



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 4 August 2006**

**12174/06  
ADD1**

**DEVGEN 210  
RELEX 540  
ACP 128**

**COVER NOTE**

---

from: Secretary-General of the European Commission,  
signed by Mr Jordi AYET PUIGARNAU, Director

date of receipt: 4 August 2006

to: Mr Javier SOLANA, Secretary-General/High Representative

---

Subject: Commission Staff Working Document : Annexe to the Report from the  
Commission - Directorate-General for Humanitarian Aid - (ECHO) : Annual  
Report 2005

---

Delegations will find attached Commission document SEC(2006) 1058.

Encl.: SEC(2006) 1058



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 04.08.2006  
SEC(2006) 1058

**COMMISSION STAFF WORKING DOCUMENT**

**Annexe to the**

**REPORT FROM THE COMMISSION**

**Directorate-General for Humanitarian Aid - (ECHO)  
Annual Report 2005**

**{COM(2006) 441 final}**

## TABLE OF CONTENTS

I.	Country-by-country overview of DG ECHO's humanitarian operations.....	4
1.	Africa .....	4
1.1.	Horn of Africa and Eastern Africa .....	4
1.2.	Central Africa/Great Lakes.....	10
1.3.	Southern Africa .....	15
1.4.	West Africa .....	19
1.5.	Echo flight .....	27
2.	Caribbean/Pacific/Indian Ocean .....	28
3.	Eastern Europe, Russian Federation, Southern Caucasus, Central Asia, including Mongolia.....	33
4.	Mediterranean and Middle East (incl. Iraq) .....	38
5.	Asia .....	41
5.1.	Tsunami .....	41
5.2.	Pakistan/India (Kashmir Earthquake).....	44
5.3.	South Asia .....	45
5.4.	South-East Asia .....	50
5.5.	East Asia .....	55
6.	Central and South America.....	56
7.	DIPECHO .....	58
7.1.	DIPECHO Caribbean .....	59
7.2.	DIPECHO Andean Community .....	60
7.3.	DIPECHO Central Asia.....	60
7.4.	DIPECHO South Asia .....	61
II.	Tables.....	62
II.1.	DG ECHO budget 1993 - 2005 .....	62
II.2.	DG ECHO contracts 1998-2005 .....	63
II.3.	Financial decisions for EC Humanitarian aid by source of Finance .....	64
II.4.	Funding decisions for humanitarian aid in 2005.....	65

II.5.	Distribution of Contracts by Partner category .....	66
II.6.	DG ECHO Contracts by nationality of NGOs and by UN agencies - 2005 ....	67
II.7.	List of acronyms.....	68

## **I. COUNTRY-BY-COUNTRY OVERVIEW OF DG ECHO'S HUMANITARIAN OPERATIONS<sup>1</sup>**

### **1. AFRICA**

#### **1.1. Horn of Africa and Eastern Africa**

##### **Eritrea**

##### **Humanitarian needs**

The year 2005 can be described as a highly tense and difficult year for Eritrea in terms of economic and social development, the regional situation and international diplomatic status. The 5 years unresolved border dispute with its neighbour Ethiopia have continuously dragged the country further down in almost all aspects of the internal situation, household income, livelihoods, health, food security, general poverty.

Water shortages, despite some rains, remain acute and widespread, as consequences of successive years of poor rains. Unfortunately, one normal rainy season between several drought periods does not have enough durable impact on the ground water reserves. The lack of safe and adequate water and poor sanitation results in high rates of diarrhoeal diseases, compounding factor to the already alarming widespread malnutrition. Global Acute Malnutrition (GAM) rates of children under 5 years old are now regularly above 20%.

##### **Humanitarian objectives and achievements**

The European Commission, on proposal from DG ECHO, has adopted in 2005 two decisions: the first one with the objective of distributing emergency agricultural inputs and animal feed for draught oxen to the most vulnerable in order to support the planting season. The second decision aimed at addressing the decline in health and livelihoods through a response to acute, moderate and severe malnutrition, improvement in the quality and quantity of water supply for affected populations and their livestock.

Livestock herds' depletion is a common trend in a country with no real favourable period for recovery and herds rejuvenation. As milk production has a direct impact on the nutritional status of the population, and in particular on children, support to livestock has proven to be effective in tackling malnutrition.

The achievements obtained in 2005 in the two main sectors of water and malnutrition included: (i) the construction/rehabilitation of 28 water points benefiting around 25 000 people and (ii) a GAM rate in the Anseba Region below 15% for about 10 000 for children less than 5 years old.

##### **LRRD**

The establishment of a national nutritional surveillance mechanism marked major progress in addressing malnutrition. Progress on the problem of receding ground water levels has

---

<sup>1</sup> All the data given in this document refer to finalised contracts

however been much more complicated. A major constraint is the lack of successful cooperation between the Government and development actors.

## Partners

The major partners were UN agencies, the Red-Cross and the International Rescue Committee.

Decisions <sup>2</sup>		Contracts <sup>3</sup>	
EUR (EDF*)	620 000	EUR	619 830
EUR	4 000 000	EUR	3 417 699
EUR	4 620 000	EUR	4 037 529

*\*EDF: Amount taken from the European Development Fund- B-envelope, which covers “unforeseen needs such as emergency assistance where such support cannot be financed from the EU budget,*

## Ethiopia

Ethiopia ranks 170<sup>th</sup> out of 177 in the 2004 Human Development Index (HDI). More than 50% of the population is chronically malnourished and only half of it has access to safe drinking water. Compounded by deforestation and other environmental damage, it is subject to increasing problems of climate change. For a population of 78 million, with 2 million more each year, this vulnerability means that acute life-threatening problems arise rapidly and on a major scale.

Local capacity to address such emergency needs is limited. In the pastoralist drought affected areas in particular, capacities are very low. This is especially the case in the health sector. International development support to the health system, such as the global fund, is constrained by fragile management capacities compounded by a decentralisation process.

Of particular concern is the traditionally fragile state of food security that, despite massive international support, the country has not been able to improve over the past few decades. The most vulnerable populations are the pastoralists and those affected by inter-ethnic conflicts in the country. This often covers the same population.

## Humanitarian objectives and achievements

The European Commission has adopted in 2005 a decision for an amount of EUR 4.5 million, in order to provide humanitarian aid for saving and preserving lives of those populations that are endangered as a result of prolonged drought and internal conflicts, through the provision of medical assistance, nutritional support, essential water supply and livestock support, and protection of the civilian population.

The three main focal sectors in 2005 have been drought, epidemics and protection. Around 90 000 people benefited from water for themselves and their livestock. Malaria and Khala Azar epidemics have been kept under control with the help of DG ECHO funds: about 1 900 000 persons have benefited from a curative and/or prophylaxis treatment. Finally, around 500 000 people have been protected thanks to ICRC actions.

---

<sup>2</sup> (global) commitment: financing decision implemented by the conclusion of one or more legal (individual) commitments

<sup>3</sup> contract : written agreement which corresponds to an individual legal commitment

## LRRD

Ethiopia was considered as a priority country for a linkage strategy between emergency aid and development. However, only limited LRRD has been implemented in the field. Notwithstanding the considerable flows of development aid, humanitarian needs remain to be addressed and the difficult dialogue with the government in the 2005 post-election phase could make DG ECHO's role even more relevant in the future.

### Partners

The major partners were the Red-Cross and Action contre la Faim.

Decisions		Contracts	
EUR ( <i>EDF</i> )	4 500 000	EUR	2 947 623

## Kenya

### Humanitarian needs

Northern Kenya is subject to climatic changes resulting in cycles of flooding and drought. The mainly pastoralist populations in these areas are particularly vulnerable due to years of marginalisation and dependence on natural resources for livestock grazing. They have not fully recovered from the previous drought cycles, the last of which hit hard in 2004, leading to the re-entry of DG ECHO. Development actors have largely neglected these areas, so there is no national plan for recovery from drought cycles currently in place. This makes the population vulnerable to shocks. The failure of rains since 2001 has rendered the populations even more vulnerable and led the President of Kenya to declare a disaster on 2<sup>nd</sup> January 2006.

The needs are livelihoods orientated and relate to livestock and human health (food security, water and sanitation, nutrition).

### Humanitarian objectives and achievements

2005 saw the end of drought response projects implemented following DG ECHO re-entry into the country in 2004, in response to the 2004 drought. New projects were prepared under the EUR 2 million decision adopted end 2005 which will in part mitigate the resultant effects of a penury of natural resources on an already vulnerable population group.

## LRRD

No action was implemented in 2005. Discussions were ongoing with EC delegation about the EC Delegation's Drought Contingency fund to be funded by the EDF.

### Partners

The major partners were Action contre la Faim, Care, Red-Cross and Oxfam.

Decisions		Contracts	
EUR	2 000 000	EUR	-

## **Somalia**

### **Humanitarian needs**

Somalia continued to suffer from the effects of 14 years of civil war, anarchy and warlordism. The Transitional Federal Government put in place at the end of 2004 is still in a consolidating phase in order to really control the country.

The very fragile political setting, further aggravated by climate changes generating cycles of droughts and floods, has crippled traditional coping mechanism, and has resulted in widespread serious humanitarian needs, notably in the health and nutrition sectors but also in food security and water and sanitation. The absence of a functioning government and administration and the destruction of social services and of the infrastructure contribute to the perpetuation of these long-term chronic needs. The large majority of the population is living in absolute poverty. It is estimated that nearly 50% of the population live without access to sanitation; nearly 80% without access to safe water and 72% do not have access to health services.

### **Humanitarian objectives and achievements**

The Commission has adopted in 2005 a Global Plan for an amount of EUR 9 million in order to maintain and if possible improve the health and nutritional status of targeted beneficiaries, through the support of health and nutrition, water and sanitation, and food security interventions.

The main focal sectors have been nutrition, water and animal health, given the importance of livestock in a country where 70% of the population is nomadic. Access remains the key humanitarian issue in Central and Southern Somalia and as a result, delays in implementing and difficulties in monitoring have been registered. Nevertheless, around 580 000 people benefited of nutrition assistance, 140 000 have improved access to safe water and 1 500 000 animals have been vaccinated.

### **LRRD**

The prolonged crisis, little tangible results of aid and a further deteriorating security environment have led many donors to turn away from the central and southern zone of Somalia. Most assistance is indeed directed to relatively peaceful northern regions (notably Somaliland).

The allocation of EUR 100 million in the 5<sup>th</sup> Somalia Rehabilitation plan provides some hope, however, especially following DG Development's statement agreeing to work with DG ECHO " *to progressively refocus humanitarian activities and funding on core emergency needs in Somalia* ".

### **Partners**

The major partners were: the Red-Cross, Médecins sans Frontières, Action contre la Faim and Italian International Cooperation.

Decisions		Contracts	
EUR	9 000 000	EUR	6 564 595

## **Sudan**

### **Humanitarian needs**

Initiated by the signing of a Comprehensive Peace Agreement (CPA) in January 2005 and confirmed by the constitution of a Government of National Unity, the peace process continued in 2005 despite former Vice President John Garang's death in August. However, while displaced people started to return at a slow but steady pace, insecurity was often a concern in a number of regions and humanitarian indicators remained worrying in many areas of Sudan, affected by more than 20 years of conflict.

The peace process was not extended to Darfur, where the conflict resumed strongly after the rainy season and the situation became more and more chaotic and volatile. The number of people affected by the conflict and in need of assistance continued to increase, reaching half the population of the Darfur region.

### **Humanitarian objectives and achievements**

The main objective in 2005 was to provide assistance to save and protect lives among the most vulnerable and needy populations through integrated emergency assistance. DG ECHO support aimed additionally at stabilising conditions of people and communities with severely strained coping mechanisms and, whenever possible, contributing to a gradual process of recovery through the enhancement of self-reliance. The main sectors supported were health and nutrition, water and environmental sanitation, emergency preparedness and response, household food security, protection and support to logistics and special mandates. DG ECHO continued covering the whole territory with a neutral approach and according to needs in strict respect of internationally recognised humanitarian principles.

In the course of the year, the initial allocation of EUR 20 million programmed for 2005 was increased with an additional EUR 15 million for continuation of assistance to the victims of the crisis in Darfur. This response in Darfur has contributed to the stabilisation of the humanitarian situation in displaced camps and to an increase in the assistance to affected population living in remote areas.

By the end of the year and in order to take full advantage of the dry season, DG ECHO decided to mobilise further EUR 8 million to provide vital support to the most pressing needs emerging from thousands of displaced and refugees spontaneously returning to their areas of origin.

Finally, DG ECHO swiftly drew up an emergency humanitarian aid decision for EUR 2 million to help deal with a serious outbreak of yellow fever in the South Kordofan region. This region is a 'crossroads' with many population movements. If left unchecked, the epidemic could have quickly extended to other parts of the country.

### **LRRD**

DG ECHO continued its commitment to advocacy of humanitarian principles and its efforts to liaise with other Commission services and donors in order to perform adequate complementary interventions.

LRRD possibilities have been meagre until now due to the prolonged suspension of formal cooperation, with only limited linkage with the Food Security budget line and the

Humanitarian Programme in a number of sectors such as food security and water and sanitation. However, with the signature of the comprehensive peace agreement, and the related potential resumption of formal cooperation and development assistance, LRRD *continuum* will become effective, eventually leading to take over of existing longer term DG ECHO interventions, while DG ECHO focuses on short term interventions to address new needs arising from *i.e.* returnees.

DG ECHO will continue to provide humanitarian assistance to the Sudanese population in need, affected by conflict and natural disasters as long as alarming humanitarian indicators appear. It is hoped that with peace in the different regions of Sudan and a more stable situation, rehabilitation and sustainable development assistance will be able to gradually take over and build upon the relief work provided for decades.

## Partners

The major partners were UN agencies, International Rescue Committee, Médecins sans Frontières, the Red-Cross and OXFAM.

Decisions		Contracts	
EUR	20 000 000	EUR	19 979 610
EUR	15 000 000	EUR	9 669 973
EUR*	8 000 000	EUR	-
EUR	2 000 000	EUR	1 600 052
EUR	45 000 000	EUR	31 249 635

\* Decision adopted on December 26<sup>th</sup> 2005. Operations will be completed throughout 2006.

## Uganda

### Humanitarian needs

Humanitarian needs remained high in 2005. For most of the year, the prospects for peace and an improved security situation led partners to channel funds with relative ease and consolidate programmes across the board in northern Uganda. Decongestion and a military defeat were much talked about by GoU and Ugandan army, but the 1.4 million displaced remained largely in camps with some satellite camps (or decongestion sites) appearing near to larger camps. Security worsened in October 2005 and operations were interrupted late in the year due to the issuing of arrest warrants for the top 5 rebel Lord's Resistance Army leaders. Direct attacks on international humanitarian aid staff occurred for the first time in the history of the 20 year conflict as well.

### Humanitarian objectives and achievements

A DG ECHO evaluation of the 2004 and 2005 programme endorsed the strategy developed and provided some good pointers for an eventual exit strategy in the years to come.

DG ECHO's support is 50% focused on health needs which are by far the highest in the current context. Hospitals are also supported. Other sectors of intervention are: water and sanitation, shelter, non-food items, food security, protection and coordination.

DG ECHO's programme in Uganda is reaching almost all the displaced persons camps and well over the 1.4 million affected people, some of whom will be receiving support in more

than one sector. Beneficiaries per sector are difficult to determine given the multisectoral nature of the projects and the fact that the same beneficiaries are recipients of aid in more than one sector.

**LRRD**

Prospects for LRRD remained strong in the health sector. A better coordination allowed a more flexible and adapted response to service delivery needs of the conflict affected populations by using the EC funds and instruments available immediately.

A Conflict Response Capacity Building Programme (EUR 2 million) aimed to improve national conflict and disaster response mechanism; to enhance the IDPs coping mechanisms and social protection in camps; to pilot test some concrete areas of conflict prevention, management and resolution (CPMR) and to assist in the preparation of longer term and larger EU intervention in the area of reconciliation and recovery in Northern Uganda. The EC Delegation requested EUR 20 million from the B-envelope (EDF) to finance reconciliation & recovery programme for Northern Uganda. Finally, planning for further programme for rehabilitation (EUR19-20 million) was also undergone.

**Partners**

The major partners were: ICRC, AVSI, Action contre la Faim, Médecins sans frontières and FAO (UN agency).

Decisions		Contracts	
EUR	14 000 000	EUR	14 000 000

**1.2. Central Africa/Great Lakes**

**Burundi**

**Humanitarian needs**

Chronic complex emergency arising from the previous 10 years of civil war and population displacements. However, following the latest peaceful elections and formation of a new government under Pierre Nkurunziza, measures are being taken to prepare for a major repatriation exercise. Also, fighting in Bujumbura Rural seems to have boiled down to a merely symbolic status.

If in 2004, a total of 80 000 facilitated refugees from Tanzania have been repatriated to Burundi, in 2005, a total of 61 000 returnees have been repatriated (UNHCR). Currently, almost 117 000 people continue to live in IDP camps inside their own country and an additional 448 000 Burundians live as refugees, according to the U.N. High Commissioner for Refugees (UNHCR), with the majority residing in neighboring Tanzania. As Burundi's political transition progresses with the democratically elected government of President Pierre Nkurunziza in August 2005, the pace of voluntary returns can be expected to increase.

The African Peacekeeping Mission in Burundi (AMIB) has handed over its mandate to the UN Peacekeeping Mission on 1 June 2004, which now plays an important role in ensuring certain stability with a maximum of 5 650 men. Following fighting since early June in DRC, approx. 20 000 thousand Congolese refugees from Kamanyola and Uvira arrived and were relocated in three refugee camps. There have also been Rwandan asylum-seekers in Burundi

since April 2005, with 8 000 at the end of 2005. UNHCR is preparing a camp for them at Musasa in Ngozi.

Reemerging epidemics of cholera, meningitis and malaria need a constant emergency monitoring and response. Adding to this, unfavourable climatic conditions and cassava disease continue to create widespread food insecurity and pockets of acute malnutrition.

### **Humanitarian objectives and achievements**

The principal objective of the decision adopted by the Commission (EUR 17 million) was to contain within emergency thresholds morbidity and mortality ascribable to common diseases and malnutrition.

The specific objectives were: the setting-up of a co-ordination system for a multi-sector rapid response capacity with UN OCHA, other UN partners, OFDA and partners and the reinforcement of protection measures for IDPs and refugees in general and women and children in particular.

Achievements:

- Health Services: Target population has equitable access to basic healthcare; rapid response to epidemics is in place
- Water/Sanitation: Targeted population (mainly displaced and refugees) has equitable access to water and basic sanitation.
- Nutrition: Acute malnutrition rates are contained within emergency thresholds and feeding centres integrated into existing national health structures.
- Food: Food insecure households are provided with food and seeds and tool kit distributions are organised in an efficient way, including the introduction of mosaic resistant manioc varieties. Children are the principal beneficiaries of both the Nutrition and food security programmes (therapeutic and supplementary feeding for under 5s)
- Shelter/non food items: Victims of sudden-onset crises are provided with life-saving assistance and non food items and children in need are provided with educational material.
- Psychosocial: Pilot projects focussing on victims of sexual violence and traumatised children and women successfully put into place on communal level.
- Special mandates: Protection and co-ordination mandates of international agencies are supported.
- Demining: The landmine problem is faced in major repatriation areas and allows repatriation.
- Co-ordination: to continue closer consultation with UN agencies in order to produce a joint task-force on needs assessment before end of the year and enhance GHD (Good Humanitarian Donorship)

## **LRRD**

A new LRRD strategy paper for Burundi 2005 has been drafted after inter-service consultation with DG DEVELOPMENT, EUROPEAID and the EC Delegation. In 2005, partial hand-overs from DG ECHO to the Delegation (EDF) took place in the field of nutrition and health. The annual DG ECHO workshop pursued its all-inclusive approach by having DG DEVELOPMENT, EUROPEAID and the Delegation participate.

Following the LRRD strategy paper, DG ECHO started to co-ordinate more closely with the Delegation in order to identify an LRRD programme for 2006.

### **Partners**

The major partners were UN agencies, Caritas, Action contre la Faim, Danchurch Aid and Médecins sans Frontières.

Decisions		Contracts	
EUR	17 000 000	EUR	16 695 869

## **Democratic Republic of the Congo**

### **Humanitarian needs**

The east of the country (Ituri, Maniema, S.Kivu N. Kivu and N. Katanga) continues to suffer insecurity despite a relative improvement due to the more aggressive deployment of UN forces. This insecurity has prevented the east enjoying the same 'peace dividend' as the west of the country. Populations suffer harassment and violence forcing them to flee their homes and sources of economic livelihood. As essential social services continue to be neglected there is a resultant problem of food insecurity, poor health and social dislocation. The looting and violence has led to further infrastructure deterioration which not only hampers economic activity but also humanitarian interventions. Eastern DRC has some of the worst health statistics in the world with mortality rates in certain areas reaching unacceptably severe levels.

### **Humanitarian objectives and achievements**

The principal objective of DG ECHO's strategy was to contain the mortality and morbidity rates among the targeted population groups within emergency thresholds and to support the resettlement and stabilization process where possible.

The specific objectives aimed at providing (1) population of targeted health zones with an equitable access to a minimum package of basic healthcare, with special emphasis on women and children, (2) displaced, resettling and host families with an integrated package of community-based assistance designed to respond to immediate needs, while paving the way for a rapid return to productive activity and thus contributing to the stabilization of conflict – affected areas.

Unfortunately surveys continue to show that mortality levels in conflict affected areas have been resistant to the best efforts of humanitarian intervention and this despite almost 80% achievement of all the quantitative objectives of the health programme. If the situation has not got worse, it clearly shows that security improvements that are outside the control of humanitarians are critical to real improvements in people's general well-being. On the other hand infrastructure and food security programmes have had a very positive qualitative impact,

particularly in terms of local appreciation. They have introduced seeds and tools and demonstrated how to introduce new crops and small animals. This has not only been very popular but has brought down malnutrition figures and helped over 150 000 returning families to re-establish their livelihoods.

Road rehabilitation has been one of the most successful activities. It has brought communities together and thus promoted reconciliation; it has opened areas to assistance and then subsequently to markets and it has put money salary, or food for the building work (whichever was more necessary) into peoples hands and re-given them purchasing power, pride and dignity.

**LRRD**

DG ECHO has secured an agreement with the World Bank and the EDF to pass over support for up to 25 health zones in the course of 2006. Delays with their procedures prevented some already going over in 2005. The EDF’s B envelope of EUR 70 million for essential rehabilitation and economic stimulation in post conflict areas should be approved by early 2006 and begin to relieve DG ECHO in certain sectors in the second half of the year.

**Partners**

The major partners were COOPI, Malteser Hilfsdienst, UN agencies (UNHCR, UNICEF, OCHA), Aide Médicale Internationale, Care, Médecins du Monde, Medair and German Agro Action.

Decisions		Contracts	
EUR	38 000 000	EUR	37 658 516

**Congo Brazzaville**

**Humanitarian needs**

The political improvements in Pool, which was the last remaining unstable region in Congo, allowed the humanitarian situation to return to normal. Remaining needs were considered minimal and are in the process of being dealt with by regular government services and development programming.

A separate issue of Congo DRC refugees living in Congo Brazzaville is also in the process of being resolved as UNHCR continue their assisted repatriation programme which they aim to complete by end 2006. Some 40 000 refugees remain to be repatriated.

**Humanitarian objectives and achievements**

The main objective of keeping people alive and living with a minimum of dignity through this period of insecurity in the Pool seems to have been achieved. Surveys show acceptable nutritional and mortality levels.

The repatriation has got off to a slow start as water levels in the river did not allow large boats to ferry refugees in the expected numbers; Also UNHCR has had problems recruiting adequate numbers of staff and partners to get the programme up to full steam. Less than a fifth of the expected 25 000 refugees were repatriated in 2005.

## **LRRD**

All DG ECHO programmes came to an end by mid 2005. Government run Health services and economic livelihood programmes funded by development donors, amongst which the 9<sup>th</sup> EDF have now taken over.

The major partner was a UN agency (UNHCR).

Decisions		Contracts	
EUR	2 000 000	EUR	2 000 000

## **Central African Republic**

### **Humanitarian needs**

The situation in the country remains very difficult with crushing poverty and very poor services. However a consensus believes that these problems are considered to be structural and rooted in a history of poor governance and a chronic lack of development rather than resulting from some sudden and easily rectifiable event. Only in the north has insecurity forced people to flee their homes and thus put them in need of urgent humanitarian assistance. However as they have taken refuge in Chad it is there that DG ECHO has helped to provide them with assistance;

### **Humanitarian objectives and achievements**

DG ECHO will continue to keep a close eye on the humanitarian situation in CAR through its office in Kinshasa and its contacts with the EU delegation, Member States, UN and INGO partners.

## **LRRD**

All DG ECHO funded programming has ceased in 2005 with partners continuing their activities with funding from 9<sup>th</sup> EDF and World Bank Licus<sup>4</sup> programme.

## **Tanzania**

### **Humanitarian needs**

Tanzania continues to host the largest refugee population on the African continent. The refugees are almost entirely dependent on humanitarian aid for survival. At the beginning of 2005 there were 400 000 refugees from Burundi and DRC (most Rwandese having returned) living in 13 camps in Western Tanzania under UNHCR protection. During 2005 one camp closed and the refugee population decreased by approximately 55 000, due mainly to Burundian repatriation, but also to Congolese repatriation, which began to be facilitated in October 2005. There were few registered new arrivals, reflecting a tougher government response to asylum-seekers and a serious blockage in refugee status determination procedures. Despite major improvements in the refugees' countries of origin, most refugees were not yet able to return home. However, Tanzanian law precludes self-reliance and integration, so humanitarian needs include food, water, shelter, protection and health care.

---

<sup>4</sup> Low income countries under stress

## Humanitarian objectives and achievements

DG ECHO's first aim was to continue the support it had provided for several years to this refugee "Care and maintenance" operation. The second aim was to support facilitated repatriation of refugees on the Tanzanian side of the border. This refugee programme had become a protracted operation, no longer ranking as a top priority for many donors. The objectives of DG ECHO's Tanzania Global Plan 2005 were met. An amount of EUR 13.5 million was allocated to the refugee programme, via UNHCR, UNICEF and Spanish Red Cross. Programmes were supported in the sectors of water, sanitation, logistics, health, nutrition, shelter, protection, repatriation and education. The European Commission continued to be UNHCR's key donor for this programme and 400 000 refugees, as well as some members of the local community near the camps, benefited from this funding. Specific efforts were made to target vulnerable groups, such as unaccompanied minors, disabled people and elderly persons without family support. Attention was paid to gender-related problems, via the Sexual and Gender-Based Violence Programme. Reproductive health services continued to receive support, with Prevention of Mother-to-Child Transmission of HIV programmes running in every camp. In the sphere of repatriation, the programme was well organised, using Project Profile registration system as much as possible and achieving the goal of voluntary return in safety and dignity. Congolese repatriation began in October with a limited capacity, due to constraints in DRC and in crossing Lake Tanganyika. In 2005 nearly 62 000 Burundians were repatriated as well as nearly 7 000 Congolese. The general and under-5 mortality rates remained below 1/1000/month and vaccination coverage was over 98%.

## LRRD

This has been partially addressed by EDF expenditure in three areas: the Special Programme for Refugee-Affected Areas (SPRAA, EUR 2 million, 2001-7), Article 73 Cotonou support for the longer-term camp sectors of education, environment, health and water/sanitation (EUR 4 million, 2003-5) and the transfer of food aid to the EC Food Security Budget Line, administered by EUROPEAID (since the end of 2003).

## Partners

The major partners were UN agencies and the Red Cross.

Decisions		Contracts	
EUR	13 500 000	EUR	13 500 000

### 1.3. Southern Africa

#### Angola

#### Humanitarian needs

Between the ceasefire in April 2002 and the end of 2004, more than 3 800 000 war-affected people have resettled or returned to their areas of origin, up to 70% of them without any form of assistance from the local authorities or humanitarian organisations, and to areas where the minimum conditions for resettlement are not in place. Tackling the latter issue was the major challenge for humanitarian partners in 2004, and with the recognition in mid-2004 that the country had passed into the transitional phase, it also became a major objective of medium and longer-term funding. The key issue for the link between relief and post-conflict reconstruction assistance was to provide vulnerable groups in the resettlement areas with the

minimum conditions and services to ensure their survival and anchor them in their communities, as a starting point for more durable solutions.

**Humanitarian objectives and achievements**

The objective for Angola during 2005 was to complete the phase down of DG ECHO’s intervention in order to withdraw from the country. This phase down was successfully completed, and the Luanda office closed in June 2005. Humanitarian needs in the country, which are still substantial though now largely covered by longer-term transitional programmes, are monitored from Harare.

However, an outbreak of Marburg viral haemorrhagic fever in March 2005 – which turned out to be the worst epidemic ever recorded of the disease - resulted in the adoption in March and April of a primary emergency (EUR 500 000) and an emergency (EUR 1.5 million) decision respectively in order to tackle and contain the outbreak.

In all, a total of almost 1 500 000 beneficiaries, mainly women and children, were reached by interventions funded by DG ECHO

**LRRD**

The transition from relief to rehabilitation was successfully completed in Angola, after a carefully-planned, 3 year process involving DGs ECHO, DEVELOPMENT and EUROPEAID.

**Partners**

The major partners were UN agencies and Médecins sans Frontières.

Decisions		Contracts	
EUR	500 000	EUR	500 000
EUR	1 500 000	EUR	1 481 190
EUR	2 000 000	EUR	1 981 190

**Lesotho & Swaziland**

**Humanitarian needs**

The current crisis in Lesotho is also attributed to poverty, food insecurity and the HIV/AIDS epidemic, which has built up slowly over the years. Poverty has increased significantly due to the restructuring of the mining sector in South Africa and the reduced demand for unskilled labour. Mine remittance has significantly declined. The continuing decline in household food security emanating from erratic weather patterns and a decrease in arable land has worsened livelihoods. The death of thousands of productive members of society as a result of HIV/AIDS has compounded the impact of poverty on children and youth.

**Humanitarian objectives and achievements**

The total amount of the 2005 decision was EUR 1.75 million (covering from June 2005 until May 2006). The objective of the decision was to provide basic assistance to vulnerable populations in Lesotho and Swaziland. 50 000 people benefited from emergency aid funded

by DG ECHO. Assistance was directed towards orphans, other vulnerable children and households headed by a single parent and elderly.

## **LRRD**

The objective of the projects funded by DG ECHO is to move gradually from relief to more suitable and sustainable rehabilitation. DG ECHO focused on supporting appropriate food security interventions that could help beneficiaries reduce their extreme vulnerability. All project supported by DG ECHO included a strong HIV/AIDS preventive and palliative component.

## **Partners**

The major partners were the Red-Cross and UN agencies

Decisions		Contracts	
EUR	1 750 000	EUR	1 707 423

## **Malawi**

### **Humanitarian needs**

The humanitarian needs in Malawi in 2005 were in the sectors of food security and nutrition, as well as water and sanitation as 4.4 million people faced serious food shortages after a prolonged drought. The underlying chronic structural situation was additionally exacerbated by the increasing prices of maize, and by the rate of HIV/AIDS infection. The Government declared a state of national disaster on October 14<sup>th</sup>.

### **Humanitarian objectives and achievements**

DG ECHO's withdrawal from Malawi in 2004 had to be revised against the above background, and an emergency decision was taken in November 2005 (EUR 5 million) to fund interventions to support nutrition through the Nutritional Rehabilitation Units and Community Therapeutic Care, emergency agricultural interventions and water and sanitation activities.

## **LRRD**

The interventions funded by DG ECHO were coordinated and coherent with those funded by the Delegation and other donors. In order to ensure sustainability, DG ECHO interventions provided support only to boost existing structures during the hunger season, so that the normal, extensive development programme could easily take over

## **Partners**

The major partners were Save the Children, UN agencies, Care and Action contre la Faim.

Decisions		Contracts	
EUR	5 000 000	EUR	3 206 012

## **Namibia**

An intervention for EUR 1 million on the 2004's budget in support of the repatriation of Angolan refugees came to an end in December 2005. DG ECHO continued to monitor the humanitarian situation first from Luanda, and thereafter from Harare

## **Zambia**

A EUR 3.5 million funding decision in 2005 provided further support to the repatriation of Angolan refugees. This represented DG ECHO's final contribution to this Voluntary Repatriation operation.

The major partner was the International Organisation for Migration.

Decisions		Contracts	
EUR ( <i>EDF</i> )	3 500 000	EUR	3 500 000

## **Zimbabwe**

### **Humanitarian needs**

In 2005 Zimbabwe continued to face a complex and protracted crisis due to a combination of political situation and erratic weather conditions. The aggravating economic crisis and rapid decline of basic social services added to the increasing stress of rural communities. The high HIV/AIDS infection levels affecting up to 25% of the adult population had an overall negative impact on people's lives and country economy. The life expectancy has dropped from 61 years in the early 1990s to just 35 years in 2004 and over a million children became orphans. This extreme vulnerability was further worsened by a "clean-up" operation ('Murambatsvina') launched by government in May 2005, which left 700 000 people in urban and suburban areas around the country homeless or deprived of their livelihoods.

The resident vulnerable population, in particular people living with HIV/AIDS, orphans and other vulnerable children (OVC) as well as internally displaced persons (IDPs) were in need of humanitarian assistance.

### **Humanitarian objectives and achievements**

The principal objective of 2005 interventions was to contribute to reducing the extreme vulnerability of population groups at particular risk in Zimbabwe by providing basic relief assistance. On 23<sup>rd</sup> of March 2005 the Commission adopted an ad hoc decision for Zimbabwe of EUR 15 million with duration of 18 months. Based on the strategy developed by DG ECHO and its partners, this decision focused on an integrated assistance to the most vulnerable groups, with a particular focus on water and sanitation, food security and mainstreaming of HIV/AIDS prevention. Furthermore Commission aid was focused on internally displaced people, including victims of the 'clean up' operation. Those vulnerable groups were provided an integrated assistance through food security, non-food items, HIV/AIDS prevention and improved access to safe water and sanitation facilities. In addition DG ECHO assisted the vulnerable population by mitigation of the consequences of HIV/AIDS through Home Based Care and assistance to orphans and other vulnerable children.

### **LRRD**

The signature of the 9<sup>th</sup> EDF CSP was suspended by the Council Decision of 18 February 2002. The EC financial support has been re-oriented to programmes in direct benefit of the Zimbabwean population, social sectors, democratisation, respect for human rights and the rule of law. Since the evolution of the situation in the country has not permitted to meet the conditions for the full resumption of the EC development cooperation. Due to above it is not possible to engage in a comprehensive LRRD process in Zimbabwe. Main pre-condition to envisage the LRRD programmes in future is an improvement and stabilization of the political situation in the country.

**Partners**

The major partners were: UN agencies, IOM, World Vision and German Agro Action.

Decisions		Contracts	
EUR	15 000 000	EUR	14 237 332

**1.4. West Africa**

**A regional response to epidemics in West Africa**

**Humanitarian needs**

Communicable diseases are highly endemic in West Africa. The vaccine coverage of the population is generally low and the transmission of infections is thus enhanced. Poverty, lack of basic sanitation facilities, low hygienic standards and malnutrition in post-emergency or structurally weak countries increase the vulnerability to communicable diseases.

Meningitis, cholera, yellow fever and measles can develop into major disasters. A failure to control epidemics can lead to an explosion of viral hemorrhagic fevers, shigellosis and hepatitis. Smaller epidemics have to be equally addressed on a case by case basis to prevent their escalation to large scale epidemics, which are more difficult to manage and therefore affecting the population to a greater extent.

**Humanitarian objectives and achievements**

In 2005, a EUR 1.5 million decision was taken with the objective of reducing morbidity and mortality rates related to outbreaks of disease in West Africa. An unusual long and heavy rainy season led to major cholera outbreaks in 2005. As a result DG ECHO supported cholera interventions in Liberia, Guinea Conakry, Guinea Bissau and in the Republic of Sao Tome and Principe. Support was also provided to WHO’s mass vaccination campaign against yellow fever in Côte d’Ivoire. Cholera outbreaks in Mali, Senegal, the Gambia, Mauritania, Burkina Faso, Côte d’Ivoire, Togo, Benin and Niger did not require external support. Yellow fever and cholera trends were followed in the whole sector but no intervention was specifically funded.

**LRRD**

External support to emergency containment of epidemics is efficient but it may also decrease the motivation to develop autonomous responses. External actors shall develop a comprehensive approach; they shall also coordinate with WHO and specialised agencies and integrate local capacities to stimulate development oriented processes.

Under the 9<sup>th</sup> EDF fund, the European Commission dedicated part of its EUR 15 million Regional West Africa Health Program to the improvement of epidemics' management. In addition, a strategic partnership on health and development was signed in July 2004 between the European Commission and WHO to strengthen local capacities and address in particular meningitis epidemics.

## Partners

Major partners were: WHO , Médecins sans Frontières et Médecins du Monde.

Decisions		Contracts	
EUR	1 500 000	EUR	1 129 471

## **Global Plan for Coastal West Africa to provide assistance to people affected by long lasting crises or outbreaks of violence in Liberia, Guinea and Côte d'Ivoire**

Coastal West Africa has been in turmoil since 14 years with huge consequences in terms of human suffering. The situation in Liberia, Côte d'Ivoire and Guinea requires continued DG ECHO's assistance. These countries are going through interlinked political, military and humanitarian crises. Additionally, a number of countries in the region are affected by the large movements of population as the repatriation of Liberian and Ivorians refugees continues. Humanitarian needs in the region can consequently be better supported if they are dealt with in a coordinated manner at the regional level.

EUR 25 million was allocated in a Global Plan to the Coastal West Africa region.

Decisions		Contracts	
EUR	25 000 000	EUR	24 988 012

### **Côte d'Ivoire (EUR 5.12 million of the Global Plan),**

#### **Humanitarian needs**

The country is divided in two, with the Government controlling the south and the "New Forces" controlling the North. This creates great difficulty for the population in accessing basic social services. During the conflict the health system collapsed in the North of the country; more than the 80% of the staff had left and about 70% of the facilities were closed. However, a more positive development has been registered by end 2005 as a result of the humanitarian interventions and with the redeployment of some Government civil servants in the North.

#### **Humanitarian objectives and achievements**

DG ECHO's objective in **Côte d'Ivoire** has been to continue to provide humanitarian assistance to vulnerable populations affected by the conflict.. The main geographical areas of intervention has been Central and West Côte d'Ivoire, where most of the displaced persons and refugees are located and continuing conflicts related to ethnic tensions and land tenure hamper the return of displaced persons to their villages of origin. DG ECHO financed projects in the sectors of health care, nutrition, water and sanitation, protection and humanitarian coordination. DG ECHO further helped to address an increase of moderate and severe malnutrition in the Western part of the country. Attention was given to the protection of

displaced people (about 500 000), in particular third country nationals, to women and to children associated with fighting forces.

## **LRRD**

Some interventions in **Côte d'Ivoire**, such as health, water and sanitation as well as food security sector financed by DG ECHO during the initial emergency phase, have been continued in a broader and more sustainable manner in the context of aid programmes funded from development resources in 2005. .

## **Partners**

UN agencies including OCHA and NGOs such as Action contre la Faim, Médecins sans Frontières, International Rescue Committee, Solidarités, Save the Children, the International Organisation for Migration and the International Committee of the Red Cross. .

## **Guinea (EUR 2 million of the Global Plan)**

### **Humanitarian needs**

Hundreds of thousands of refugees were pushed across the Guinean border by wars in Sierra Leone and Liberia. In December 2005, an estimated 56.785 Liberians continue to receive assistance, in preparation for full scale repatriation. Access to farming land, employment and social services – health, education, potable water and sanitation – remains limited within and outside camps for both refugees and vulnerable groups among the local population. The rainy season brought outbreaks of diseases considered as almost eradicated – polio and yellow fever – or much more common epidemics, like cholera. The high mortality, morbidity and malnutrition rates are mainly the result of little or no access to primary health services, water, shelter and land.

### **Humanitarian objectives and achievements**

The EUR 2 million allocated to **Guinea was used to fund** operations to assist refugees, returnees and vulnerable groups. DG ECHO financed notably protection activities, food distribution, health programmes. Due to various constraints, the UNHCR could not stick to its objective to repatriate 55 000 Liberian refugees by the end of 2005. Most of the targeted beneficiaries remained sceptical on the outcome of the electoral process in Liberia. Refugees did not want to lose the harvest that they expected in and around the camps by returning before the end of the rainy season. Consequently, UNHCR's Plan for voluntary repatriation of Liberian refugees has been modified to repatriate 45 000 refugees till June 2006.

## **LRRD**

In **Guinea**, the best way to tackle the destabilising regional influence is to reinforce reintegration and development programs. The European Union plans to start implementing in 2006 a project of EUR 25 million to support community rehabilitation, peace building and income generating activities in conflict-affected areas of the country. Before considering a possible exit strategy by the end of 2006, DG ECHO will maintain its support to care and maintenance activities in the camps, programs related to population protection and to the voluntary repatriation of Liberian refugees.

## **Partners**

UNHCR, Action contre la Faim, Médecins sans Frontières and ICRC.

### **Regional projects (EUR 870,000 of the Global Plan)**

EUR 500,000 was provided to WFP towards the cost of operating a humanitarian air service covering Guinea, Sierra Leone, Liberia and Cote d'Ivoire. This facilitated the movements of humanitarian workers in difficult and sometimes dangerous areas.

A further EUR 370,000 was used for the operation of Technical Assistance offices in Liberia, Cote d'Ivoire and Guinea.

### **Liberia (EUR 17.1 million of the Global Plan)**

#### **Humanitarian needs**

14 years of war have caused the death of more than 250 000 people, the departure of hundreds of thousands of Liberians to neighbouring countries, and the internal displacement of some 500 000 people out of a population of 3 million. Years of civil war have totally destroyed the health and education systems, infrastructure like roads and bridges, drinking water and electricity supplies, production mechanisms for farming and trade, and the civil and administrative apparatus. At the end of 2004 most of the country was secure and many IDPs and refugees began to return home spontaneously. Their return to Liberia and reinstallation in their places of origin was the main humanitarian challenge of 2005.

#### **Humanitarian objectives and achievements**

In **Liberia**, assistance has been focused on care and maintenance in the IDP camps; return and reinstallation of refugees and internally displaced persons in their places of origin; restoration of access to basic services such as water, health and sanitation, shelter, food security in the priority zones drawn up on the basis of humanitarian needs. Attention has been given to protection issues. This included assistance to family reunification and separated children, and activities to reduce the recruitment of children by armed forces and gender based violence. DG ECHO has been fully engaged in the humanitarian response related to the voluntary and assisted return of tens of thousands of Liberians and the reconstruction of their communities.

#### **LRRD**

In **Liberia**, 2006 will be the transition year where LRRD process will be of utmost importance in various sectors. Coordination is taking place with the other EU instruments particularly with the local community development and post conflict programmes, in order to develop timely complementarities in the areas of return. In the selection of its partners, DG ECHO started taking into consideration their capacity to stay beyond the humanitarian crisis, and cover the transitional period. But the lack of commitment from the national transitional government in term of restoration of key basic services has been delaying the adoption of clear strategies and policies to rely on. Health is one of the key sectors and coordination must go on to find a strategy in order to face major challenges including the lack of human resources (around 65 doctors in Liberia).

#### **Partners**

UN agencies, Action contre la Faim, Médecins sans Frontières, Médecins du Monde, International Rescue Committee, the Red-Cross, International Organisation for Migration, and OXFAM.

**Liberia - ad-hoc decision (in addition to the Global Plan)**

**Humanitarian objectives and achievements**

In September 2004 a EUR 4.3 million ad hoc decision has been adopted from the 9<sup>th</sup> EDF B envelop to assist people returning and reinstalling to their place of origin, once security and basic living conditions were restored. Most of the operations have been implemented over the first half of 2005. Another EUR 550 000 coming from a EUR 2 million ad hoc decision taken in December 2004 was made available for uprooted populations fleeing the Ivorian conflict and the host communities in Liberia.

Finally, in May 2005 a EUR 2.7 million ad hoc decision has been adopted from the 9<sup>th</sup> EDF B envelop for integrated assistance to support the return of vulnerable people to their place of origin in Liberia.

**Partners**

The major partners were UN agencies, the Red-Cross, Solidarités, Save the Children and German Agro Action.

Decisions		Contracts	
EUR ( <i>EDF</i> )	2 700 000	EUR	2 684 772

**Benin**

**Humanitarian needs**

The political crisis which followed the contested presidential elections on 24 April 2005 in Togo lead to massive internal displacement and to the movement of thousands of people to neighbouring countries. The first refugees arrived in Benin the day after the elections and within a week over 10 000 Togolese had been registered as refugees in Benin. By May 2005 this had grown to a total of 18.241 refugees of which 7.363 were children.

The UN estimated that 70% of the refugees were looked after by local communities and families in Benin. This generosity was of enormous help in alleviating the suffering of the refugees. However international assistance channelled through UNHCR was necessary to provide food aid and other humanitarian aid items both to the refugees and the host communities.

The rest of the refugees were established in 2 camps at Comé and Lokossa. These camps needed essential services (water and sanitation, health, shelters, food, NFI as well as psycho-social support services for traumatised refugees). As the situation in Togo remained uncertain, it was unclear when the refugees would be able to return home. Humanitarian aid was therefore necessary.

**Humanitarian objectives and achievements**

DG ECHO allocated EUR 1.05 million to UNHCR as humanitarian assistance for the refugees in Benin in 2005. Priority was given to the funding of essential services such as drinking water and sanitation facilities, temporary shelter and items of basic need. Food aid and primary health services were also supported as was psycho-social activities where needed.

**LRRD**

No direct link as it is expected that the refugees will return home.

**Partners**

The only partner was UNHCR.

Decisions		Contracts	
EUR ( <i>EDF</i> )	1 050 000	EUR	1 050 000

**Chad**

**Humanitarian needs**

From April 2003 to mid-2004, some 215 000 refugees poured into the frontier provinces of Chad, the BET – Bourkou-Ennedi-Tibesti regions –, Wadi Fira and Ouaddaï provinces. These refugees are Muslim shepherds and farmers who have lost all or some of their herds, their seeds and other vital products following the destruction in their places of origin in Darfur. The Sudanese refugees are entirely dependent on assistance delivered by humanitarian organizations. The refugees like the local Chad population are exposed to various epidemics such as cholera, hepatitis E, meningitis, measles and polio. The host regions are among Chad’s poorest and far from ideal for accommodating large population groups. They are geographically isolated and economically marginalised.

In the south of the country, the Moyen-Chari and eastern Logone regions have since 2003 accommodated some 30 000 refugees from the Central African Republic in Yaroungu and Amboko camps. Between June and October 2005, the UNHCR recorded 12 500 new arrivals following the resumption of fighting in the north of the Central African Republic. Most of these refugees were temporarily settled in Amboko.

**Humanitarian objectives and achievements**

Since the autumn of 2003 and its first emergency decision, DG ECHO has supported operations to help the population in Chad territory directly or indirectly affected by the Darfur conflict. In the three Ennedi, Wadi Fira and Ouaddaï regions, DG ECHO identified the following categories of beneficiaries: refugees settled in the camps, refugees who have refused to go to the camps and remain dispersed along the Sudanese frontier, vulnerable groups in the local population. After an initial settlement phase in provisional camps, the UNHCR launched a large-scale refugee transfer operation which was completed in May 2005 with the opening of a twelfth camp, Gaga.

Assistance to refugees and vulnerable groups has been targeted on primary health care, food aid, food security, shelter, water and sanitation, essential relief items- such as blankets, soap, kitchen utensils and water containers - and protection activities. The camps in eastern Chad are now in a maintenance and upkeep phase and no radical change of approach by

DG ECHO's partners is needed. On the other hand, refugees who have refused to go to the camps require measures geared to their specific needs, notably in terms of protection.

Through a supplementary ad hoc financing decision, DG ECHO also supported a multi-sector assistance operation and the building of a new camp to host refugees arriving from the Central African Republic since June 2005.

**LRRD**

The pressure on natural resources in the host regions, in particular firewood, water, pastures and arable land has created residual tension between refugees and local population. Although most needs of the local Chad population are no longer linked to the presence of refugees but more to weaknesses in their region’s structural development and the characteristics of their environment, some humanitarian organisations are implementing operations to help a local population often worse off than the refugees. To avoid treating refugees and local people differently and thereby exacerbate the tension, visible measures with a rapid impact should be conducted to help the local population.

However, DG ECHO does not think humanitarian action can be systematically applied to the local population without creating an imbalance in the systems and upsetting the development process. A specific LRRD approach and better coordination among development agencies and humanitarian actors is recommended, notably as regards food security, water resources, sanitation networks, hygiene and health in a rural environment as part of the drive to prevent epidemics transmitted by feco-oral means.

**Partners**

The major partners were UN agencies, Médecins sans Frontières and the Red-Cross.

Decisions		Contracts	
EUR	12 000 000	EUR	11 997 653
EUR	2 000 000	EUR	2 000 000
EUR	14 000 000	EUR	13 997 653

**Mali**

**Humanitarian needs**

Like neighbouring Niger, Mali also suffered the effects of a worse than “normal” food security crisis in 2005. The exceptionally low rainfall during the 2004 rainy season lead to insufficient river levels for adequate irrigation resulting in poor harvests and dry pasturelands which affected both farmers and livestock breeders. To this was added the impact of the worst locust invasion in 15 years. The most affected and food insecure areas were the regions of Kidal, Gao, Gorum, Tessalit and Timbuktu.

Nearly 500 000 people were classified as being at risk from malnutrition. Nutritional surveys indicated high levels of acute malnutrition amongst under five year old children.

**Humanitarian objectives and achievements**

DG ECHO allocated EUR 2 million as humanitarian assistance to Mali in 2005. Priority was given to partner interventions focussed on nutritional recuperation activities targeting severely

and moderately malnourished in order to reduce mortality among the beneficiaries. Food security activities (such as targeted food distribution, distribution of seeds and fodder...) were also funded to complement the nutritional activities and to assist families restart agricultural activities.

**LRRD**

DG ECHO’s intervention was in the framework of the Commission’s overall aid strategy to support the Government of Mali’s development objectives. The projects funded by DG ECHO in 2005 complemented and strengthened the ongoing food security operations supported from development budgets. To reduce the risk of a similar situation in future years, DG ECHO will intensify its cooperation with other Commission services to ensure a clear and coherent link between relief rehabilitation and development.

**Partners**

The major partners were Action contre la Faim, OXFAM and UN agencies.

Decisions		Contracts	
EUR ( <i>EDF</i> )	2 000 000	EUR	1 999 998

**Niger**

**Humanitarian needs**

Niger suffered the effects of a worse than “normal” food security crisis in 2005. To the usual structural causes of malnutrition (extreme poverty, usurious money lending practices uncontrolled demographic growth, limited health services) was added poor rains, the damage from the previous year’s locust invasion and the impact of regional trade on local markets. Neighbouring Nigeria’s higher purchasing power sucked food out of the local market in Niger and pushed up prices dramatically.

The exceptionally low rainfall during the 2004 rainy season lead to the lowest flow of the Niger river in 10 years, resulting in poor harvest and dry pasturelands and heavily affecting both farmers and livestock breeders. Due to the combined effect of the worst locust invasion in 15 years, 15 % of the nation’s average cereal production and almost 40% of the country’s livestock was lost during the 2004 agricultural season. A 223.500 ton deficit in cereals and 4 642 000 ton deficit in fodder were recorded by the Nigerian authorities. The deficit was heavily concentrated on the poorest, most food insecure and vulnerable departments with local deficits well above the recurrent structural deficits. The most affected areas were the regions of Tillabery, Tahoua, Maradi, Diffa, Agadez and Zinder.

Over **3 million people were classed as being at risk** from malnutrition (15% considered to be severely malnourished with another 30% classed as moderately malnourished). This is more than double the figure from 2004. Nutritional surveys indicated that one in five children under five was suffering from acute malnutrition.

To mitigate the crisis, the Niger government sold basic foodstuffs at controlled prices, below the market price, in the worst hit areas. And also set up food-for-work activities in 300 sites, established cereal banks and distributed seeds in areas where no seed was left. These measures were insufficient and large scale international aid became necessary.

## Humanitarian objectives and achievements

DG ECHO allocated EUR 6.3 million in two decisions as humanitarian assistance to Niger in 2005. Priority was given to partner interventions focussed on nutritional recuperation activities targeting severely and moderately malnourished in order to reduce mortality among the beneficiaries.

Operations were concentrated in the most critical areas of Maradi – Zinder – Dakoro – and Tahoua in the Central region of Niger with some assistance provided to people North of the Central region (Abalak, Tchín-Tabaraden), where there was a risk of malnutrition pockets following the return of the pastoralist families with the rainy season.

Food security activities (such as targeted food distribution, distribution of seeds and fodder...) were also funded to complement the nutritional activities and to assist families restart agricultural activities.

## LRRD

The crisis in Niger was the result of structural problems of poverty, demographic pressures and the poor management of natural resources (land and water). The most appropriate instrument to address these is development aid to strengthen local capacity to alleviate poverty and improve food security. DG ECHO's intervention in Niger is therefore part of an overall Commission aid strategy involving the articulation of humanitarian and development aid instruments. In conjunction with the Government and other donors, a major rethink is underway of government and donor supported programmes and projects to try and ensure that the crisis of 2005 is not repeated in other years. However these are slow moving instruments and the need for a DG ECHO intervention in 2006 looks inevitable as the consequences of the 2005 situation (indebtedness and massive decapitalisation of households) will spill over.

## Partners

The major partners were Action contre la Faim, UN agencies, Save the Children and Care.

Decisions		Contracts	
EUR ( <i>EDF</i> )	4 600 000	EUR	4 520 791
EUR ( <i>EDF</i> )	1 700 000	EUR	1 699 946
EUR	6 300 000	EUR	6 220 737

### 1.5. Echo flight

#### Humanitarian needs

The provision of ECHO Flight services, including the choice of destinations, is based on concrete needs for humanitarian air transport. As a basic operating principle, ECHO Flight services do not duplicate similar humanitarian air services or compete with sustainable commercial airlines offering safe and reliable humanitarian air transport capacity at acceptable cost.

The use of ECHO Flight services enables humanitarian NGOs to reduce inventory stockpiles at field locations which often run the risk of confiscation or theft by armed bandits or local militia. It increases productivity of field personnel due to the ability to plan rest and recreation rotations at an appropriate frequency; and it increases the quality of humanitarian operations as supervisory visits can be conducted more frequently. In addition, an airborne stand-by

evacuation capacity remains for many agencies a *sine qua non* for continuing project implementation.

**Humanitarian objectives and achievements**

In January 2005, Rossair Contracts (Pty) Ltd, i.e. the operator of ECHO Flight filed for voluntary liquidation resulting in the disruption of the humanitarian air service for Somalia, Northern Kenya and the Democratic Republic of Congo (DRC), which ensured rapid access to emergencies for humanitarian personnel and cargo.

To compensate for the loss of ECHO-Flight in both DRC and Somalia, a temporary solution could be secured in the meantime by contracting the services of Aviation sans Frontières (French and Belgian section) and WFP.

On 18 July 2005 Commissioner Louis Michel decided that the flight operation in Somalia will be handed over to DG Development/Delegation in Kenya whilst in DRC ECHO-Flight will be re-established. Consequently, a tender only covering DRC was launched in September.

**LRRD**

It is envisaged that ASF (B) will continue to provide the air service until DG DEVELOPMENT/Delegation in Kenya’s own operation have been established. ASF (F) and WFP will bridge the gap in DRC with their operations until the new ECHO-Flight contractor will re-start the operation.

**Partners**

The major partners were UN agencies and Aviation sans Frontières.

Decisions		Contracts	
EUR	6 500 000	EUR	6 499 755

**2. CARIBBEAN/PACIFIC/INDIAN OCEAN**

**Caribbean**

**Humanitarian needs**

The Caribbean Region is highly prone to disasters, mainly to hurricanes and recurrent floods. On some islands, volcanic activity is also a hazard. This combined with high population density, high annual demographic growth, high levels of poverty and socio-economic inequality result in extremely vulnerable population groups with little coping or resilience capacities in the event of a disaster.

**Humanitarian objectives and achievements**

Whilst DG ECHO has been supporting community based disaster reduction through its DIPECHO programme for many years, it has in 2005/2006 also provided direct support to PADRU (Pan American Disaster Response Unit) which is IFRC's logistics platform allowing the Red Cross to quickly intervene in case of natural disaster.

**LRRD**

DG ECHO works with DG DEVELOPMENT to better integrate disaster risk reduction in development agendas.

**Partners**

The major partner was the Red-Cross.

Decisions		Contracts	
EUR	500 000	EUR	500 000

**Cook Islands**

**Humanitarian needs**

Between 6 February and 6 March 2005 the Cook Islands<sup>5</sup> were hit by five tropical cyclones. While having experienced climatic extremes of strong winds and sea surges, being struck by four cyclones in four weeks constituted an historic natural disaster event for the Cook Islands.

**Humanitarian objectives and achievements**

In its response to the disaster DG ECHO funded a 12 month livelihood support programme allowing the restoration of crop production and the resumption of fishery activities for some 12 000 people.

**Partners**

The major partner was a UN agency (FAO).

Decisions		Contracts	
EUR	200 000	EUR	200 000

**Comoros**

**Humanitarian needs**

In a very unusual year of volcanic activity, Karthala volcano erupted twice, in April and November 2005, spewing ash and toxic fumes over a wide area of Grande Comoro, and contaminating the water source of up to 175 000 people.

**Humanitarian objectives and achievements**

DG ECHO reacted with two emergency decisions of EUR 500 000 and EUR 600 000 to support water trucking and the cleaning and covering of water tanks which are the island’s only source of water.

---

<sup>5</sup> Located in Oceania the Cook Islands are located in the South Pacific Ocean, about one-half of the way from Hawaii to New Zealand. The Cook Islands are comprised of two main groups of islands: the Northern and Southern groups. The Southern Group consists of Rarotonga (the biggest and the main island with the administrative centre), Mangaia, Aitutaki, Atiu, Mauke, Mitiaro, Manuae and Takutea Islands. The Northern Group consists of Penrhyn, Manihiki, Pukapuka, Rakahanga, Swarow, Nassau and Palmerston Islands.

## Partners

The major partner was a UN agency (UNICEF).

Decisions		Contracts	
EUR ( <i>EDF</i> )	500 000	EUR	500 000
EUR ( <i>EDF</i> )	600 000	EUR	-
EUR	1 100 000	EUR	500 000

## Dominican Republic

### Humanitarian objectives and achievements

The Dominican Republic is home to the DG ECHO office for the Caribbean region based in Santo Domingo. To secure the functioning of this office for the duration of a year an amount of EUR 200 000 was made available.

Decisions		Contracts	
EUR	200 000	EUR	200 000

## Grenada

### Humanitarian needs

When in 2005 Grenada was hit by Hurricane Emily its population was still suffering from the effects from Hurricane Ivan which had devastated the entire island in 2004. During 2005 recovery support to affected populations has remained necessary.

### Humanitarian objectives and achievements

The efforts supported by DG ECHO in Grenada since Hurricane Ivan hit the Island have in one way or the other reached the entire population. They were most beneficial to those who could stay in their homes as a result of the roof repair carried out with DG ECHO funding.

## LRRD

DG ECHO's funding is complemented by support from DG DEVELOPMENT/EUROPEAID which is predominantly directed towards the rehabilitation and reconstruction of schools.

## Partners

The major partner was the Red-Cross.

Decisions		Contracts	
EUR	1 200 000	EUR	1 200 000

## Guyana

### Humanitarian needs

In January 2005, torrential rains caused serious flooding along the coastal region which is the most densely populated area of Guyana. The flooding, which is the largest disaster in Guyana over the past decades, affected around 290 000 people (39% of Guyana’s population).

**Humanitarian objectives and achievements**

In a first phase DG ECHO funded emergency relief which was instrumental in providing 6 000 families with food parcels, blankets, kitchen sets, hygiene kits and plastic sheeting, 192 000 persons with health support as well as securing access to drinking water for 118 000 people. In a follow-up to its emergency support DG ECHO funded recovery assistance in particular for rural populations so as to allow some 60 000 people to restore their livelihoods. The latter programme also included a major disaster preparedness component.

**Partners**

The major partners were: Oxfam, the Red-Cross and UN agencies.

Decisions		Contracts	
EUR ( <i>EDF</i> )	700 000	EUR	700 000
EUR	1 000 000	EUR	999 348
EUR	996 500	EUR	996 500
EUR	2 696 500	EUR	2 695 848

**Haiti**

**Humanitarian needs**

In addition to the political crisis Haiti remains exposed to natural hazards such as hurricanes and flooding. Extreme poverty and poor government disaster management capacity renders large part of the population extremely vulnerable to the effects of natural disasters. Haiti’s crisis has its roots in structural deficits which must be addressed by development instruments. Nevertheless, the fragility of the livelihoods of large parts of the populations means that the slightest external shock such as climatic events results in a humanitarian crisis for the affected populations.

All this makes the country an obvious choice for disaster preparedness activities.

**Humanitarian objectives and achievements**

In Haiti, DG ECHO reduced its involvement in the response to the socio-economic crisis from some EUR 7.4 million, in 2004, to EUR 1.3 million in 2005. Under this funding support was granted to surgery treatment of some 6 000 victims of violence in the shanty towns of Port-au-Prince whilst a similar number of beneficiaries were provided with ambulance services. In addition, a large population group benefited from support to the country wide drug procurement system, as well as from disaster preparedness activities.

Haiti is also the focus for DG ECHO’s 5<sup>th</sup> DIPECHO Action Plan for the Caribbean region which was launched in 2005. Of the eight projects accepted for funding five are in Haiti.

**LRRD**

Further to the lifting of Article 96 restriction DG DEVELOPMENT/EUROPEAID have allocated in full the B-envelope from the EDF<sup>6</sup> worth EUR 95.6 million and project identification and disbursement has already started. The funding will allow the Commission to continue support of programmes initiated with humanitarian funds.

### Partners

The major partners were Médecins sans Frontières, Red-Cross and UN agencies.

Decisions		Contracts	
EUR	1 300 000	EUR	1 298 471
EUR	400 000	EUR	400 000
EUR	1 700 000	EUR	1 698 471

### Madagascar

#### Humanitarian needs

The humanitarian needs towards the end of 2005 were for emergency assistance to people affected by food shortages and malnutrition in South East Madagascar. A fragile situation became an emergency, when repeated floods in the first half of the year were followed by insect infestation and drought in the second half.

#### Humanitarian objectives and achievements

DG ECHO's objective was to save and preserve lives during the emergency caused by food insecurity in Madagascar. An emergency decision for EUR 500 000 was adopted in December 2005, with expenditure eligible from 7 November 2005. The most affected population consisted of 150 000 people living in 12 communes of Vangaindrano district, Atsimo Atsinanana region, Fianarantsoa province. Sectors of intervention include emergency nutrition, health, food aid, food security and water/sanitation in support of nutritional activities.

#### LRRD

DG ECHO does not have a regular presence in Madagascar, but responds to humanitarian crises punctually and withdraws when emergency operations are completed. The Madagascar Nutrition Programme "PRONUMAD" (under the EC Food Security Budget Line), will seek project proposals in the affected area during its second phase, providing a vital link with DG ECHO's emergency programme in South East Madagascar. DG ECHO expects to revert to a monitoring role.

### Partners

The major partner was a UN agency (UNICEF).

Decisions		Contracts	
EUR ( <i>EDF</i> )	500 000	EUR	-

---

<sup>6</sup> European Development Fund.

## **Papua New Guinea**

### **Humanitarian needs**

Severe continuous volcanic activities from two volcanoes have affected a total of 15 000 people in Papua New Guinea (PNG) since October 2004. Manam volcano, on Manam Island, registered several major eruptions up to the end of January, and Langila volcano in PNG's West New Britain province has been erupting continuously since 2 June. The volcano eruptions have led to the displacement of some 10 000 persons.

### **Humanitarian objectives and achievements**

With the support of DG ECHO some 7 500 internally displaced people were able to obtain temporary shelter. This allows them to remain in their host communities until a decision is taken whether to return to their villages or to settle for good.

### **Partners**

The major partner was the International Federation of Red-Cross and Red Crescent Societies.

Decisions		Contracts	
EUR ( <i>EDF</i> )	200 000	EUR	200 000

## **3. EASTERN EUROPE, RUSSIAN FEDERATION, SOUTHERN CAUCASUS, CENTRAL ASIA, INCLUDING MONGOLIA**

### **Northern Caucasus**

#### **Humanitarian needs**

Despite the announced normalisation, there was still no durable peace settlement in sight and consequences of the unresolved conflict in Chechnya were being felt in the whole Northern Caucasus, where violence spread over the year, culminating with a massive attack against law-enforcement structures in Kabardino-Balkaria.

In Chechnya proper, a republic largely destroyed by the conflict, the civilian population continued to be victim of a serious humanitarian crisis coupled with very severe violations of human rights (tortures, rapes, disappearances, extra-judicial killings). Despite limited socio-economic improvements, humanitarian needs remained vast in all sectors: food, non-food, water and sanitation, access to health and medicine, education, psycho-social assistance and protection. With more than 60% of the population unemployed, there are also growing needs for more sustainable programmes which would help people get out of aid dependency, such as income-generation projects.

In Ingushetia, contrary to what was expected, no major return to Chechnya took place at the end of the school year, probably because of the absence of shelter and insecurity there. The number of IDPs decreased but only to 30 000 people, who lived either in very basic collective accommodation or in the private sector.

Another 9 000 people were estimated to be displaced in Daghestan.

## **Humanitarian objectives and achievements**

This forgotten humanitarian crisis remained one of DG ECHO's operational priorities in 2005, with funding totalling EUR 26.3 million allocated to the victims of the conflict in Chechnya.

The European Commission remained the main donor in the region.

The main area of activity remained food distribution, with basic food aid provided to some 250 000 IDPs and vulnerable members of the population in Chechnya, Ingushetia and Daghestan. This represented an important decrease in the number of beneficiaries with regard to 2004 (390 000 beneficiaries), in a move to progressively replace food aid with more sustainable forms of assistance. School-feeding was provided to 80 000 primary school children in Chechnya. IDPs and vulnerable people were provided with medical care and essential relief items in Chechnya, Daghestan and Ingushetia. Approximately 250 houses were rehabilitated in Chechnya, targeting approximately 1300 beneficiaries. Up to 7 000 young IDPs in Ingushetia and young residents and IDPs in Chechnya benefited from psycho-social support, from aid to improve their skills and from vocational activities.

Water and sanitation conditions were enhanced in Ingushetia and access to potable water was ensured for the residents of Grozny (90 000) with special emphasis on schools and health facilities. In Ingushetia and Chechnya 150 000 people (mainly children) received mine-awareness training. In the educational sector DG ECHO financed the distribution of 30 000 school-books and contributed to the operation of Early Childhood Education centres and primary schools attended by approximately 3 000 children in Chechnya and Ingushetia. DG ECHO also funded the basic rehabilitation of several schools in Chechnya. In addition, throughout the Northern Caucasus protection activities funded by DG ECHO, notably legal counselling, were provided for IDPs, returnees and residents.

International aid to Daghestan increased in 2005, partly thanks to DG ECHO's advocacy efforts towards this forgotten group.

Working conditions for humanitarian staff remained very difficult, due to bureaucratic hassle and high insecurity. In addition, the discussion (and further adoption) of a new, restrictive law on NGOs gave rise to concerns in the humanitarian community on possible restrictions to their work.

However, there was noticeable progress in access for NGOs and other agencies. Thanks to some improvement in security in certain areas, new districts in Chechnya opened up to humanitarian aid, notably in the mountainous south, which was inaccessible to international staff before.

## **LRRD**

After a joined mission to the North Caucasus with DG ECHO, DG RELEX<sup>7</sup> decided to launch a special TACIS programme of EUR 20M in the North Caucasus. The programme, which will start in 2006, will focus on supporting projects in the fields of education, health and income-generation/support to the banking sector. The three sectors have been chosen in

---

<sup>7</sup>

DG for External Relations

cooperation with DG ECHO. The best complementarity possible will be searched between the two budget lines.

## **Partners**

The major partners were: the Red Cross, UN agencies and several NGOs.

Decisions		Contracts	
EUR	20 300 000	EUR	19 989 000
EUR	6 000 000	EUR	-
EUR	26 300 000	EUR	19 989 000

## **Southern Caucasus (Georgia)**

### **Humanitarian needs**

Georgia is a country still faced with unmet humanitarian needs, in particular in Western Georgia, in and around Abkhazia.

The situation in Abkhazia, is precarious. Overall, the economy remains in shambles and the absence of a conflict settlement and of recognised authorities is hindering any sustainable development. Some progress is noted in Sukhumi and in the North, towards the border with Russia, a region which is starting to benefit from Russian investments and tourism. However, this economic activity is still seasonal and geographically limited.

In Western Georgia, the overall economic situation has not improved either and the region is still affected indirectly by the conflict with Abkhazia and the high number of displaced people there, many of whom have been living in run-down collective centres for more than ten years, with no economic opportunities. At least five percent of the population there, both residents and IDPs, are unable to cover their food, health and shelter needs. Welfare support from authorities is just enough to buy half a pound of bread a day.

### **Humanitarian objectives and achievements**

DG ECHO continued to finance food-security and income-generation projects in Western Georgia, especially Abkhazia, as well as the rehabilitation of collective centres for IDPs and children institutions in urgent need of repair, and supported a mother-and-child health project in Samegrelo, the region most affected by the unresolved conflict with Abkhazia. However, after an exceptional assistance of EUR 4 million in 2004, which allowed for the urgent rehabilitation of collective centres and schools, the budget decreased to EUR 2 million, in a phasing-down approach.

### **LRRD**

The Commission, through its Rehabilitation budget line, committed EUR 4 million in support to recovery projects around the dividing line between Abkhazia and Georgia proper. Close consultations were held between DG ECHO and the Delegation in order to see how the two budget lines could be as complementary as possible, and how the Rehabilitation budget line could progressively take over some of the projects supported by DG ECHO.

## Partners

The major partners were the Red-Cross, Première Urgence, Médecins du Monde and Action contre la Faim.

Decisions		Contracts	
EUR	2 000 000	EUR	1 295 000

## Mongolia

### Humanitarian needs

Mongolia continues to have large groups of vulnerable people whose lives are deeply affected by recurrent natural disasters. The most damaging is the “dzud”, an accumulation of drought and heavy snowfalls. The occurrence of such disasters has recently increased and has had a very serious impact on the livelihoods of the herder communities. Mongolia has experienced four years of consecutive dzuds (2000-2003), whereas previously such disasters used to occur on average every fifty years. This has had consequences on the traditional coping mechanisms of the population. Large numbers of herders have insufficient livestock to sustain their livelihood and remain food-secured. Dzuds have also resulted in an increasing rural-urban migration, especially towards the swelling suburbs of the capital Ulaan Bataar, where unemployment causes further severe destitution and results in basic humanitarian needs.

### Humanitarian objectives and achievements

DG ECHO assistance aimed at not only addressing the humanitarian needs after the crisis but also at breaking the cycle of disaster and vulnerability through programmes aimed at helping herders to better prepare for disasters. DG ECHO therefore continued and built on projects developed the year before and focused on a better preparation of herders and on the diversification of their agricultural production through a limited number of operations focusing on agricultural activities, with a strong disaster-reduction element.

### LRRD

The Commission, through its ALA budget line, is now supporting projects focusing on poverty alleviation through rural development. While these programmes and those of other international donors will hopefully have a positive impact on the longer term at the macro-economic level, they do not, however, focus on the needs of specific vulnerable groups such as impoverished herders. This is why DG ECHO decided to maintain its presence in 2005, in order to assist this particular group.

## Partners

The major partners were: Action contre la faim and Adventist Development and Relief Agency.

Decisions		Contracts	
EUR	900 000	EUR	600 000

## **Tajikistan**

### **Humanitarian needs**

Tajikistan continues to recover from the disastrous effects of the 1992-1997 civil wars and 1999-2001 drought. There has been progress in terms of both political and economic reform, and relative macroeconomic stability. There is now a general recognition that the time has come to focus on long term poverty relief and sustainable development. However, underlying humanitarian needs persist. 64% of the population still live below the poverty line and the country is food-deficit with a strained supply and chronic malnutrition amongst children is around 30%. Access to safe drinking water remains limited and health indicators remain amongst the worst in the world outside of Africa.

### **Humanitarian objectives and achievements**

In May 2005 the European Commission adopted a EUR 6 million Funding Decision to provide humanitarian assistance to the vulnerable people of Tajikistan. This Decision was the second action in a three-step phase out process, fully in line with the Commission LRRD strategy.

The amount of the Decision was reduced by a further 25% from EUR 8 million in 2004, although this was alongside an increase in EUR 1 million in DIPECHO funds for Central Asia.

Activities include distribution of essential medicines, supplementary feeding for the urban impoverished, treatment of severe acute malnutrition in under five year olds, spring-catchments, water-pumps and water-system rehabilitations, construction of pit latrines, community training and education programs, etc. Of particular note is the creation of a National Drug Procurement Centre (NDPC) which, together with a medicines acquisition component, consumed some 26% of the total Funding Decision.

### **LRRD**

LRRD in Tajikistan continued to progress throughout 2005. The consolidation of the EC presence in Dushanbe facilitated even stronger linkages between DG ECHO and other Commission instruments at field level (notably through TACIS and the Food Security programme). LRRD has also continued to benefit from the existence of the DIPECHO programme in Central Asia. DG ECHO continued to liaise closely with the Tajik government, other donors, NGOs and the United Nations in order to ensure co-ordinated responses from both its own programmes and those of others. The health sector remains in particular need of attention during the phase-out of DG ECHO activities.

### **Partners**

The major partners were: Pharmaciens sans Frontières, German Agro Action, ACTED , the Red-Cross and Un agencies.

Decisions		Contracts	
EUR	6 000 000	EUR	5 994 650

#### 4. MEDITERRANEAN AND MIDDLE EAST (INCL. IRAQ)

##### Algeria – Sahrawi refugees

###### **Humanitarian needs**

Sahrawi refugees who have lived for the past 30 years in the desert in South-western Algeria continued to depend essentially on international aid in all sectors, from food to health, from water and sanitation to education.

###### **Humanitarian objectives and achievements**

A EUR 9,311 million funding decision was adopted in August. Projects funded under this decision are in the sectors of food, water and sanitation, health, education and support to handicapped people, and started to be implemented in the third quarter of 2005. In response to a nutritional study conducted on behalf of WFP and UNHCR, which showed high level of malnutrition among children below five and women in fertile age, the food basket was diversified and enriched in order to include quantities of vitamin and protein rich products. Medicines and consumables for hospitals has also been provided, and the cool chain in storage and transportation of medicines improved. Assistance has been provided to the physically handicapped population. Women received hygienic kits. With the implementation of a further project, complementary to others previously funded by the European Commission or other donors, drinkable water has been made available to the inhabitants of the four refugee camps. Schools has been rehabilitated and assistance provided to students.

###### **LRRD**

Not applicable in the circumstances prevailing in refugee camps.

###### **Partners**

The major partners were: UN agencies and Comitato Internazionale per lo sviluppo dei popoli.

Decisions		Contracts	
EUR	9 311 000	EUR	5 528 965

##### Occupied Palestinian Territories (West Bank and Gaza Strip), Lebanon, Jordan and Syria

###### **Humanitarian needs**

Despite some hope about the reinvigoration of the political process, especially following the withdrawal of Israel from the Gaza Strip and parts of the Northern West Bank in August, there were no improvements in the socio-economic and humanitarian situation in 2005. Household incomes have fallen, assets and coping mechanisms exhausted, and living conditions further eroded by the considerable decline in the quality of essential services like health and education and the economic and/or physical inability of most Palestinians to access them. Half of the Palestinian population was in poverty, rising to 68% in the Gaza Strip. Unemployment remained high at 37%. The ongoing conflict and the occupation have a strong psycho-social impact on the population. Regular access to safe water in the West Bank where nearly 40% of the communities lack water networks, was a major concern, as well as the

nearly 40% of the population who were food insecure. All these factors maintained the population in a situation of high vulnerability and dependency towards external humanitarian assistance, whereas the closure policy and the construction of the barrier on Palestinian land continued. At the end of the year the UN launched a \$ 215 million appeal to cover anticipated humanitarian needs for 2005. As in previous years, vulnerable Palestinian refugees in Jordan, Syria and, particularly, Lebanon were also affected indirectly and in need of aid.

### **Humanitarian objectives and achievements**

The European Commission made available in 2005 EUR 36,576 million for humanitarian operations benefiting Palestinians in the Palestinian Territories as well as Palestine refugees in Jordan, Lebanon and Syria, through the adoption of two funding decisions in May and November respectively. This was an increase compared to the initial indicative allocation of EUR 34 million, which was due to the needs to cover more shelter rehabilitation in Lebanon, Jordan and Syria, where the European Commission is the only donor, as well as to provide a further contribution to the World Food Programme's appeal, included in the CAP for the West Bank and the Gaza Strip, that was funded by less than 40% in the last quarter of 2005. The bulk of the funds, EUR 29.85 million, went to operations in the West Bank and the Gaza Strip in eight sectors: food; health; water and sanitation; temporary job creation; protection; shelter rehabilitation; psycho-social support, and co-ordination). About one third of funds went to operations targeting beneficiaries affected by the construction of the barrier on Palestinian land. Protection activities were also funded and strengthened co-ordination among NGOs was supported.

In Lebanon, hospitals managed by the Palestinian Red Crescent Society were provided with adequate safety standards, as well as quantity of quality water. Some 15 000 children were monitored in 25 UNRWA clinics. Services to disabled persons, the elderly and children were funded, as well as protection activities.

In Lebanon, Jordan and Syria, funds were earmarked for the rehabilitation of dilapidated, unsafe and unhealthy shelters hosting a total of more than 5 000 people.

### **LRRD**

The overall political context means that LRRD was not an option for the Palestinian Territories in 2005. However, full co-ordination was ensured with more development-oriented Community instruments and funding, particularly in the food and health sectors. As from 2006, and given also the high degree of financial assistance pledged by the international community, perspectives for LRRD might increase, provided also the Palestinian Territories reach a higher level of political and economic autonomy and independence. Consistency and complementarity with operations in favour of Palestinian refugees in Jordan, Lebanon and Syria funded under other budget lines were also ensured.

## **Partners**

The major partners were UN agencies, the Red Cross, Oxfam, Italian International Cooperation et Action contre la Faim.

Decisions		Contracts	
EUR	28 300 000	EUR	27 869 440
EUR	8 276 000	EUR	511 000
EUR	36 576 000	EUR	28 380 440

## **Iraq**

### **Humanitarian needs**

Most of the remaining needs in Iraq seem to be structural and should thus be covered by reconstruction funds. In any case, the effective provision of humanitarian aid in any pockets of need which might develop is made extremely difficult by the high level of insecurity and criminality, the lack of partners on the ground with implementation capacity and the lack of access to beneficiaries. Furthermore, the current security situation does not allow proper needs assessments to be carried out or for the implementation of projects in an efficient manner.

### **Humanitarian objectives and achievements**

DG ECHO has not programmed assistance for Iraq since the decision of December 2003 (projects implemented between 2004 and April 2005), for the reasons indicated above. However, if significant new humanitarian needs are identified, security conditions allow access to the victims and efficient implementation of projects and these needs cannot be covered by reconstruction programmes, DG ECHO will be ready to consider intervening.

### **LRRD**

On top of DG ECHO assistance, the EC has approved EUR 418.5 million of support to the political and reconstruction process since March 2003, and an additional package of EUR 200 million is envisaged for 2006. While in 2004, the main focus was on the rehabilitation of basic services to Iraqis in the fields of water and sanitation, health and education – linking with DG ECHO sectoral priorities over the past 10 years - in 2005 greater emphasis has been put on support for the political process.

## **Yemen**

### **Humanitarian needs**

Yemen is a country with pockets of humanitarian needs. In rural areas, only 32% of the population on average has access to potable water. The corollary of waterborne illnesses explains partly the strong vulnerability of children under five whose mortality rate remains relatively high. It is also reported that 46% of children are moderately or severely underweight (chronic malnutrition). Maternal deaths account for 42% of mortality among women aged 15-49. With a public expenditure of \$7/inhabitant, access to primary health care remains very insufficient.

## Humanitarian objectives and achievements

A decision taken at the very end of December 2005 granting EUR 2.5 million aimed at provide drinking water to about 38 000 beneficiaries in rural areas or among the most vulnerable and a support to primary health care. Awareness-raising to hygiene and to sustainable management of resources accompanied these activities to perpetuate the results. The specific forgotten needs of the Akdham community (water, hygiene), of the children in high precariousness (protection) and of the refugees of the Horn of Africa (shelters) are subject to a targeted aid for which the results will take shape in 2006.

In September 2005, an emergency decision was adopted (EUR 500 000) to support a national programme of emergency anti-polio vaccination implemented by the World Health Organisation (WHO). The disease was stopped as from autumn 2005.

## LRRD

Some successes in terms of **LRRD**: inter alia, the local authorities took over several primary health structures. They also committed themselves to supporting sustainable management of water access and of equipments provided by the EC humanitarian aid. These actions should serve as examples and should be reproduced on a large scale. Water and sanitation operations in 2005 incorporated a development dimension where suitable and feasible.

## Partners

The major partners were UN agencies, the Red-Cross and Cooperazione Italiana Nord Sud.

Decisions		Contracts	
EUR	500 000	EUR	500 000
EUR	2 500 000	EUR	-
EUR	3 000 000	EUR	500 000

## 5. ASIA

### 5.1. Tsunami

#### Humanitarian needs

The tsunami left behind desolation, death and misery but the situation today is not the same in all affected areas. This is explained by the differences in the intensity of the disaster, the local authorities' reactions, the local coping mechanisms and the degree of difficulty, or ease, of access to affected areas.

In **Indonesia**, the northern and western coasts of the Province of Aceh (northern Sumatra) were the most seriously hit, leaving more than 200 000 people dead or missing. The humanitarian needs were enormous and wide-ranging. Survivors lacked access to health care, water and sanitation, food and shelter. They were also deeply traumatised and were in need of psychosocial support. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), one million people were affected, of whom 600 000 were left homeless. While acute humanitarian needs were rapidly covered, thanks to a rapid mobilisation of local means and an unprecedentedly generous response from the international community, reconstruction efforts took much longer than expected to materialise, thus

creating a transitional phase between relief and reconstruction, which Aceh is still going through. Some 400 000 people are still displaced in government-organised transitory living centres, spontaneous camps or relatives' homes, waiting for reconstruction programmes to offer them permanent housing and the recovery of their livelihoods. These people are still in need of humanitarian to cover their basic needs.

After Indonesia, **Sri Lanka** was the country hardest hit by the tsunami, which affected over two thirds of the island's coastline. 35 322 people were killed, 1 million displaced and 275 000 lost their livelihoods. By July 2005, 457 576 people were still displaced and staying in transitional shelters or with friends and relatives. While the emergency needs for food, non-food items, water and sanitation and emergency shelter were well met in the first months after the tsunami, there were ongoing needs throughout the year particularly for food, transitional shelters, water and sanitation, livelihood recovery and psychosocial activities.

**India** is the only country which experienced the effects of both of the last two major natural disasters: the tsunami and the Pakistani earthquake. The tsunami caused widespread damage in the Andaman and Nicobar Islands and in the states of Tamil Nadu, Andhra Pradesh, Kerala, and the Union Territory of Pondicherry, affecting 2,260 km of coastline plus the whole of the Andaman and Nicobar Islands, killing more than 16 000 people and displacing 700 000. At the end of year, about 150 000 people were still living in temporary camps. People were rapidly accommodated in the relief camps, from which later on they were shifted to individual temporary houses provided by the government, NGOs and other civil societies. Almost all of the tsunami affected families are still living in these temporary shelters. The tsunami also damaged an estimated 84 000 boats. India did not call for international assistance and the authorities responded to the emergency phase in a robust and timely manner. Therefore DG ECHO decided not to intervene in the emergency phase, but to complement the authorities' activities in the rehabilitation phase.

The **Maldives** consists of a series of coral atolls rising directly from the sea. In terms of global impact, it was the country hardest hit by the tsunami, with one third of the total population severely affected. The surge of water unleashed by the tsunami brought about a temporary rise in sea levels which flooded 69 out of the 200 islands completely and another 70 extensively. Only 9 islands were not flooded. 12 500 people were displaced; houses and water systems destroyed or damaged; and health equipment and infrastructure damaged on many islands. Access to drinking water was a major issue, as water collection tanks were damaged and wells contaminated with salt water. Thousands of houses were affected and the fishing and agriculture sectors suffered a significant loss of livelihood equipment and tools.

**Thailand** was reached by its west coast, affecting 6 provinces and leaving 5 305 dead, 3 498 disappeared and 8 475 injured. Thousands of people were affected and many lost their homes and means of livelihood.

### **Humanitarian objectives and achievements**

Although the tsunami occurred in the final days of December 2004, almost all the activities took place in 2005. The bulk of operations took place in Indonesia and Sri Lanka with smaller operations in India, in the Maldives and in Thailand.

DG ECHO's rapid release at the end of 2004 of 3 decisions totalling EUR **23 million** in emergency aid for the countries affected by the tsunami contributed, together with the funds

provided by many other actors, to a successful relief response. The most acute needs of the victims were rapidly covered (food and essential non-food items).

DG ECHO was also quick to adapt to the rapid evolution of the humanitarian context from an emergency to a post-emergency situation. A new decision in February 2005 (**EUR 80 million**) provided funding both for the continuation of emergency assistance and for small-scale rehabilitation activities so that post-emergency humanitarian needs were covered until reconstruction programmes began to deliver results. The actions funded under this Decision included safe water and sanitation facilities, rapid rehabilitation of health structures, improvement of living conditions for people in camps, restarting fishing and agriculture activities, and enhancing the coordination of humanitarian aid. More than one million people were assisted.

Finally, a decision was taken in December 2005 (**EUR 20 million**) to ensure the transition between immediate humanitarian assistance and rehabilitation and reconstruction through the provision of integrated assistance, including health, water and sanitation, shelter and livelihood recovery.

## **LRRD**

The last tsunami decision of December 2005 will allocate to Aceh (**Indonesia**) a further € 10 million. This will help to cover the funding gap between relief and reconstruction until June 2007, when the reconstruction effort is expected to be fully in place. Humanitarian and reconstruction actions funded by the Commission are coordinated at field level in the European House in Banda Aceh, in which the DG ECHO office is integrated.

The Tsunami Indicative Programme launched by DG RELEX and adopted by the Commission in May 2005 for a total amount of EUR 323 million, allocated EUR 95 million to **Sri Lanka** over 2005-2006. EUR 50 million of this was intended to focus on restoring livelihoods in the north east, where the majority of DG ECHO projects are implemented, through the WB managed “Trust Fund”. DG ECHO is working closely with DG RELEX, EUROPEAID and the Delegation in Colombo to ensure that LRRD receives priority. Meanwhile, the remaining EUR 45 million of Commission money has already been committed for two projects: (1) reconstruction of the key partly coastal road running from South to East of the country and (2) to revitalise livelihoods and communities in the North and East. In addition the Rapid Reaction Mechanism funded EUR 2.4 million of detailed satellite imagery for the affected coastline before and after the tsunami.

The Government of **India** and the European Commission (DG RELEX) decided that EC funding would not be requested for the reconstruction effort after the tsunami.

EUR 1 million from the Rapid Reaction Mechanism has contributed to community-led housing reconstruction on one or more ‘safe islands’ of **Maldives**. In 2005-2006, a EUR 16 million package will focus on restarting livelihoods and on the development of safer and more sustainable islands to better protect the populations from natural disasters.

## Partners

The major partners in the post-tsunami activities were: UN agencies, International Organisation for Migration, German Agro Action, Care and the Red-Cross.

Decisions		Contracts	
EUR*	2 830 370	EUR	2 830 370
EUR	10 000 000	EUR	10 000 000
EUR	10 000 000	EUR	9 980 524
EUR	80 000 000	EUR	78 881 646
EUR	20 000 000	EUR	4 000 000
EUR	122 830 000	EUR	105 692 540

\* This first emergency decision amounts to EUR 3 000 000, of which EUR 169 630 from budget chapter 23.0201, budget year 2004 and EUR 2 830 370 from budget chapter 23.0201, budget year 2005. The total amount contracted on this decision is EUR 3 000 000.

## 5.2. Pakistan/India (Kashmir Earthquake)

### Humanitarian needs

On 8 October 2005 at 04:46 GMT a devastating earthquake measuring 7.6 on the Richter scale struck Pakistan and India, with an epicentre 95 km north east of Islamabad. This was followed by over 1 200 aftershocks. The main impact of the earthquake was felt in Pakistan where over 73 000 people are estimated to have been killed, over 69 000 injured, and over 2.5 million people left homeless or in damaged dwellings. In India over 1 300 people are estimated to have been killed, over 7 000 injured and an estimated 150 000 homeless. In the first instance needs were primarily health and shelter, with logistical support to deliver these in the difficult mountainous terrain. Other major needs were for household items such as blankets, cooking utensils and clothing, water and sanitation, stoves and some food, especially with the race against winter and the need both to pre-position stocks for populations living at high altitude, and to prepare camps for those displaced at lower altitudes. In addition and especially given the scale of needs and the difficulty of the terrain, good coordination of the aid effort was important in order to ensure effective allocation of the resources available.

### Humanitarian objectives and achievements

Response to natural catastrophes is part of DG ECHO's core mandate, with established emergency procedures for such responses. On the morning of the earthquake DG ECHO's emergency room was operational, within a few days field teams had been dispatched to the crisis area and the first funds had been allocated to international aid agencies already responding to humanitarian needs. Within a week almost EUR 14 million had been allocated. With DG ECHO's budget soon depleted at the end of a demanding year that had started with the Tsunami, additional funds were rapidly mobilised from the European Commission's Reserve. As a consequence, DG ECHO was able to allocate EUR 48.6 million in response to this crisis before the end of 2005 and the onset of winter in the affected area.

This funding supported the first wave medical response, notably the rapid response of the Red Cross movement, including three field hospitals as well as water and sanitation units. Domestic items and shelter were also rapidly provided, together with the logistical support to facilitate the medical evacuation of the injured from remote areas and delivery of relief items into the mountains. DG ECHO contributed to the operation of 15 helicopters. This response

was reinforced with more cost effective land logistics. Further assistance focused on camp management, with psychosocial and orthoprosthetic assistance. DG ECHO also supported the coordination activities of OCHA/HIC<sup>8</sup> and WHO.

**LRRD**

While responding to the emergency needs, DG ECHO is in ongoing coordination with DG RELEX and EUROPEAID, who has mobilised EUR 50 million for reconstruction assistance, to be allocated in 2006 after the emergency period. At the donor conference in Islamabad on 19 November a total of USD 5.8 billion was pledged for reconstruction, exceeding the Government of Pakistan’s own expectations.

**Partners**

The major partners were UN agencies and the Red-Cross.

Decisions		Contracts	
EUR	3 000 000	EUR	3 000 000
EUR	10 000 000	EUR	10 000 000
EUR	25 000 000	EUR	-
EUR	10 000 000	EUR	10 000 000
EUR	48 000 000	EUR	23 000 000

**5.3. South Asia**

**Afghanistan (including Afghan refugees in Pakistan and Iraq)**

**Humanitarian needs**

The main groups with substantial humanitarian needs in 2005 were the over 500 000 refugees who returned from Pakistan and Iran, the returning IDPs within Afghanistan and the refugees remaining in Pakistan and Iran. The needs of the returning refugees and IDPs included transport and resettlement support, as well as shelter and water and sanitation for the most vulnerable such as female headed households. With over 4 million refugees and displaced people having returned since the fall of the Taliban at the end of 2001, many of these and their host communities have required continuing support to avoid a major humanitarian crisis, particularly in the sector of water and sanitation where Afghanistan has some of the worst global indicators. A further significant area for humanitarian support was protection, especially in the south of Afghanistan. The continued vulnerability of much of the population also meant that humanitarian aid was required in response to localised natural disasters. The worst Afghan winter in decades created consequent flooding in the spring, and Pakistan was also affected by its worst flooding for a decade.

**Humanitarian objectives and achievements**

DG ECHO’s strategy for 2005 was focused on assisting the return of refugees and IDPs and ensuring basic livelihood support for the most vulnerable and for their host communities. In parallel, DG ECHO worked with DG RELEX and UNHCR to attain durable solutions for the Afghan populations remaining in Pakistan and Iran, preparing for the time when they would cease to be considered as refugees.

---

<sup>8</sup> Humanitarian Information Centres, <http://ochaonline.un.org/webpage.asp?Page=695>

DG ECHO funded EUR 20 million of humanitarian aid for victims of the Afghan crisis, covering the registration and transportation of refugees from Pakistan and Iran to Afghanistan, as well as continuing support for the most vulnerable of the remaining refugees. Shelter and water and sanitation were the main sectors of intervention within Afghanistan. Responses to localised disasters were made with an increasing emphasis on building up local capacity. All projects were implemented with full respect to the key issue of gender. Protection assistance was provided, notably through continued support to both UNHCR and ICRC in their respective protection mandate roles. Given the constraints of security and geography, support to security advisory services for aid agencies in both Afghanistan and Pakistan, and to a subsidised humanitarian flight service was maintained.

**LRRD**

Close coordination is taking place on LRRD matters between DG ECHO and DGs RELEX and EUROPEAID, with a view to ensuring the mutual compatibility of their programmes and a handover wherever possible. Increasingly, and in line with progress at the international conferences for durable solutions, DG ECHO has phased down assistance to refugees in Pakistan and Iran, while in Afghanistan assistance has remained focused on the pockets of greatest need. The Uprooted Peoples budget line has been the main instrument for LRRD in this process.

The major partners for the Afghan crises were: UN agencies, International Rescue Committee, Care, the Red-Cross, Norwegian Refugee Council, Aga Khan Foundation, Mission Ost and German Agro Action.

Decisions		Contracts	
EUR	10 791 000	EUR	10 791 000
EUR	9 209 000	EUR	9 116 034
EUR	20 000 000	EUR	19 907 034

**Nepal/Bhutan**

**Humanitarian needs**

Nepal is among the world’s poorest countries and remains the scene of two forgotten humanitarian crises since 1996. The violent conflict initiated by Maoist rebels has now cost over 12 000 lives and has intensified since the bilateral ceasefire broke down on 27 August 2003 and the king’s takeover of power in February this year, in spite of the Maoist unilateral ceasefire during the last quarter of the year. Their attacks and the Royal Nepalese Army’s responses have destroyed water supply systems and communications infrastructure. Combined with restrictions on freedom of movement, these have isolated populations in the worst affected areas and have disrupted trade and agricultural activities. Existing health posts are not functioning properly and are plagued by various problems such as a lack of trained personnel, especially in relation to hygiene, a lack of medicines, and an absence of waste treatment equipment. Most of the community drinking water systems constructed during the 1980s and 1990s are no longer working effectively. The Nepalese authorities have not been able to give support to communities due to budget cuts and the worsening security situation.

A second forgotten crisis has trapped over 105 000 refugees, including 21 000 children, who fled from Bhutan between 1990 and 1992. Since then they have been stuck in seven camps in

the south-east of Nepal, accepted by neither Nepal nor Bhutan, and are totally dependent on external aid. No political solution seems in sight for them.

**Humanitarian objectives and achievements**

In 2005 the population living in the areas affected by the conflict, and particularly children, continued to benefit from protection activities, with particular emphasis on the re-establishment and maintenance of contacts between dispersed family members and on the promotion of international humanitarian law. Additionally, a particular focus was put on the protection of children displaced by the conflict and without access to primary education and basic healthcare. Primary healthcare was provided for 200 000 people in two districts of the Mid Western region and one district of the Central Region. Also, 10 000 people benefited from the construction of 26 drinking water systems and more than 1 000 latrines.

During the second half of the year, 3,530 tonnes of rice, pulses, vegetable oil, wheat soya blend, sugar and salt were distributed to 105,300 Bhutanese refugees, this representing a third of their annual requirements. DG ECHO also supported a supplementary food ration programme for 3,300 vulnerable refugees (malnourished children under five, pregnant women and nursing mothers, tuberculosis patients and elderly sick people).

**LRRD**

The conflict situation has deteriorated once again and DG ECHO has opened a field office in Kathmandu. The contribution to the Bhutanese refugees’ food needs is complemented by support from EUROPEAID for UNHCR’s management activities in the camps.

**Partners**

The major partners were UN agencies, the Red-Cross, Merlin and Terre des Hommes.

Decisions		Contracts	
EUR	4 000 000	EUR	3 380 000
EUR	2 000 000	EUR	2 000 000
EUR	6 000 000	EUR	5 380 000

## **India**

For tsunami related operations, see point 5.1.

### **Humanitarian needs**

Despite the continuation of an encouraging high level dialogue initiated in 2004 between India and Pakistan, violence in Jammu and Kashmir remained high, with limited media coverage of the effects of the conflict on local populations. People were dying in incidents related to the conflict in a nearly daily basis. The deep psychological effects of this violence cannot be easily mitigated and women and children are the most vulnerable.

### **Humanitarian objectives and achievements**

In the context of the conflict in Kashmir, 4 000 people received psychosocial support and protection, despite considerable access difficulties for partners, caused mostly by bureaucratic problems. Finally, DG ECHO continued its food security and healthcare programme for 13 000 Sri Lankan refugee children living in camps in Tamil Nadu.

### **LRRD**

The only place where the linking between relief and rehabilitation is appropriate is Jammu and Kashmir, where the small DG ECHO support for non formal education is being continued by EUROPEAID and the EC Delegation.

## **Bangladesh**

### **Humanitarian needs**

Bangladesh, one of the poorest countries in the world, is highly vulnerable to substantial flooding from the torrential rains between July and September each year. In 2005 late monsoon floods raised some concerns in October, but the coping capacities of the population and the humanitarian agencies present in the field were sufficient and no intervention from DG ECHO was requested. The serious humanitarian situation of the 10 000 illegal Rohingya refugees on the border with Burma continued to be of concern to DG ECHO. The EC Delegation in Dhaka is trying to find a solution with the government in order to allow humanitarian aid to be brought to these people.

### **Humanitarian objectives and achievements**

No new financing decision for Bangladesh was adopted in 2005, but DG ECHO closely monitored the projects funded through the 2004 decisions for a total amount of EUR 1.4 million (post-floods relief and rehabilitation works after an ethnic uprising in the Chittagong Hill Tracts).

### **LRRD**

Apart from regular coordination with the EC Delegation and DG RELEX, no particular linking is necessary, as DG ECHO's activities are confined to occasional operations for limited periods of time.

## **Sri Lanka**

For tsunami related operations, see point 5.1.

### **Humanitarian needs**

The ceasefire agreement of February 2002 had given the northern and eastern districts of the country the longest period of freedom from fighting since 1983 and many IDPs had taken advantage of this situation to return to their home areas. Of an estimated 740 000 IDPs before the ceasefire, 393 086 had returned by October 2005. Since early 2004 the rate of returns has slowed down somewhat (2,800 per month) and this figure reduced further after the tsunami (1 094 per month). 68 000 Tamil refugees are still living in 102 camps in Tamil Nadu, India and UNHCR has no access to these camps. Since 2002 UNHCR has facilitated the return of 5 181 people from Tamil Nadu. The remaining caseload of IDPs resulting from the conflict is estimated at 339 000, including 68 457 who are living in 268 welfare centres and 270 767 outside of these centres. The refugees, IDPs and significant groups of returnees and host communities in the North and East lack shelter, adequate water and sanitation, basic household items and livelihoods which would enable them to resettle properly. The situation was exacerbated during 2005 by the quantity of humanitarian aid available to tsunami victims which left many conflict IDPs feeling neglected and resentful.

However, the ceasefire agreement has been gradually disintegrating over the last few months of 2005, especially following the Presidential elections in November. The humanitarian situation has worsened and new displacements are occurring. By the end of December 2005, 1 800 families had already fled from Trincomalee and Jaffna to find “refuge” in the Vanni and this number is expected to increase. DG ECHO and its partners are currently assessing the situation and are taking preparatory and contingency measures.

### **Humanitarian objectives and achievements**

In response to the conflict DG ECHO adopted a decision for EUR 2 million in February and a further EUR 2 million in August. To avoid discrimination in aid distribution, the February tsunami decision (EUR 24.4 million) was adapted in August to include support to vulnerable and conflict affected populations in tsunami affected districts and this support was also included in the December 2005 tsunami decision.

In addition, the December 2004 decision to fund humanitarian mine clearance in government-controlled areas, particularly Jaffna, was implemented throughout 2005. And in Tamil Nadu, DG ECHO provided funding to improve the nutritional status of the Tamil refugee children.

### **Partners**

The major partners for people displaced by the conflict in Sri Lanka and for the Tamil refugees living in Tamil Nadu, India were UN agencies, ZOA-Vluchtelingenzorg, German Agro Action and the Red-Cross.

Decisions		Contracts	
EUR	4 000 000	EUR	4 000 000

## **5.4. South-East Asia**

### **Burma/Myanmar**

#### **Humanitarian needs**

In Myanmar, ruled by a military regime since 1962, forced village relocations and ongoing armed resistance by ethnic minorities have led to an exodus of refugees to neighbouring countries (140 000 now in Thailand and 20 000 still in Bangladesh). In Northern Rakhine State over 200 000 refugees of the Muslim minority have now returned to Myanmar, but they do not enjoy any citizenship rights. An estimated 525 000 internally displaced people are also in other border states and divisions adjoining Thailand. The situation in the health sector in the country is abysmal with one of the lowest per capita government expenditures in the world. The under-five mortality rate is 108 per 1 000 live births and over 35% of children under five are underweight. The main causes of premature death are malaria, HIV/AIDS, acute respiratory infections and diarrhoeal diseases (only 66% of rural populations have access to safe water and 57% to safe sanitation). Because of the political situation, the EU common position and the Regulation on sanctions against Burma have been extended for one year. Under the EU common position non-humanitarian programmes remain suspended, with certain exceptions. Most other donors are also reluctant to provide support in this context and official development assistance per capita is very low (around EUR 2/person).

#### **Humanitarian objectives and achievements**

In 2005 DG ECHO's activities in Myanmar were based on three main sectors: health and nutrition, protection and water and sanitation. DG ECHO gave priority to the highly vulnerable border groups, notably to those living in remote rural areas on the borders with Bangladesh, India, China and Thailand, those lacking access to basic social services or those being discriminated against on ethnic (Mon and Karen minorities) or religious grounds (the Muslim Rakhine in Northern Rakhine State).

DG ECHO took two funding decisions granting a total of EUR 7.8 million for Burma/Myanmar. These enabled the provision of health services to over 646 000 people, with a particular focus on malaria control programmes, since malaria is the largest single cause of death among children under five: over 400 000 people were tested and 150 000 treated for malaria. In the water and sanitation sector improved access to drinking water and sanitation was provided for 133 000 people, thus reducing the level of water-borne diseases such as diarrhoea, and chronic malnutrition. This was complemented by targeted nutrition programmes which treated over 5 000 severely malnourished women and children. In addition, 250 000 returnees, detainees and prisoners benefited from protection activities of UNHCR and ICRC.

In order to better follow up the operations, DG ECHO opened a technical office in Yangon in October. The new office will help to closely monitor the projects funded and will contribute to coordination between humanitarian agencies.

#### **LRRD**

Given the current EU common position, LRRD cannot be fully applied in Burma/Myanmar, but good coordination exists with the budget line for Uprooted Peoples to complement these activities and avoid duplication.

## Partners

The major partners were the Red-Cross, UN agencies, Aide Médicale Internationale, Malteser Hilfsdienst, Action contre la Faim et Médecins sans Frontières.

Decisions		Contracts	
EUR	1 500 000	EUR	1 474 000
EUR	6 300 000	EUR	-
EUR	7 800 000	EUR	1 474 000

## Thailand

For tsunami related operations, see point 5.1.

### Humanitarian needs

The number of Burmese refugees along the Thailand-Burma border has increased from 10 000 in 1984 to 143 822 in October 2005. A continuing low-intensity conflict between ethnic groups (notably of Karenni and Karen origin) and the military regime in Yangon has led to a steady flow of refugees (600 to 800 per month over the past few years). In 2005 some resettlement opportunities in third countries were offered to a limited number of refugees but the vast majority remained in the camps and their dependence on external aid is almost total. A great number of them have now been living in the camps for over 10 years, where they are subject to a number of significant restrictions and their quality of life is very precarious. On top of the basic humanitarian needs (shelter, food, health care, water and sanitation), social and psychological problems are increasing.

### Humanitarian objectives and achievements

In 2005, DG ECHO continued the provision of food aid, cooking fuel and basic healthcare for the Burmese refugees living in the camps on the Thailand-Burma border, allocating EUR 8.7 million for this.

### LRRD

Given the circumstances, LRRD cannot be fully applied to the refugee camps in Thailand but good coordination exists with the EC budget line for uprooted people to complement these activities and avoid duplication.

## Partners

Decisions		Contracts	
EUR	8 600 000	EUR	-

## Laos

### Humanitarian needs

Changes in traditional agricultural practices and resettlement in more accessible lowland areas alongside roads have led to a deterioration of the humanitarian situation for indigenous minorities who have traditionally lived in remote highland areas of Laos, with consequently increased mortality and morbidity rates. This is further aggravated by the legacy of the

Indochina wars – unexploded ordnance, shells and landmines which contaminate many of the areas in which they live and seriously constrain their livelihoods and food security.

**Humanitarian objectives and achievements**

DG ECHO’s assistance in 2005 was carried out on two levels, aiming at preventing a further deterioration of the humanitarian situation for 35 000 ethnic minority villagers. Firstly, their access to sustainable livelihoods was improved through improved access to water and sanitation, provision of primary healthcare and improved infrastructure (rehabilitation of access roads) so that they did not need to be resettled. Secondly, access to basic services was ensured for the communities that have been resettled, thus reducing rates of mortality and morbidity. UXO clearance activities were carried out as a component of the projects when necessary.

**LRRD**

For some time DG ECHO has engaged in a dialogue with other EC services to identify opportunities for LRRD. In 2005, under the Food Security call for tender, two DG ECHO-funded projects in Laos have been continued. A further Food Security tender is expected for 2006, and it is envisaged that DG ECHO programmes can be handed over or complemented by this, other EC instruments or other donors, to ensure longer term sustainability and appropriate longer term funding.

**Partners**

The major partners were Action contre la Faim and ZOA-Vluchtelingen zorg.

Decisions		Contracts	
EUR	1 200 000	EUR	-

**Cambodia**

**Humanitarian needs**

Cambodia has one of the highest rates of infant and child mortality in South East Asia, which has led WHO to describe the situation as a child survival crisis. Lack of access to safe water is one of the factors contributing to an infant mortality rate of 98 per 1 000 live births and an under-five mortality of 124 per 1 000 live births. The regions where most of the population is indigenous (Mondolkiri and Rotanokiri) and those which were under Khmer control until 1999 (Oddar Meanchey and Pailin) are particularly vulnerable.

**Humanitarian objectives and achievements**

In an effort to help combat the high level of infant mortality DG ECHO supported a number of water and sanitation programmes in remote areas. Extra support was given to the basic public health services and community health education sectors through funding UNICEF and WHO programmes. Mine clearance activities and mine risk education campaigns continued in Pailin in the North West, together with sanitation activities to help reclaim unused land.

**LRRD**

During 2005 DG ECHO continued its phase-out from Cambodia with a final funding decision for EUR 2 million to cover water and sanitation, health and mine clearance until the end of 2006.

## Partners

The major partners were Action contre la Faim, Care, German Agro Action, Halo Trust, Health Unlimited, Mines advisory group, ZOA-Vluchtelingen zorg and UN agencies.

Decisions		Contracts	
EUR	2 000 000	EUR	561 115

## Indonesia

For tsunami related operations, see point 5.1.

### Humanitarian needs

A positive side-effect of the destruction caused by the tsunami was that it gave a decisive push to the peace talks between the Government of Indonesia and the separatist Free Aceh Movement (GAM). The peace agreement signed on 15 August allowed humanitarian organisations to have access to conflict-affected areas that had been closed to them for many years. Psychosocial needs, together with the rehabilitation of basic service infrastructure (water supply, health), are the main needs identified in these areas.

In the east of Indonesia, limited rainfall in 2004-2005 and recurring locust swarms further worsened the food and nutritional security situation in East Nusa Tenggara Timur (NTT) and West Nusa Tenggara (NTB) provinces, which had already reached alarming proportions after a two-year drought in 2002-2003. DG ECHO funded a nutrition assessment by the World Food Programme (WFP) in July-September 2005 in these two provinces, and this showed that the prevalence of global acute malnutrition in under-fives was in excess of 10% in four of the 10 districts surveyed. The Commission adopted, on 13 December 2005, a **EUR 2 million** Decision to improve the nutritional status of the populations of the worst-affected areas. The Decision will be implemented in 2006.

### Humanitarian objectives and achievements

In Central Kalimantan DG ECHO supported the return of Madurese people who were displaced by ethnic conflict to Central Kalimantan. Although the operation will finish in 2006, the return has so far involved some 60 000 people (half of who were displaced and half local host populations). In Central Sulawesi, DG ECHO has phased out its support to the refugee/displaced population following progress in their return/resettlement and the stabilisation of the humanitarian situation.

### LRRD

In Central Sulawesi, humanitarian aid will be linked to rehabilitation through the Uprooted Peoples budget line which has already approved funding for actions supporting return and reintegration in the province.

## Partners

Major partners are OXFAM GB, World Vision and ICCO.

Decisions		Contracts	
EUR	2 000 000	EUR	-

## East Timor

### Humanitarian needs

Timor-Leste was unable to recover from the alarming deterioration of its food and nutritional security situation after the two-year drought of 2002 and 2003 due to a late start of the rainy season in the last quarter of 2004. World Food Programme (WFP) carried out a Vulnerability Assessment and Mapping (VAM) mission in April 2005 and, found that some 350 000 people were food insecure (not being able to meet the minimum requirement of 2,100 Kcal per day) and that the prevalence of global acute malnutrition (GAM) at national level was still between 12 and 14%.

### Humanitarian objectives and achievements

During the second half of 2005 DG ECHO extended its nutritional intervention from the three western districts, to cover four other districts in the centre of the country. In the west global acute malnutrition in sites targeted by DG ECHO-funded projects decreased from 20% to 8% on average, although malnutrition continued to be over 10% in three sub-districts.

## LRRD

In addition to DG ECHO's nutritional aid aimed at addressing short-term needs, the European Commission provides funding for medium-term food security projects both from its budget line for food security and from the 2004-2006 NIP, in which rural development is one of the key sectors. These projects are expected to come on stream by the end of 2006, which would allow DG ECHO to progressively phase out its aid by 2007.

## Partners

The major partners were: UN agencies, World Vision, CARE, The Red-Cross, Concern and Triangle Génération Humanitaire.

Decisions		Contracts	
EUR	2 500 000	EUR	2 068 111

## Philippines

### Humanitarian needs

The situation in Mindanao evolved positively in 2005, with the informal ceasefire of 2003 still holding, thus allowing most of the displaced families to return to their areas of origin. As the returnees lost most of their productive assets when they were displaced, they need external support to restart their livelihoods. There was some violence in the western islands of Sulu that seemed to have calmed down by the end of the year.

**Humanitarian objectives and achievements**

In Mindanao, DG ECHO provided support packages for returnees covering the basic humanitarian needs of water and sanitation, food security, and protection, benefiting a total of 74 000 people. At the same time DG ECHO funded a UNICEF programme to facilitate the demobilisation of children involved in armed conflict in Mindanao, through a survey, advocacy and vocational training.

**LRRD**

DG ECHO is phasing out of Mindanao, with 2005 being the last year for support of the IDPs and returnees. If a peace agreement is reached in 2006, a Mindanao Trust Fund currently being set up by the World Bank will receive substantial funding from international donors, including the European Commission. Discussions are in progress between DG ECHO and the Delegation as well as representatives of the member states to ensure that the results of the projects funded by DG ECHO will be taken into account in the Trust Fund’s rehabilitation strategy. There is a DG ECHO DIPECHO programme foreseen in 2006 should help to improve continuity of support to the beneficiaries.

**Partners**

The major partners were Action contre la Faim and Oxfam.

Decisions		Contracts	
EUR	500 000	EUR	500 000

**5.5. East Asia**

**North Korea**

**Humanitarian needs**

There are still considerable humanitarian needs in the various parts of North Korea. On average the malnutrition of Koreans is “high” according to WHO classifications. The most recent UNICEF-led nutritional assessment confirmed this: 37% of children were stunted; 7% were “wasted”, with a low weight/height ratio which could be life threatening. Although the economic reforms of 2002 have brought about some changes, over the past year the average North Korean has found it more difficult to feed his family and to stay healthy. Basic drugs are supplied only through international aid and the needs of particularly vulnerable groups such as the handicapped and the elderly are greatly neglected. The water supply networks in the towns lack the energy necessary to operate them, materials to disinfect the water and spare parts to maintain broken pipelines. If international aid was not given, there would be a high risk that the achievements of recent years would rapidly be lost.

**Humanitarian objectives and achievements**

In 2005 DG ECHO intended to improve the water and sanitation provision for 300 000 people and to ensure vital medical supplies for 15 million, but this was only achieved in part because of restrictions placed on DG ECHO’s partners by the government. As a result of a joint DGs RELEX/ECHO mission in March 2005, the government granted NGOs operational freedom of movement and access to project sites. However, this was withdrawn in September, when the authorities informed the international community that the 2005 harvest was sufficiently good and that in future aid would be limited to development aid. Relevant donors and EU

Member states fear that humanitarian needs do persist and are negotiating with the authorities to try to avoid humanitarian gaps.

**LRRD**

Due to the nuclear standoff, which was triggered in the autumn of 2002, except for South Korea, the international community is reluctant to finance development programmes. Effectively, DG ECHO is the only donor consistently financing the crucial health and water and sanitation sectors. Until this situation changes, LRRD is not an issue.

**Partners**

The major partners were UN agencies, The Red-Cross, Première Urgence, Triangle, Concern and Save the Children.

Decisions		Contracts	
EUR	10 715 000	EUR	9 267 883
EUR	3 000 000	EUR	3 000 000
EUR	13 715 000	EUR	12 267 883

**6. CENTRAL AND SOUTH AMERICA**

**Central America (Guatemala, El Salvador, Honduras, Nicaragua)**

**Humanitarian needs**

Central America is one of the most disaster prone regions of the world. More than 80% of the area is at high risk of earthquakes, volcanoes, flooding and hurricanes; particularly from July to November. Every year Central America is badly affected by tropical storms, heavy rains and floods, and 2005 has been particularly difficult, with 27 tropical storms and 14 hurricanes. Tropical Storm Stan hit El Salvador and Guatemala in October, devastating the two countries. In Guatemala more than 1.5 million people were affected and 350 000 displaced. In El Salvador more than 90 000 people were displaced and 20% of them are unable to return to their homes.

**Humanitarian objectives and achievements**

DG ECHO responded the day after the Tropical Storm Stan hit the region with a primary emergency decision of EUR 1.7 million, covering mainly the needs identified in El Salvador. A second emergency decision of EUR 4 million was taken one month later, covering mainly the populations affected in Guatemala. More than 250 000 people benefited from these emergency interventions, mainly in water and sanitation, distribution of emergency non food items, health, food security and shelter sectors. DG ECHO is collecting information with a view to taking two additional post-emergency decisions to cover the remaining humanitarian needs that the local institutions cannot meet. In this crisis DG ECHO gave special attention to the needs of women and children in shelters through a specific programme of psychosocial support. DG ECHO has also continued its monitoring activities in Guatemala to prevent and address malnutrition among the most vulnerable (in particular children under five, pregnant women and nursing mothers), in coordination with local health authorities.

## **LRRD**

Strong links with the Delegations and the other services of the Commission have been in place since the beginning of the crisis. This successful LRRD has been incorporated into the planning for the financial instruments in the new 2007/2013 Country Strategy Papers.

### **Partners**

The major partners were: Oxfam, Atlas Logistique, Asociación para la Cooperación con el Sur “LAS SEGOVIAS”, Action contre la Faim and the Red-Cross.

Decisions		Contracts	
EUR	1 700 000	EUR	1 700 000
EUR	4 000 000	EUR	4 000 000
EUR	5 700 000	EUR	5 700 000

## **Colombia (including Colombian refugees in Ecuador and Venezuela)**

### **Humanitarian needs**

For more than 40 years Colombia has suffered from a long-term internal conflict between government, paramilitary and guerrilla groups. As a result, over 3 million people have been displaced from their home areas since 1985, with up to 252 801 new IDPs in the first nine months of 2005. In addition, the exodus of Colombians seeking asylum in neighbouring countries has considerably increased: over 35 300 fled to Ecuador and 5 400 to Venezuela. Most IDPs settle in shanty towns, often with no legal title to the land, building precarious shelters out of plastic, wood and cardboard or with relatives and families. IDPs displaced to an unfamiliar urban environment often see very quickly their food security situation deteriorate and their household economy collapse.

Most asylum seekers need emergency help in terms of food and sanitation immediately after arrival in their country of exile. Later they need assistance with knowing their rights and finding their way through the process of registering as a refugee and help in integrating socially and economically in their new country.

Colombia is also vulnerable to natural disasters, particularly earthquakes, volcanic eruptions and floods. In October and November 2005 particularly serious floods affected a substantial part of the country.

### **Humanitarian objectives and achievements**

EUR 12 M was allocated to supporting Colombian people affected by violence. In the first 8 months of 2005 over 39 000 people received food and non-food items from ICRC during their first 3 months after being displaced. Subsequent to this emergency phase, over 70 000 IDPs, blocked and confined communities and vulnerable host communities received assistance in the form of nutritional supplements, distribution of non-food items, access to primary healthcare, improved shelter, access to safe drinking water and excrement disposal systems, education and recreational facilities for children, psychosocial assistance and community strengthening. DG ECHO continued to concentrate on the rural areas, often the more remote ones, where state institutions are generally not present.

In 2005 protection of children continued to be a priority for DG ECHO in Colombia. IDP children resettle with their families in urban areas heavily controlled by the armed groups and are in danger of forced recruitment, social cleansing or violence. The special accelerated or adapted school programs provide a protective environment for these children allowing them to reintegrate into the state school system. DG ECHO also financed OCHA’s humanitarian situation room, which continued to issue regular information on the humanitarian situation in Colombia.

DG ECHO also financed projects in Ecuador and Venezuela, where protection and support services were provided for the estimated 39 000 Colombians who have taken refuge there, to cover basic food, nutrition, shelter, health, water and sanitation and educational needs and helping the refugees in the reception, registration, documentation, assistance and integration process.

**LRRD**

In Colombia, LRRD works well. There are 3 types of link in Colombia. The first is where a single partner receives both Uprooted Peoples (UP) and DG ECHO funds and works with the same beneficiaries, in the first stages with DG ECHO financing and then later under the UP programme. Secondly, in the conflict-affected areas the UP and DG ECHO support are complementary, with UP focusing its work essentially in communities where some level of stabilisation has been gained. Thirdly, complementarity is achieved through the Delegation providing institutional support to the State assistance mechanisms in order to improve the quality of the government’s assistance, whereas DG ECHO prioritises grass roots support. The DG ECHO office in Bogotá liaises closely with the Delegation on the selection of UP projects, to ensure continuity with DG ECHO activities.

**Partners**

The main partners for Colombian people affected by violence were: the Red-Cross, UN agencies, Diakonie and Action contre la Faim.

Decisions		Contracts	
EUR	12 000 000	EUR	11 339 585

**7. DIPECHO**

**Humanitarian needs**

The DIPECHO Programme is implemented in South-East Asia, South Asia, the Andean Community and the Caribbean. These regions were chosen on the basis of three principal criteria. Firstly, they are highly prone to natural disasters: in Asia to mainly floods, storms, droughts, earthquakes and forest fires, and in Latin America to floods, earthquakes, volcanic eruptions, storms, hurricanes and droughts. The second criterion is the inherent vulnerability of the population. Thirdly, consideration is given to the lack of local resources and coping capacities. In all of these regions initiatives on disaster preparedness and prevention have been and still are being taken at both national and regional level, but they all tend to suffer from a lack of resources, and coordination between national governments is still very much in the process of development. The huge disasters that affected the planet in 2005 have shown how preparedness and prevention are fundamental elements of any disaster management policy and strategy.

## **Humanitarian objectives and achievements**

The global objective is to reduce the impact of future disasters and hence the need for humanitarian aid in the aftermath of a disaster. Disaster preparedness and prevention projects are mostly implemented in the countries where DG ECHO is also delivering humanitarian aid but in some cases, the DIPECHO projects are the sole presence of DG ECHO in a given country, for example in Vietnam, Nicaragua, Honduras and many of the Andean countries and DIPECHO is also the first response instrument in case of a major disaster, before DG ECHO's emergency intervention. This was the case for instance in 2005 in Guatemala and El Salvador when Tropical Storm Stan struck these countries.

DIPECHO Action Plans are implemented at three levels:

- i. at community level, where they enhance the capacities of local communities at risk and of local authorities, through training, awareness-raising, setting up early warning systems and risk mapping;
- ii. at national level, where activities strengthen the capacity of national disaster management services and help to produce and disseminate maps;
- iii. at regional level, where cooperation and coordination of disaster preparedness activities is encouraged, in particular through the exchange and dissemination of knowledge and experience.

## **LRRD**

The situation on LRRD differs from one region to another. It is working well in Central America due to the presence of the Regional Support Office in the Regional EC Delegation and the active relationship between the desks of DGs RELEX, EUROPEAID and DG ECHO. The situation is also very encouraging in the Andean Community, with close links with the Delegations ensuring a measure of complementarity between DIPECHO projects and development projects. In Asia, this complementarity is not yet achieved and a good deal of advocacy work remains to be done. The new round of Country Strategy Papers covering EC programming in 2007/2013 is in process and DPP issues will be integrated wherever possible.

### **7.1. DIPECHO Caribbean**

The Caribbean Region is highly prone to disasters, mainly hurricanes, recurrent floods and volcanoes on some islands. Some population groups are extremely vulnerable with little coping or resilience capacities in the event of a disaster.

Since 1998, four Disaster Preparedness Action Plans have been implemented. In total, some EUR 8.5 million has been spent on disaster preparedness projects implemented through the DIPECHO programme for the Caribbean.

The 5<sup>th</sup> DIPECHO Action Plan for the Caribbean region was launched in 2005 with a budget of EUR 3.5 million. The activities focus on local communities. Priority is given to the most vulnerable, those exposed to natural disaster and those who lack adequate support from other institutions. Projects focusing on improving preparedness towards floods and hurricanes are prioritized. For Haiti, projects addressing vulnerability to disasters which has been exacerbated by the rapid urban growth will receive particular attention.

The following other countries are targeted: Cuba, Dominican Republic, Jamaica, Guyana, Suriname, Belize, Cayman Islands and Eastern Caribbean islands.

Decisions		Contracts	
EUR	3 500 000	EUR	2 685 155

### 7.2. DIPECHO Andean Community

In the Andean Community, the implementation of the 3<sup>rd</sup> Action Plan, with a budget of EUR 4 million, ended in August 2005. 12 projects in four countries (Ecuador, Peru, Bolivia and Colombia) were implemented with a greater emphasis on Ecuador and Bolivia, the most vulnerable countries. The funding of bi-national projects was encouraged; and coordination with national and regional authorities was improved. The promotion of demonstration activities, the dissemination of best practices and exchanges of experience in the region have also resulted in a better approach to Disaster Risk Reduction.

The 4<sup>th</sup> Action Plan for the Andean region, with a budget of EUR 4.5 million, was approved by the Commission at the very end of 2005 and follows extensive consultation in targeted countries involving DIPECHO partners, relevant authorities, scientists and international organizations. Around 15 Projects will be implemented during 2006 and early 2007 in Bolivia, Colombia, Ecuador, Peru and Venezuela. On the basis of lessons learned from previous Action Plans and needs identified in the field through the consultative process, greater emphasis was placed on the most vulnerable populations in disaster prone areas such as urban centres; on maintaining access to basic services such as health, water and sanitation during a disaster; on the identification of indicators to assess local capacity and needs, with the funding of bi-national and regional projects. Coordination with national and regional authorities remains a real commitment in the programme.

Decisions		Contracts	
EUR	4 500 000	EUR	-

### 7.3. DIPECHO Central Asia

Between 1992 and 2005 some 5.5 million (9.5% of the total population) were affected by natural disasters in Central Asia. Tajikistan is by far the poorest and most vulnerable country, with a combination of small and large scale disasters (avalanches, mud slides, floods, earthquakes) affecting several thousands of people every year. 2005 was no exception, with heavy snowfalls and avalanches in the winter, followed by extensive spring flooding.

In August 2005, the European Commission adopted the Third DIPECHO Action Plan for Central Asia for EUR 3.5 million and a duration of 16 months. Activities include the drawing up of local disaster management plans, hazard and vulnerability mapping, establishment of early warning systems, training and equipping rapid response, search and rescue and medical teams, development of curricula on safe construction practices and training of communities in these practices, simulation exercises, small scale structural mitigation works, public awareness campaigns, and sharing of key lessons learned.

Under the Third DIPECHO Action Plan, 16 projects are being implemented by 13 partner organisations (74% in Tajikistan, 13% in Kyrgyzstan, and 9% in Uzbekistan). This includes a regional project throughout the Ferghana Valley in Tajikistan, Kyrgyzstan and Uzbekistan. The remaining 4% of funds is attributable to a regional project benefiting all five Central Asian countries.

Disaster preparedness is an important part of DG ECHO's strategy in the Central Asia region, particularly in Tajikistan, where it is proving additionally beneficial throughout the three-year phase out process.

Decisions		Contracts	
EUR	3 500 000	EUR	2 799 661

#### **7.4. DIPECHO South Asia**

In South Asia, the implementation of the 2<sup>nd</sup> Action Plan, with a budget of EUR 2.5 million, came to an end in June 2005. 10 projects in India, Bangladesh and Nepal were implemented, covering the whole range of disasters, mostly at community level. It focused on training, new alternatives and dissemination, placing particular emphasis on involving women and children and on finding solutions to bridge the gaps between the authorities and the communities at village level (planning and action).

In April/May 2005, an extensive consultation process was undertaken by means of national consultative meetings (NCMs) in all targeted countries, namely Bangladesh, India, Nepal and, for the first time, Pakistan, in order to take stock of the lessons learned from the 2<sup>nd</sup> Action Plan and to identify together with the main stakeholders the needs, regions and levels of intervention. Over 150 participants representing different institutions involved in preparedness and prevention (NGOs, UN agencies, Red Cross family, local authorities, regional organisations, academia etc.) attended these meetings.

The third DIPECHO Action Plan was adopted on the 21 December 2005 and the implementation of 23 selected projects will start from 1 January 2006.

Decisions		Contracts	
EUR	6 000 000	EUR	1 136 431

## II. TABLES

### II.1. DG ECHO budget 1993 - 2005

Financial decisions for EC Humanitarian aid 1993-2005 (in EUR )	
1993	604 800 000
1994	764 100 000
1995	694 100 000
1996	656 700 000
1997	441 610 000
1998	517 642 000
1999	812 910 000
2000	491 715 000
2001	543 704 000
2002	537 790 000
2003	600 349 000
2004	570 341 630
2005	652 498 870

## II.2. DG ECHO contracts 1998-2005

(as of 5/4/2006 – number of finalised contracts)

	Financial year*	Signature year**
1998	1218	1206
1999	1283	1202
2000	980	1214
2001	933	1119
2002	961	891
2003	844	878
2004	933	926
2005	833	885

\* includes contracts finalised in year n on the budget of same year n

\*\*Includes contracts from financial year n and any contracts based on a decision signed in previous financial years.

### II.3. Financial decisions for EC Humanitarian aid by source of Finance

Source of Finance							
Year	European Development Fund (A)	Budget of the European Commission (B)			Total Budget (A) + (B)	Total Decisions	
		Support Expenditure	Operational Expenditure (1)	Disaster Preparedness			
1995	46 455 000	(2)	637 500 000	5 000 000	642 500 000	688 955 000	694 100 000
1996	10 380 000	(2)	653 170 000	6 300 000	659 470 000	669 850 000	656 700 000
1997	7 420 000	(2)	430 820 000	7 000 000	437 820 000	445 240 000	441 600 000
1998	37 387 000	(2)	472 191 000	8 022 000	480 213 000	517 600 000	517 642 000
1999	83 432 000	(2)	719 450 000	7 400 000	726 850 000	810 282 000	812 910 000
2000	2 850 000	3 360 000	481 600 000	7 500 000	492 460 000	495 310 000	491 715 000
2001	20 750 000	4 800 000	510 200 000	8 000 000	523 000 000	543 750 000	543 704 000
2002	17 475 000	4 100 000	509 745 000	8 000 000	521 845 000	539 320 000	537 790 000
2003	14 105 000	5 090 000	569 499 000	12 011 000	586 600 000	600 705 000	600 349 000
2004	52 228 000	6 400 000	498 084 000	13 700 000	518 184 000	570 412 000	570 341 630
2005	23 170 000	6 500 000	605 328 870	17 500 000	629 328 870	652 498 870	652 498 870

(1) includes country and regional expenditures, thematic funding and technical assistance

(2) Support expenditure was included in the budget lines for operational expenditure

## II.4. Funding decisions for humanitarian aid in 2005

Decisions adopted by the Commission as of 31.12.2005

Country/sub-region	Decisions in €
<b>AFRICA, CARIBBEAN, PACIFIC</b>	<b>37,96%</b>
Angola	2.000.000
Benin	1.050.000
Burundi	17.000.000
Chad	14.000.000
Caribbean	500.000
Comoros	1.100.000
Congo	2.000.000
Congo (Democratic Republic)	38.000.000
Cook Islands	200.000
Dominican Republic	200.000
Eritrea	4.620.000
Ethiopia	4.500.000
Grenada	1.200.000
Guyana	2.696.500
Haiti	1.700.000
Kenya	2.000.000
Lesotho	875.000
Madagascar	500.000
Malawi	5.000.000
Mali	2.000.000
Niger	6.300.000
Papua New Guinea	200.000
Somalia	9.000.000
Sudan	45.000.000
Swaziland	875.000
Tanzania	13.500.000
Uganda	14.000.000
West Africa	29.200.000
Zambia	3.500.000
Zimbabwe	15.000.000
ECHO flights	6.500.000
DIPECHO Caribbean	3.500.000
	<b>247.716.500</b>
<b>Eastern Europe, NIS</b>	<b>5,39%</b>
Georgia	2.000.000
Mongolia	900.000
Northern Caucasus (Chechnya crisis)	26.300.000
Tajikistan	6.000.000
	<b>35.200.000</b>
<b>Middle East/North Africa</b>	<b>7,49%</b>
Algeria (Western Sahara)	9.311.000
Middle East	36.576.000
Yemen	3.000.000
	<b>48.887.000</b>

Country/sub-region	Decisions in €
<b>ASIA</b>	<b>38,12%</b>
Afghanistan	20.000.000
Asia (Regional Tsunami)*	122.830.370
South Asia Earthquake	48.000.000
Cambodia	2.000.000
East Timor	2.500.000
Indonesia	2.000.000
Laos	1.200.000
Myanmar/Burma	8.000.000
Nepal	6.000.000
North Korea	13.715.000
Philippines	500.000
Sri Lanka	4.000.000
Thailand	8.500.000
DIPECHO Central Asia	3.500.000
DIPECHO South Asia	6.000.000
	<b>248.745.370</b>
<b>Latin America</b>	<b>3,40%</b>
Colombia	12.000.000
Guatemala/El Salvador	5.700.000
DIPECHO Andean Community	4.500.000
	<b>22.200.000</b>
<b>for information - total DIPECHO</b>	<b>2,68%</b>
<i>Caribbean</i>	<i>3.500.000</i>
<i>Central Asia</i>	<i>3.500.000</i>
<i>South Asia</i>	<i>6.000.000</i>
<i>Andean Community</i>	<i>4.500.000</i>
	<b>17.500.000</b>
<b>Thematic funding</b>	<b>3,14%</b>
OCHA	4.000.000
UNHCR	5.000.000
ICRC	4.000.000
WHO	4.000.000
IFRC	3.500.000
	<b>20.500.000</b>
<b>OTHER FUNDING</b>	<b>4,48%</b>
ECHO field experts & offices	22.750.000
Evaluation/Communication/Audit	6.500.000
	<b>29.250.000</b>

<b>Total ECHO funding 2005 - as of 31.12.2005</b>	<b>652.498.870</b>
---	--------------------

\* Including India, Indonesia, Maldives, Sri Lanka, Thailand

## II.5. Distribution of Contracts by Partner category

(updated: 5-4-2006)

Distribution of DG ECHO Funding by Groups of Partners 2001 – 2005					
(by contracts financial year)					
	2001	2002	2003	2004	2005
EC NGOs	62%	59%	54%	59%	54%
United Nations agencies	24%	28%	29%	29%	32%
Int'l Organisations	8%	9%	12%	9%	11%
EC Org./Gov.Org/Others*	6%	4%	5%	3%	3%

\* costs for DG ECHO experts and other administrative costs

## II.6. DG ECHO Contracts by nationality of NGOs and by UN agencies - 2005

(by contracts financial year – updated 5-4-2006)

NGOs' NATIONALITY	EURO	% of total contracts amounts
Austria	5 641 080	0.95%
Belgium	15 741 699	2.64%
Czech Republic	292 000	0.05%
Denmark	21 104 994	3.54%
Finland	3 017 713	0.51%
France	73 209 768	12.30%
Germany	34 035 036	5.72%
Greece	1 424 159	0.24%
Ireland	7 100 399	1.19%
Italy	27 633 078	4.64%
Luxembourg	960 000	0.16%
Netherlands	27 198 336	4.57%
Poland	400 000	0.07%
Portugal	537 133	0.09%
Spain	22 722 948	3.82%
Sweden	930 691	0.16%
United Kingdom	68 916 855	11.57%
Norway	6 140 323	1.03%
Switzerland	4 703 622	0.79%
<b>Subtotal</b>	<b>321 709 834</b>	<b>54.03%</b>

UN agencies	EURO	% of total contracts amounts
-------------	------	------------------------------

UNITED NATIONS		
UNHCR	53 574 093	9.00%
WFP	46 208 058	7.76%
UNICEF	29 807 471	5.01%
UNRWA	8 500 000	1.43%
UNDP	3 095 328	0.52%
WHO	10 189 457	1.71%
FAO	19 734 299	3.31%
UNOCHA	14 329 454	2.41%
PAHO	947 942	0.16%
UNFPA	2 606 859	0.44%
<b>Subtotal</b>	<b>188 992 961</b>	<b>31.74%</b>

## II.7. List of acronyms

ACTED	Agence d'aide à la coopération technique et au développement
CAPS	United Nations Consolidated Appeals for Humanitarian Crises
CSP	Country Strategy Paper (EDF)
DIPECHO/DPP	DG ECHO's disaster preparedness and prevention programme
DRC	Democratic Republic of Congo
DG ECHO	Humanitarian Aid Directorate-General
EDF	European Development Fund
EU	European Union
FAFA	The EC/UN Financial and Administrative Agreement
FAO	United Nations – Food and Agriculture Organization
FPA	Framework Partnership Agreement (between DG ECHO and its operational partners)
FICHOP	Fiche opérationnelle (DG ECHO's project appraisal sheet)
HOLIS	Humanitarian Office Local Information System
ICRC	International Committee of the Red Cross
IDP	Internally displaced persons
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-governmental organisation
IOM	International Organisation for Migration
LRRD	Linking relief, rehabilitation and development
MCDA	Military and Civil Defence Assets
MSF	Médecins sans Frontières
NOHA	Network on Humanitarian Assistance
NGO	Non-governmental organisation

OFDA	Office of U.S. Foreign Disaster Assistance
PAHO	United Nations – Pan American Health Organisation
SARS	Severe Acute Respiratory Syndrome
SPD	Strategic Planning Dialogue
SPP	Strategic Planning and Programming
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UN ECOSOC	United Nations - Economic and Social Council
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNOCHA	United Nations - Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations - Relief and Works Agency for Palestine Refugees in the Near East
UXO	Unexploded Ordnance
WFP	United Nations - World Food Programme
WHO	United Nations-World Health Organisation