities to be funded may include, among others:

- Support to increased awareness on disaster risk reduction ;
- Support to actions facilitating the strengthening of local communities' emergency management capacity planning and other preparedness measures (including community actions plans regarding drought risk reduction or climate risk management);

Instead, drought preparedness oriented initiatives may include:

- Support to and training of animal health workers, in particular as regards animal disease surveillance and treatment;
- Support to pasture improvements (i.e. grazing enclosure and selective bush clearing), rangeland management and the optimization of small irrigation schemes in order to improve livelihood coping capacities of the populations exposed to droughts.

Other relevant and related initiatives will be supported as components of wider interventions.

**Co-ordination, Logistic and Security:** Continued support will be provided to the UN Co-ordination system through OCHA, particularly focusing on the Protection Group (IDP issues) and the Response Group (coordination of humanitarian aid), and allowing OCHA to strengthen its field presence and the cluster approach. DG ECHO will also support the facilitation of access by ensuring that field information and security training is available to humanitarian aid workers.

Co-ordination will be ensured with actions funded by the European Development Fund (EDF) and from the EU budget, in particular in the framework of the Food Security Thematic Programme.

These different components would include the “cross-cutting” issues transition from humanitarian aid to longer-term development assistance, child related assistance and water, which feature as DG ECHO priorities.

DG ECHO will continue to mainstream support to all partners to increase their capacity to manage the higher levels of insecurity. These include, among others, security training for all staff whenever required, financial support for flight charter services to complement that provided by the European Commission's Flight Operation which does not fly to all locations, as well as the purchase of communications and security equipment whenever necessary. Support to possible NGO based security framework (i.e. the NGO Safety Programme of the NGO Consortium) could be also considered, when appropriate.

Furthermore, all interventions funded by EU humanitarian assistance will also ensure the implementation and application of the DG ECHO HIV Funding guidelines<sup>29</sup> and the minimum activities related to partners, staff and beneficiaries.

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.

#### **2.4 Complementarity and coordination with other EU services, donors and institutions**

(See table 3 in annex)

There is a very good level of co-ordination between other donors and institutions at all levels. Very close consultation and collaboration is maintained at field level (Nairobi) between DG ECHO and the European Commission's Somalia Operations Unit (EC SOU) and DGs RELEX, DEV and AIDCO in Brussels. In addition, there is regular contact in the context of the spell out LRRD Country Analysis and Action Framework in order to avoid overlap, duplication and disparity in approach among projects supported by the different EU instruments and to reinforce complementarities in all programmes, wherever possible<sup>30</sup>. The DG ECHO strategy has taken into account the EU's 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).

DG ECHO's approach and strategy for Somalia in 2010 is based on consultations with the SSS (Somalia Support Secretariat), different Sector Working Groups and other relevant humanitarian actors DG ECHO Somalia shares information with the INGO Forum and is in direct contact with over 40 humanitarian aid agencies operating in Somalia.

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<sup>29</sup> Funding Guidelines adopted in October 2008

<sup>30</sup> An example is the agricultural sector where food security interventions have to be either aligned or complemented by the approaches developed by EC Somalia Operation Unit SOU with reference to agricultural and livestock support programmes.

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.

## **2.5 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 continue or build on activities funded under the previous Global Plan which ends on 30 November 2010. In addition, given the precarious security situation and volatility of the Somali conflict, it is proposed to allow for some flexibility for possible extensions to the duration of actions.

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

Start Date : 1 June 2010

## **3 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 Union 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](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm) .

## **4 Management Issues**

Humanitarian aid Actions funded by the EU are implemented by NGOs and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States and by United Nations agencies based on the EU/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](http://ec.europa.eu/echo/about/actors/partners_en.htm).

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and International Organisations not complying with the requirements set up in the Financial Regulation applicable to the general budget of the European Union for joint management, actions will be managed by direct centralised management.

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.

## **5 Annexes**

*Annex 1 Summary decision matrix (table)*

Principal objective	To provide humanitarian assistance to vulnerable populations affected by natural and man made disasters in Somalia				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners
<p><b>Specific objective 1:</b> To contribute to an improvement of the humanitarian situation of the affected vulnerable populations in Somalia by providing multi sector assistance, notably in the areas of health, water and sanitation, non-food items/shelter, coordination, logistic, security and mainstreaming Disaster Risk Reduction.</p>	<p><b>30,000,000</b></p>	<p>Somalia, with a focus on south-central zone.</p>	<ul style="list-style-type: none"> <li>- Support the provision of surgery and primary healthcare services to medical facilities in Mogadishu and other locations as well as a number of health posts in areas of urgent humanitarian need.</li> <li>- Support for therapeutic and supplementary feeding programmes in areas of urgent need.</li> <li>- Support for cholera preparedness interventions and ensuring greater access and yield of existing water points for both human and livestock consumption.</li> <li>- Contribute to the rehabilitation and construction of sanitation facilities combined with Public Health and Hygiene Education.</li> <li>- Provide integrated support to IDPs and host communities from conflict areas in Somalia through; food assistance, NFI, shelter materials, water trucking, mobile health teams, sanitation etc.</li> <li>- Support short term 'livelihood interventions to rural and urban</li> </ul>	<ul style="list-style-type: none"> <li>-Maintained/improved health access and malnutrition coverage with indicators such as cure rates, mortality, morbidity and defaulter trends.</li> <li>- Availability, access, safety and utilisation of water quantity and quality.</li> <li>- Response timing and containment of livestock and human disease outbreaks.</li> <li>- Improved and increased coping mechanisms and standard of human livelihood thresholds with greater access to food and food security.</li> <li>- Beneficiary access to humanitarian aid is proportionate, equitable, safe and dignified.</li> </ul>	<p>Direct Centralized management::</p> <ul style="list-style-type: none"> <li>- ACF-F</li> <li>- ACTED-F</li> <li>- ADRA-D</li> <li>- CARE-NL</li> <li>- CARITAS- Int</li> <li>- CESVI-I</li> <li>- CONCERN-IRL</li> <li>- COOPI-I</li> <li>- COSV-I</li> <li>- DRC-DK</li> <li>- FINNCHURCHAID</li> <li>- GAA</li> <li>- GTZ - D</li> <li>- IMC-UK</li> <li>- IRC-UK</li> <li>- IR-UK</li> <li>- MDM-F</li> <li>- Medair Swiss</li> <li>- MERLIN-UK</li> <li>- MSF-F-NL-CH-B</li> <li>- NRC-N</li> <li>- OXFAM-UK</li> <li>- OXFAM-NOVIB-NL</li> <li>- SC-UK</li> <li>- SOLIDARITES-F</li> <li>- SOS-K-A</li> <li>- VSF-D-B</li> <li>- WV-D</li> </ul>

			<p>communities to prevent the total loss of livelihood assets through livestock health interventions, agricultural support, unconditional cash transfers, distribution of food/water vouchers and cash for work activities.</p> <p>- Support to actions facilitating the strengthening of local communities planning and other preparedness measures in emergency management (including community actions plans regarding drought risk reduction or climate risk management).</p> <p>- Security and Logistic: support safety Program, security training initiatives, facilitation of access through improved air service support;</p> <p>- Enhance coordination through OCHA and the cluster system.</p>		<p>Joint Management:</p> <ul style="list-style-type: none"> <li>- UNHCR</li> <li>- UNICEF</li> <li>- UN-OCHA</li> <li>- ICRC-CICR</li> <li>- UN-FAO</li> </ul>
<p><b>Specific objective 2:</b> To improve the humanitarian situation of the affected vulnerable populations in Somalia by providing appropriate food assistance</p>	<p><b>5,000,000</b></p>	<p>Somalia, with a focus on South and Central regions.</p>	<p>- Food aid. Supplementary feeding. Nutrition pipeline.</p>	<p>- Ensure physical and economic access to food commodities in adequate quality and quantities, in a way that is safe and which respects human dignity.</p>	<p>Joint Management:</p> <ul style="list-style-type: none"> <li>- WFP</li> <li>- UNICEF</li> <li>- FAO</li> <li>- ICRC</li> </ul> <p>Direct Centralized management</p> <ul style="list-style-type: none"> <li>- DRC</li> <li>- ACF</li> </ul>
<p><b>Risk assessment</b></p>	<p>Volatile security environment, recurrent risk of evacuation/suspension of interventions. Rapidly changing context due to conflict, climate hazards, and change of local administration.</p>				
<p><b>Assumptions</b></p>	<p>Continued commitment of high quality professional aid agencies to address the needs in Somalia. Aid agencies remain accountable to the beneficiaries and the donor. Aid agencies respect all humanitarian principles in the implementation of their actions.</p>				
<p><b>Total cost</b></p>	<p>35,000,000</p>				



*Annex 3- Overview table of the humanitarian donor contributions*

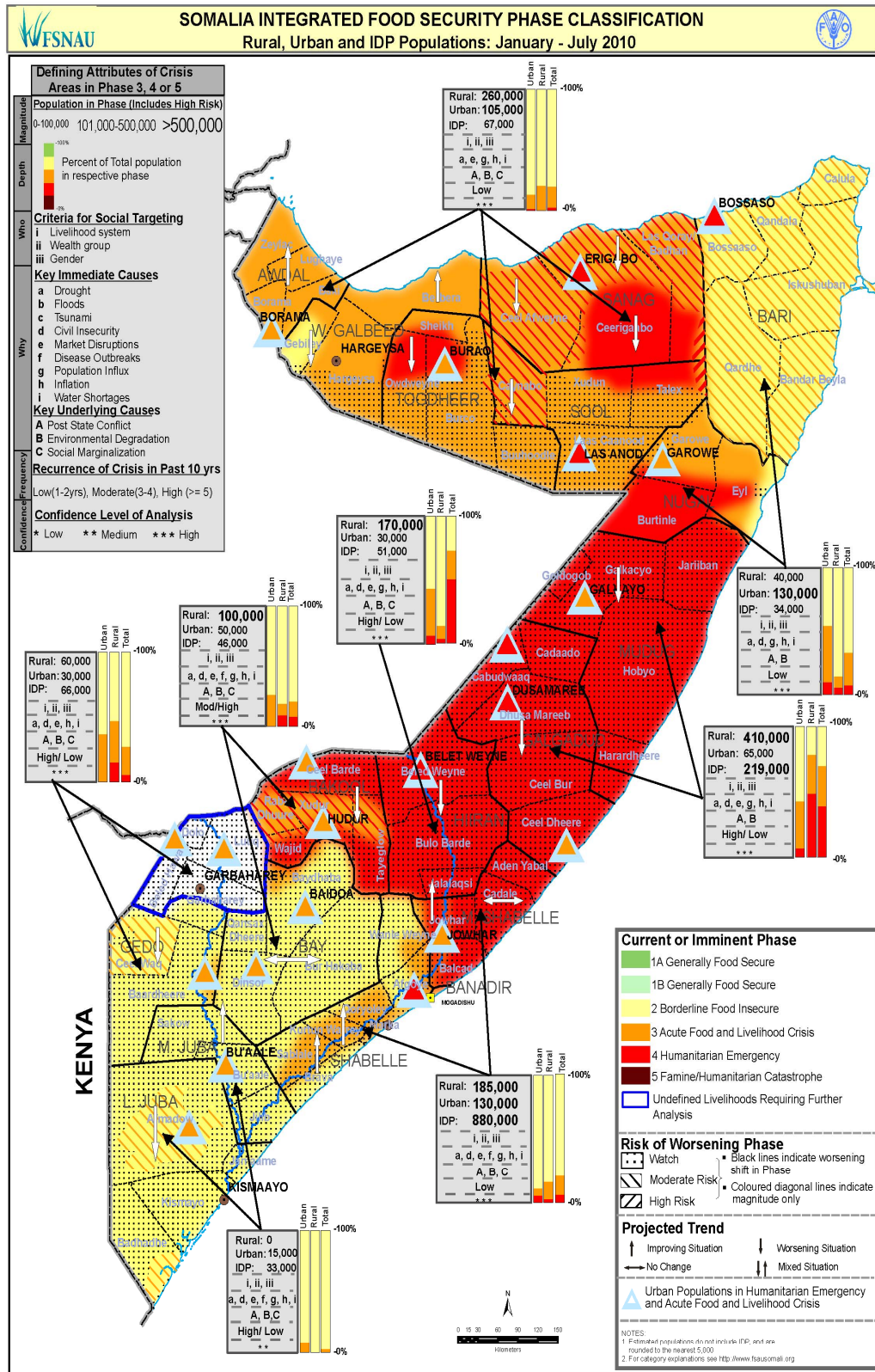
Donors in SOMALIA the last 12 months					
1. EU Members States (*)		2. European Commission			
	EUR		EUR		
Austria		DG ECHO	45,000,000		
Belgium	2,500,000				
Bulgaria					
Cyprus					
Czech republic	200,000				
Denmark	7,253,225				
Estonia					
Finland	3,050,000				
France	700,000				
Germany	12,173,840				
Greece	150,000				
Hungary					
Ireland	2,360,000				
Italy	4,293,000				
Latvia					
Lithuania					
Luxemburg	125,594				
Malta					
Netherlands	9,929,865				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	3,974,578				
United kingdom	15,570,357				
Subtotal	62,280,459	Subtotal	45,000,000	Subtotal	0
		Grand total	107,280,459		

Dated : 23 February 2010

(\*) 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 4- Maps



*Annex 5- Statistics on humanitarian situations*

Vulnerability and Crisis index															
GNA 2009-2010															
Vulnerability Index (VI)												Crisis Index (CI)			
<i>Countries - GNA 2009-10</i>	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
Djibouti	3	2.25	2	2	2	4	2	3	3	3	2	3	0	3	0
Eritrea	2	2.13	3	2	2.5	2	1	3	2	2.5	2.5	2	0	2	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	3	3	2	3	2	3	2.0
Somalia	3	2.88	x	3	3	6	3	3	3	3	2	2.5	3	3	3
Sudan	3	2.63	2	2	2	6	3	3	3	3	2	2.5	3	3	3
Uganda	3	2.56	2	2	2	5	2.5	3	3	3	3	2.8	0	2	3

**HDI:** Human Development Indicator  
**HPI:** Human Poverty Indicator  
**R+I+r:** Refugees/IDPs/Returnees