

## HUMANITARIAN IMPLEMENTATION PLAN (HIP) 2013

### HORN OF AFRICA

#### 0. MAJOR CHANGE SINCE THE PREVIOUS VERSION OF THE HIP

October 2014

In order to match the needs and current context in the Horn of Africa, it was decided to enable the following adjustments between the Food Aid Budget Line and the Humanitarian Aid Budget Line.

This change aims at better reflecting the realities of the projects selected in the different countries.

Previous allocation

Country	Humanitarian Aid	Food Assistance	Total in Million EUR
Ethiopia (including refugees)	13 400 000	16 000 000	29 400 000
Somalia	42 800 000	10 300 000	53 100 000
Kenya (including refugees)	15 000 000	9 000 000	24 000 000
Djibouti	400 000	1 600 000	2 000 000
<b>Total</b>	<b>71 600 000</b>	<b>36 900 000</b>	<b>108 500 000</b>

Proposed final allocation

Country	Humanitarian Aid	Food Assistance	Total in Million EUR
Ethiopia (including refugees)	14 623 000	14 761 000	29 384 000
Somalia	42 100 000	11 000 000	53 100 000
Kenya (including refugees)	14 516 000	9 000 000	23 516 000
Djibouti	1 800 000	700 000	2 500 000
<b>Total</b>	<b>73 039 000</b>	<b>35 461 000</b>	<b>108 500 000</b>

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December 2013

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Somalia is in a continuing state of complex emergency, prone to rapid onset natural and conflict-related disasters. This has been shown by the most recent crises to which ECHO partners have been responding: floods in Puntland following a tropical storm and floods related displacement in Middle Shabelle region of South-Central Somalia, aggravated by clan clashes.

Tropical Storm THREE made landfall on the north-eastern coast of Somalia on 10 November, creating flash floods and heavy rainfall. The health cluster conducted a rapid assessment by land while delivering emergency health supplies and identified gaps in water, shelter, food, and Non Food Items (NFIs) around Dangoroyo. The aerial assessment conducted on 15 November confirmed that no large groupings of displaced populations were observed, though traditional shelters were either absent or skeletal. The assessment confirmed reports of major livestock losses: thousands of livestock have been reported dead as a consequence of icy rain.

In Middle Shabelle, Central Somalia, villages and farms in the flood's path have been submerged. The main river embankment has been broken and despite efforts to close it, the breakage in Jowhar town environs (Barey) was causing problems. Around 3 km of the road in Jowhar district has been flooded and the waters have reached villages where residents have moved to neighbouring villages west of the Middle Shabelle-Hiraan road. Floods and inter-clan clashes have forced up to 10,000 families to flee their homes. Floods have also contaminated many of the local drinking-water wells creating a high risk of disease and they have also ruined any chance of a harvest for many local farmers. Further flooding will delay *Deyr* plantation and could negatively affect food security if water level in inundated villages do not recede.

For both crises, ECHO partners have already tried to reallocate funds from on-going grants to provide emergency responses to these crises; this is nevertheless at the expenses of on-going very necessary interventions in the fragile humanitarian context of Somalia. Furthermore, needs in Middle Shabelle have the potential to go well beyond the actual contingency capability of ECHO partners.

To add to this difficult situation, the recent withdrawal of Médecins Sans Frontières (MSF) from Somalia overwhelms health services that are already weak and exhausted. It is estimated that 1.5 million Somalis may lack health access, with up to 150km journeys for referral. An estimated 99,000 people could die due to lack of services: 15,000 women due to lack of Emergency Obstetric Care, 30,000 children under 5, 20,000 surgical cases and 34,000 critically ill patients. Longer term plans and resources will be needed to cover all the gaps.

Finally, according to the latest early warning information, vulnerable households in the Hiraan agro-pastoral zone in South-Central Somalia and the Sool Plateau in Northern Somalia are affected by deteriorating food security/nutrition outcomes due to adverse climatic conditions in the previous season.

These multiple hazards and insecurity are forcing many Somalis out of their country, mainly to Kenya and Ethiopia with a heavy share on Kenya with more than 400,000 Somali refugees present in Dadaab camps only. Support to the Somali refugees in Kenya is therefore foreseen.

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ECHO has mobilised additional EUR 10 million to address the above described situation. EUR 6.5 million will be allocated for actions in Somalia and the remaining EUR 3.5 million for actions targeting the Somalia refugee situation in Kenya.

## 1. CONTEXT

### **DROUGHT CRISIS AND CONFLICT IN THE HORN OF AFRICA – STATE OF PLAY**

Somalia, Kenya, Ethiopia and Djibouti have been heavily affected during the period 2010/2011 by consecutive rain failures, hitting mostly the populations of arid and semi-arid lands in the region. The drought caused harvests to fail, high crude mortality and malnutrition rates in the population, severe livestock mortality, and increased food and water prices. By mid-2011, at the peak of the crisis, 13 million people were in need of emergency assistance across the region. In July 2011 famine was declared by the United Nations (UN) in parts of Somalia.

As of February 2012, UN declared the end of famine in Somalia. Malnutrition and crude mortality rates have dropped but still remain high in some areas. While drought-affected people are still struggling to recover in the region, the first 2012 rainy season was delayed and its below average performance in certain areas created renewed concerns about possible drought and humanitarian consequences. The last quarter of 2012 is benefitting from increased likelihood of above to near normal rainfall over much of the region. Overall, this has positive impacts on the region attributed to increased food supply from harvests, reduced food prices, enhanced productivity and prices of livestock, increased labour opportunities for households, and reduced inflationary pressures<sup>1</sup>. However, rains are not evenly distributed and some areas are experiencing flooding and acute food insecurity<sup>2</sup> is affecting areas of southern Ethiopia, south-central Somalia, parts of northern/eastern Kenya and Djibouti at least until the end of 2012. The number of severely food insecure people in the Horn of Africa has fallen substantially in 2012 compared to 2011 due to good harvests in parts of the region and sustained emergency and recovery support. However 9.1<sup>3</sup> million are still in need of humanitarian assistance.

In addition to the drought, the situation in the region is further aggravated by on-going conflict coupled with high insecurity concerns and restricted humanitarian space in Somalia. Eastern Kenya and the Somali Regional State in Ethiopia are also affected by localised conflicts and reduced humanitarian space. The Horn of Africa crisis is also the result of a combination of other key factors, namely the high level vulnerability due to exhausted coping mechanisms, high inflation (i.e. food and fuel), absence of basic services delivery (i.e. water supply, primary health), demographic pressure, low performing pastoral and agro pastoral farming systems and chronic poverty. In addition, population displacement and pastoralist drop outs have generated loss of rural livelihoods leading to increased urbanisation with few alternatives livelihood options available in urban centres and intensified ethnic tensions and conflicts.

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<sup>1</sup> FEWSNET EastAfrica food security outlook, August – December 2012, available at [http://www.fews.net/docs/Publications/EA\\_OL\\_2012\\_08\\_final.pdf](http://www.fews.net/docs/Publications/EA_OL_2012_08_final.pdf)

<sup>2</sup> OCHA Humanitarian Bulletin, Eastern Africa, Issue 12 | 6 – 17 August 2012

<sup>3</sup> OCHA Horn of Africa Humanitarian Snapshot, 20 July 2012

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## EMERGENCY SITUATION AND NEED FOR RESILIENCE

**Emergency situation:** Recurrent emergencies with or without displacement of populations in the region are also due to inter-clans violence, political disputes, rapid onset natural disasters (flooding or storms) and competition over scarce resources (i.e. pastures, water and fertile lands) with often a regional dimension (i.e. conflict between pastoralist communities at the Kenya/Ethiopia border area). The region is also affected by frequent epidemic outbreaks such as Acute Watery Diarrhoea, malaria, meningitis, measles and Ebola haemorrhagic fever (i.e. Uganda) as well as diseases affecting livestock. Appropriate life-saving emergency responses are required to address the above crises in a timely and effective manner.

**Resilience:** Considering the above described situation in the region, the improvement of the resilience<sup>4</sup> of vulnerable communities in the Horn of Africa is of paramount importance and is a common goal of European Union (EU) humanitarian and development assistance as it aims to simultaneously tackle the whole range of key risks and stress factors that induce crises, and address the structural causes of vulnerability.

The recent EU's SHARE<sup>5</sup> initiative has become one important driver for EU assistance in the region; it places a strong emphasis on building the resilience of the poorest households by linking relief, rehabilitation and development and by strengthening coordination among regions, countries and donors involved. Addressing the main humanitarian needs through a "resilience lens" will ultimately contribute to increase the level of resilience of individuals and households to future shocks.

Other initiatives, consistent with this approach, include the newly established Global Alliance for Resilience and Growth in the Horn of Africa in which the European Union plays an active role, the 6-monthly Resilience Dialogues sponsored by some of the major donors, and the work of Non Governmental Organisations (NGOs) and multi-lateral organisations, such as the United Nations (e.g. UNICEF and FAO) and the World Bank.

## REFUGEES SITUATION

The refugee crisis in the region is both acute and protracted. As a direct consequence of 2 decades of instability in the region, 1.2 million people (mainly from Somalia) have fled the consequences of drought and conflict to find refuge in neighbouring countries. The vast majority of these refugees find themselves in a longstanding and intractable state of limbo in which their basic rights and essential economic, social and psychological needs remain unfulfilled after years in exile. These populations are typically, but not necessarily, concentrated in a specific geographic area, and may include camp-based and urban-refugee populations.

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<sup>4</sup> Resilience is the ability of an individual, a household, a community, a country or a region to withstand, to adapt, and to quickly recover from stresses and shocks.

<sup>5</sup> Supporting Horn of Africa REsilience - joint DEVCO, ECHO, EEAS programme launched in March 2012 for the period 2012/2020 - [http://ec.europa.eu/echo/policies/resilience/share\\_en.htm](http://ec.europa.eu/echo/policies/resilience/share_en.htm).

With a continuous influx of new arrivals reaching the camps in extremely destitute condition (severe acute malnutrition rate reaching sometimes 18% upon arrival), the refugee crisis in the Horn of Africa remain also particularly acute, requiring the constant provision of basic life-saving services. The needs of refugees living in protracted situations are specific and go beyond the traditional basic humanitarian needs (food, water, shelter, health). Conditions in refugee camps are frequently characterised by overcrowding and lack of social and educational opportunity. With few opportunities, some refugees are turning to a range of negative coping strategies such as crime, drugs or prostitution. Many refugee camps are also extremely insecure. The Dadaab camps in Kenya, for example, have often been associated with arms trafficking, cross-border banditry, sexual and gender based violence, and significant tensions with the local community.

The likely development of the refugee crisis in the region is bleak with constant new arrivals due to unimproved situation in Somalia and Sudan/South Sudan and very limited prospects for local settlement or viable return options for most Somalis and Sudanese.

## 2. HUMANITARIAN NEEDS

Somalia, Ethiopia, Djibouti are ranking 3 on the Vulnerability Index<sup>6</sup> while Kenya is ranking 2. Ethiopia, Kenya and Djibouti are ranking 2 on the Crisis index<sup>7</sup> while Somalia is classified 3. The total populations of the four countries stands at 133.1 million of which 9.1 million are in need of humanitarian assistance. On a total of 187 on the Human Development Index<sup>8</sup> Kenya ranks 143, Djibouti 165 and Ethiopia 174. There is no existing data for Somalia.

### 1) Affected people/ potential beneficiaries (Conflict and natural disaster):

**Refugees:** With approximately 1.2 million refugees recorded so far, the prospects for an increase are on the rise; the second half of 2012 risks to experience a new influx of refugees in Kenya and Ethiopia. In 2011, almost 300 000 new refugees were registered in camps in the region. An additional 80 000 new arrivals were registered in the first six months of 2012.

Kenya is hosting more than 625 000 refugees<sup>9</sup> mainly from Somalia (534 000). Around 474 000 are living in Dadaab camps (North-eastern Kenya) whilst 30 000 are coming from South Sudan to reach Kakuma camps (Northern Kenya). Ethiopia is currently hosting 368 735<sup>10</sup> refugees<sup>11</sup> from all neighboring countries except Djibouti and the projection for the caseload by the end of the year amounts to 420 000 refugees from 5

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<sup>6</sup> ECHO, [http://ec.europa.eu/echo/policies/strategy\\_en.htm](http://ec.europa.eu/echo/policies/strategy_en.htm)

<sup>7</sup> ECHO, [http://ec.europa.eu/echo/policies/strategy\\_en.htm](http://ec.europa.eu/echo/policies/strategy_en.htm)

<sup>8</sup> UNDP, HDI report 2011

<sup>9</sup> UNHCR (The United Nations High Commissioner for Refugees-, August 2012, <http://data.unhcr.org/horn-of-africa/country.php?id=110>

<sup>10</sup> UNHCR, Task force meeting, August 2012

<sup>11</sup> The majority of them being from Somalia (206,473), a large part hosted in Dollo Ado refugee camps, and from Sudan/South Sudan (86,599) mainly hosted in Gambella and Benishangul Gumuz camps.

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neighboring countries. In Djibouti, a total of 19 820 refugees (the large majority of Somali origin) are currently registered.

Since January 2012, a total of 37 909 Congolese refugees have arrived in Uganda (139 000 Congolese refugees in total are now registered in this country).

In **Somalia**, by mid-2012, 2.5 million people were in crisis. In addition 1.29 million people are at risk of sliding back into crisis in absence of adequate assistance<sup>12</sup>. The nutritional situation in southern regions has remained in a very critical phase with evidence of global acute malnutrition as high as 28.4% in some areas<sup>13</sup>. In the second half of 2012, it is assessed that 2.12 million people are in crisis (16% decrease compared to first half of 2012). **Somaliland and Puntland** host a large Internally Displaced Persons' (IDPs) caseload made of a mixture of protracted and new IDPs, including drop out herders from 2011 crisis. UNHCR estimates that there are 85 000 IDPs in Somaliland and 143 000 IDPs in Puntland<sup>14</sup> (17% of the estimated IDP population in Somalia).

In **Ethiopia**, 25 million people live under the poverty line. Food insecurity is widespread and rates of acute malnutrition are often above the international thresholds that define an emergency situation. A total of 3.76 million people<sup>15</sup> are estimated to be in need of food assistance in Ethiopia for the second half of 2012 (16% increase compared to the first half of 2012). The preliminary results of the Belg (short rains February-May) assessment carried out in 6 regions<sup>16</sup> show that food insecurity is increasing in most Belg dependent areas. In addition, lowland agro-pastoralist and pastoralist areas are also affected. A total estimated 350 000<sup>17</sup> people are displaced in Ethiopia.

In **Kenya**, the level of vulnerability to acute malnutrition in the arid and semi-arid lands remains very high with approximately 2.4 million people<sup>18</sup> affected. In addition to repeated droughts, main underlying cause is chronic poverty due, among others, to increased population growth and structural deficiencies.

Localized violence between different tribes/clans, competitions over scarce resources and political disputes have also contributed to continue internal displacements in **Ethiopia and Kenya**.

In **Djibouti**, Food security has deteriorated and persists in all rural pastoral areas. A rapid nutritional assessment<sup>19</sup> carried out in May 2012 in the rural areas indicated a very critical nutritional situation in the country with 50% of the rural households severely food

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<sup>12</sup> UN CAP Mid-year, July 2012.

<sup>13</sup> UNICEF June 2012.

<sup>14</sup> UNHCR, July 2012.

<sup>15</sup> Humanitarian Requirements Document (HRD) in August 2012, launched by the Government of Ethiopia.

<sup>16</sup> The six region are: Afar, Amhara, Oromia, SNNPR - Southern Nations, Nationalities, and People's Region, Tigray and Somali).

<sup>17</sup> Internal Displacement Monitoring Centre, Geneva.

<sup>18</sup> KFSSG (Kenya Food Security Steering Group), 2012 long rains mid-season assessment report, July 2012.

<sup>19</sup> WFP Emergency Food Security Assessment (EFSA), May 2012

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insecure. A total of 206 000 people are in need of urgent humanitarian assistance in the northwest and southeast regions of the country<sup>20</sup>.

The drought did not affect **Uganda** as much as the other countries in the Horn of Africa. Linking Relief, Rehabilitation and Development (LRRD)<sup>21</sup> efforts are materializing, but still need some continued support in the area of Drought Risk Reduction in Karamoja. From June 2012, influx of civilians from North Kivu (Democratic Republic of Congo) into Uganda has increased. Some 38 000 asylum seekers have arrived since January 2012. Many of them are moving inland to the refugees settlements. A longer-term displacement is expected.

**In Eritrea**, humanitarian space and access continue to be restricted by the Government. Very few humanitarian organisations other than the UN agencies are working in Eritrea due to access restrictions imposed by the Government. ECHO<sup>22</sup> will continue to monitor the situation and will be prepared to fund operations if needed provided there are possibilities for needs assessments and independent monitoring of humanitarian projects.

## 2) Description of most acute humanitarian needs by sector.

The main needs identified by sector are:

**Food Security:** Cumulated stress on the livelihoods of vulnerable populations has sharply eroded their household economic security. The recovery process is progressing at low pace. The current food insecurity of most vulnerable communities is mainly caused by a lack of food availability on local markets or insufficient means to access food, animal disease outbreaks, displacement caused by conflict and absence of sufficient social safety nets. Despite increased coverage provided by safety net systems in Ethiopia and Kenya there is still a need for sustained relief food aid assistance. This has to be combined with increased assets protection and livelihood support.

**Nutrition:** The high food insecurity throughout 2011, caused by a combination of conflict, drought and high food prices, has resulted in dramatic levels of acute malnutrition, and contributed to significant levels of excess mortality in southern Somalia, refugee camps in Ethiopia/Kenya and parts of northern/eastern Kenya and Southern/Eastern Ethiopia. Despite a relative improvement in Somalia, where 236 000 children remain acutely malnourished (down from 325 000 in January 2012), the nutrition situation is still a serious emergency with 54 000 children severely malnourished and at risk of dying without treatment. In most of the Somali refugee camps of Ethiopia and Kenya the nutrition situation has stabilized below emergency thresholds. Some camps in Ethiopia have significantly reduced from catastrophic malnutrition rates (30-40% GAM), but remain close or slightly above the emergency threshold rates of 15% GAM. However, other refugee groups (Eritreans and

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<sup>20</sup> United Nations 2012 Djibouti Consolidated Appeal

<sup>21</sup> LRRD (Linking Relief, Rehabilitation and Development) - COM(2001) 153 final

<sup>22</sup> Directorate-General for Humanitarian Aid and Civil Protection - ECHO

Sudanese/South Sudanese) now show rates far beyond the emergency threshold (up to 28% GAM). An updated nutrition survey is being undertaken in Dadaab camps, Kenya, during the month of September. In Kenya nutrition surveys undertaken in May have shown a general improvement of the situation compared to 2011, however, even without external shocks, malnutrition rates in many places in northern Kenya remain above emergency thresholds and require long-term interventions to address underlying structural causes of poverty. In Ethiopia, admissions to therapeutic feeding programmes have decreased in some areas, while increased in others. Crisis levels of food insecurity are still reported in Southern and Eastern Ethiopia. In Djibouti, no up to date nutrition survey exists, but results from recent WFP Emergency Food Security Assessment (EFSA) show increasing numbers of severely food insecure (49%) and moderately food insecure (28%) among the rural population.

**Water, sanitation and hygiene (WASH):** Availability and access to safe water for drinking, hygiene and livestock is a major challenge in the arid and semi-arid lands and in IDP & refugee camps and settlements. Inadequate practices and lack of clean water has been identified as being one of the underlying causes of high mortality rates but also malnutrition rates. There is need to improve sanitation environment, to strengthen effective cholera alert and response mechanisms and to promote better hygiene among populations at risk.

**Health:** In the arid and semi-arid lands, the health systems are generally below standards including for nutritional surveillance as well as for Mother and Child Healthcare. Moreover the region is prone to many epidemic outbreaks. Additionally, the continued armed conflict in Somalia results in sustained demand for treatment of patients with gunshot wounds and other traumas.

**Non-food items (NFI)/shelter:** The displacement of people as a result of conflicts, insecurity and climatic shocks is a regular occurrence, which results in a continued need to support the distribution of non-food items, the provision of shelters and the support to camp management for the internally displaced populations, refugees and returnees.

**Protection:** Refugees, displaced population and returnees require special consideration in terms of protection throughout the region. In Somalia, the civilian population continues to pay a high price for the ongoing warfare, as the conflict is not confined to clearly identified military targets. Indiscriminate shelling of residential areas inevitably results in civilian deaths and injuries. Child recruitment in the conflict is continuing: children are forcefully recruited in schools, IDP settlements or refugee camps in neighboring countries. High incidence of sexual and gender based violence is reported among fleeing and displaced population within and outside Somalia. Female headed households are at particular risk of exploitation. In Ethiopia, the consequences of localized conflict as in Central Ogaden and the North of Kenya/ South of Ethiopia border area also create special attention in terms of protection.

**Disaster Risk Reduction (DRR):** The 2011 drought showed that the overall level of preparedness of the communities, as well as of national & local institutions is not sufficient to cope with repeated shocks. Local coping mechanisms are being eroded. The acute need to strengthen community resilience is increasingly acknowledged. Moreover, vulnerability analysis systems do not provide the timely needed information. National



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stakeholders and their development partners need to be engaged to address the identified needs.

### 3. HUMANITARIAN RESPONSE

In the current situation, direct humanitarian assistance to vulnerable population in Somalia, Ethiopia, Kenya and Djibouti has to be reinforced including emergency preparedness and response within a Disaster Risk Reduction (DRR) approach and medium to long term support to strengthen the population's resilience in the region. Greater investment needs to be made in preparedness to reduce the impact of recurrent droughts, as well as further work to build the resilience of communities. Emphasis has to be placed on building capacities and reducing vulnerabilities to allow countries and communities to reduce risk and recover from recurrent shocks.

#### 1) National / local response and involvement

The existing institutional response mechanisms at national and regional level have not been able to fully address the crisis last year or the recovery needs and the resilience capacities needed.

In the case of **Somalia**, local capacities are limited and reduced to the presence of the Red Crescent Society in most regions. Local NGOs capacity in Somaliland and Puntland are very limited.

In **Ethiopia**, the safety net is largely carried out by the Government and mostly financed and supported by international donors. It provides a predictable mechanism to organize transfers in the form of food or cash to approximately 7 million chronically food insecure people in return for participation to public works. The Risk Financing Mechanism is a recent addition to the safety net, which allows its scaling up in times of acute crises.

In **Kenya**, the local response is mainly implemented by the Kenya Red Cross. The Government of Kenya and the Crisis Response Centre do respond to small to medium scale crises mainly with in-kind food aid. The National Drought Management Authority and the National Drought and Disaster Contingency Fund, recently created, aim at building resilience to drought and disaster, rapidly reacting to early signs of drought and rapidly responding to the aftermath of disasters.

In **Djibouti**, the overall local response is limited and has to be significantly complemented by external support to address all identified humanitarian needs.

#### 2) International Humanitarian Response

Donor's engagement to address the crisis in the region is considerable. Many donors contribute to the funding of humanitarian assistance. A **Global Alliance** on Resilience and Growth in the Horn of Africa made of donors and major humanitarian/development players has also been created in April 2012 to coordinate short, medium and long term actions to promote resilience building in the region.

**Consolidated Appeals Processes (CAP)** are in place in 2012 in Somalia, Kenya and Djibouti, with a cluster system for Somalia. International response in Ethiopia is

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organized in the framework of a Government-led process (Humanitarian Requirement Document (HRD)). There is no regional CAP in 2012 to address the post-crisis needs at the regional level.

The four 2012 Appeals/HRD for Kenya, Ethiopia, Somalia and Djibouti are amounting to a total of USD 2.365 billion. The Somalia CAP is 49.7% funded, the Kenya CAP is covered by 51.7% while the Djibouti CAP is funded at 41%<sup>23</sup>. Ethiopia, for the first half of the year, the HRD is funded 75% and the refugees program is funded for 26%<sup>24</sup>.

### 3) Constraints and ECHO response capacity

#### Security, access and humanitarian space:

In **Somalia**, insecurity, military operations and the ban imposed by Al Shebaab on humanitarian organisations severely hamper the humanitarian access. Military operations in Somalia and cross border movements are creating additional insecurity in the Kenya-Somalia-Ethiopia border regions and nearby refugee camps. In **Ethiopia**, in addition to the Somali Regional State in Ethiopia with the ongoing armed opposition of the Ogaden National Liberation Front (ONLF) - access problems are reported in Gambella, Oromiya and Southern Nations, Nationalities, and People's Region (SNNPR). In **Kenya**, the insecurity in Dadaab camps and along the Kenya/Somalia border is adding strains on the humanitarian space and is restricting the humanitarian operations impacting on the provision of basic services.

#### Partners:

Security concerns, the limited access opportunities and additional administrative hurdles hamper the capacity of humanitarian agencies to deliver aid in a timely, effective and accountable manner, in particular in Somalia. To be noted, the international response capacity in Djibouti is further restrained due to the limited presence of NGOs.

### 4) Envisaged ECHO response and expected results of humanitarian aid interventions.

ECHO response in 2013 will be aligned to the following strategic objective:

**People affected by crisis, whether man-made or natural, are assisted in a timely and principled fashion and offered adequate protection through humanitarian assistance including improved emergency preparedness as well as strengthened resilience**

ECHO strategy will be based on the following 4 pillars:

#### **1. Life-saving humanitarian response:**

The intervention strategy will be addressing essential needs in the sectors of food

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<sup>23</sup> UNOCHA Mid-Year review of the Consolidated Appeal, 9 July 2012

<sup>24</sup> Figures as reported by OCHA and UNHCR on 18 July 2012. The 26% is against the total requirement of refugee needs calculated through the Comprehensive Needs Assessment (UNHCR)

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assistance (including through food aid and cash/vouchers systems), nutrition, health, water, sanitation and hygiene, shelter, protection and NFIs. This will also include coordination and logistics support. Resilience building and DRR will have to be, wherever feasible, mainstreamed in all emergency operations.

## **2. Enhancing of emergency preparedness mechanisms**

The intervention strategy will support humanitarian partners in liaison with local communities and local authorities to be better prepared for different scenarios in order to reinforce their capacity to quickly and appropriately react to changing situations (i.e. sudden onset of natural disasters).

## **3. Supporting the recovery of affected population and increasing their resilience through the protection of livelihoods.**

The intervention strategy strongly linked to the SHARE and LRRD processes will focus on strengthening communities' resilience to natural and man-made disasters. Thorough analysis of vulnerabilities with regard to (i) livelihood patterns and changes in the arid lands (ii) vulnerability in urban centres are necessary. Flexibility is required to ensure transition from recovery to response within the ongoing operations when needed.

## **4. Refugees**

The intervention strategy will address both the protracted and acute nature of the refugee needs. New arrivals are monitored closely and rapid reaction capacity will be rapidly scaled up in the case of new large-scale influxes.

### **General comments:**

Actions supported by ECHO will target the urgent needs of the most vulnerable, based on strict application of vulnerability criteria. Respect of a principle-based approach in the implementation of actions is a pre-requisite for funding. ECHO remains open to supporting responses based on cash, vouchers, in-kind or through the provision of services. The design of responses must be based on careful analysis deriving from solid assessments of needs, capacities, markets and transfer mechanisms as well as lessons learned from previous operations.

ECHO will advocate for Linking Relief, Rehabilitation and Development (LRRD) and for funding to be made available by developmental donors for protracted refugee situations.

ECHO will also advocate for a consortium approach when feasible. Regional grants could be considered on a case by case basis and considering experience, financial and technical capacity of partners.

Protection, gender and disaster preparedness/disaster risk reduction will have to be mainstreamed in all interventions, unless demonstrated and justified that this is not feasible or appropriate.

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**Main expected results of humanitarian aid interventions:****Pillar 1 - Life-saving humanitarian response:**

- Save and preserve life and alleviate the suffering of natural and man-made affected people.
- Reduction of morbidity and mortality related to acute malnutrition through improved access to quality nutrition services.
- In areas affected by disasters, increased access to potable water primarily for human consumption, improved sanitation environment and hygiene practices.
- Reduction of disease related morbidity and mortality for targeted population through improved access to disaster resilient primary health care.
- Epidemic response support mechanisms in place.
- Protection mechanisms/standards are strengthened to reduce the risk for and mitigate the impact on displaced households of sexual gender based violence and other forms of violence.
- Timely and adequate NFI and shelter assistance provided to recent internally displaced people (IDP) and refugees.
- Appropriate logistic and humanitarian coordination mechanisms maintained.

**Pillar 2- Enhancing of emergency preparedness mechanisms**

- Humanitarian organisations are better prepared to provide emergency response.
- Reduced vulnerability and improved preparedness of communities in relevant areas to natural disasters.
- Preparedness through food market surveys in arid lands and surveillance through food aid operations.
- Increased surveillance of displacements through rapid assessment, enhanced response capacity, regular national mapping and profiling and increased research to identify possibilities to prevent, mitigate and respond to the displacements.
- Contingency planning and stock prepositioning in place.

**Pillar 3- Supporting the recovery of affected population and increasing their resilience through protection of livelihoods.**

- Support the recovery of affected population and setting the basis for increased resilience through protection and prevention of livelihood erosion and detrimental coping strategies.
- Reduced food and nutrition insecurity through improved food availability, access for targeted populations to livelihood/productive assets and by ensuring smooth transition towards longer term nutrition programmes.
- Development of conflict sensitive actions aiming at recovery in the most drought affected areas.
- Advocacy for stronger social protection mechanisms and resilience agenda.
- Increased complementarity between humanitarian aid and longer term structural assistance.

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#### **Pillar 4- Refugees**

- Addressing critical gaps in life-saving services.
- Ensure international protection standards including strengthening of child protection and gender based violence.
- Ensure continuity of assistance despite a volatile security environment.
- Promotion of long-lasting approaches to refugees in the region through increased refugee self-management and self-reliance.
- Assistance to natural disaster and conflict affected people to return voluntarily to their places of origin and regain their self-sufficiency.

#### **4. LRRD, COORDINATION AND TRANSITION**

- 1) The impact of recent droughts has demonstrated the limited ability of concerned Governments to put in place adequate measures to enhance long term resilience of the affected communities. Coordinated and sustained long term regional approach is needed to address the situation through priority national and related regional disaster risk reduction and dry land development initiatives. The Intergovernmental Authority on Development (IGAD) has been mandated by the governments of the region to lead and coordinate the implementation of the initiative to end Drought Emergencies in the Horn of Africa through the establishment of an "IGAD Regional Disaster Resilience and Sustainability Platform". The IGAD Common Regional Programming Framework and the Country Program Papers frameworks should greatly contribute to design longer terms plans to address drought and resilience issues.
- 2) Increased interaction and coordination between/among humanitarian and development donors is crucial to identify the gaps/synergies for a more coherent and integrated external aid. Regular Donor meetings and task forces are organized to coordinate strategies and implementation in the field.
- 3) The SHARE program brings the LRRD<sup>25</sup> agenda to the forefront and shape the link between humanitarian and development assistance, including for refugees, and better articulates the ECHO programs with longer term programs.
- 4) Exit scenarios:
  - The adoption of a multi-sectorial integrated approach with a multi-annual strategy (longer term vision) should facilitate a smooth handover to longer term development programs but given the budget constraints only an annual contracting will be considered. The objective of this strategy is to create synergies and complementarities between partners working in the same area with an improved coverage. The reinforced coordination amongst donors, in particular through the Global Alliance for Resilience and Growth, will also

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<sup>25</sup> COM(2001) 153 final

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contribute to a joint LRRD strategy and build complementarities between actions in the region.

- ECHO will continue to advocate for an increased engagement of development partners in reinforcing people's resilience including through disaster risk reduction/management.
- The dependency of refugees on external service delivery should be minimized and opportunities to increase the self-reliance should be seized in liaison with development actors (Education, vocational training, livelihoods support, European Development Fund regional Protection Program).
- ECHO will advocate and engage whenever possible with the relevant national authorities in the region at technical and policy level for an increased allocation of domestic resources to cover humanitarian needs.

## 5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2013/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

### 5.1. Contacts<sup>26</sup>

Operational Unit in charge: B. 3 (East, West and Southern Africa, Indian Ocean)

Contact persons at HQ :

**Horn of Africa:** Béatrice Miège ([beatrice.miege@ec.europa.eu](mailto:beatrice.miege@ec.europa.eu)); **Somalia:** Susana Perez Diaz ([susana.perez-diaz@ec.europa.eu](mailto:susana.perez-diaz@ec.europa.eu)), Leslie Goldlust ([Leslie.Goldlust@ec.europa.eu](mailto:Leslie.Goldlust@ec.europa.eu)) and Béatrice Miège ([beatrice.miege@ec.europa.eu](mailto:beatrice.miege@ec.europa.eu)); **Ethiopia:** Elisabeth Coelho ([elisabeth.coelho-detournaij@ec.europa.eu](mailto:elisabeth.coelho-detournaij@ec.europa.eu)) and Sarah Svedin ([Sarah.Svedin@ec.europa.eu](mailto:Sarah.Svedin@ec.europa.eu)); **Kenya, Uganda, Djibouti and Eritrea:** Benjamin Thiberge ([benjamin.thiberge@ec.europa.eu](mailto:benjamin.thiberge@ec.europa.eu));

Contact person in the field:

**Somalia:** Mira Gratier ([mira.gratier@echofield.eu](mailto:mira.gratier@echofield.eu)), Morten Petersen ([Morten.petersen@echofield.eu](mailto:Morten.petersen@echofield.eu)) and Lars Oberhaus ([lars.oberhaus@echofield.eu](mailto:lars.oberhaus@echofield.eu)); **Kenya:** Isabelle D'Haudt ([isabelle.dhautd@echofield.eu](mailto:isabelle.dhautd@echofield.eu)) and Morten R. Petersen (only for refugees in Kenya) ([morten.petersen@echofield.eu](mailto:morten.petersen@echofield.eu)); **Ethiopia:** Johan Heffinck ([johan.heffinck@echofield.eu](mailto:johan.heffinck@echofield.eu)), Laurent Saillard ([laurent.saillard@echofield.eu](mailto:laurent.saillard@echofield.eu)) and Jacob Asens ([Jacob.asens@echofield.eu](mailto:Jacob.asens@echofield.eu))- **Djibouti and Eritrea:** Lars Oberhaus ([lars.oberhaus@echofield.eu](mailto:lars.oberhaus@echofield.eu))

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<sup>26</sup> Single Forms should be submitted to ECHO using APPEL. (e-SingleForm)

## 5.2. Financial info

Indicative Allocation: EUR 108 500 000

Complex crisis/natural disasters

Country	Humanitarian Aid	Food Assistance	Total in Million EUR
Ethiopia (including refugees)	14 623 000	14 761 000	29 384 000
Somalia	42 100 000	11 000 000	53 100 000
Kenya (including refugees)	14 516 000	9 000 000	23 516 000
Djibouti	1 800 000	700 000	2 500 000
<b>Total</b>	<b>73 039 000</b>	<b>35 461 000</b>	<b>108 500 000</b>

## 5.3. Proposal Assessment

### Assessment round 1

- Partners are invited to submit requests for all interventions related to strategic objective as per section 0 and 3.4 of this HIP and in line with the operational guidelines<sup>27</sup>.
- Indicative amount to be allocated in this round of proposals: up to EUR 108.5 million (Humanitarian Aid: EUR 73 039 000, Food Assistance: EUR 35 461 000).
- Costs will be eligible from 01/01/2013<sup>28</sup>. Actions will start from 01/01/2013.
- The expected initial duration for the Actions is up to 18 months.
- Potential partners: All ECHO Partners.
- Information to be provided: Partners are expected to submit a Single form OR modification requests for on-going operations. This should be done via APPEL.
- Indicative date for receipt of the above requested information: from 01/01/2013 onwards.
- Commonly used principles will be applied for the assessment of proposals, such as quality of needs assessment, relevance of intervention sectors, analysis of lessons learnt and knowledge of the country / region. ECHO Operational recommendations and Guidance Notes for each specific country of the region must be used for guidance (Published at [http://ec.europa.eu/echo/funding/decisions\\_2013\\_en.htm](http://ec.europa.eu/echo/funding/decisions_2013_en.htm)).

<sup>27</sup> Operational Guidelines for each country available on ECHO website- [http://ec.europa.eu/echo/funding/decisions\\_2012\\_en.htm](http://ec.europa.eu/echo/funding/decisions_2012_en.htm).

<sup>28</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest.