



Humanitarian Aid Decision

23 02 01

Title: Humanitarian assistance to populations affected by malnutrition, epidemics, climatic hazards, conflicts and displacement

Location of operation: ETHIOPIA

Amount of Decision: EUR 3,000,000

Decision reference number: DG ECHO/ETH/BUD/2006/01000

Explanatory Memorandum

1 - Rationale, needs and target population

1.1. - Rationale:

Despite improvements overall in 2005, the over-riding humanitarian outlook in the country remains bleak. It is characterised by pockets of persistent malnutrition, continued outbreaks of epidemics, there are serious gaps in the provision of health care, drought-induced destitution and conflict-displaced populations. Vulnerability is high in the country, especially among drought-affected populations, and there is considerable risk that minor shocks (climatic, livelihood or otherwise) land the vulnerable populations in a state of emergency.

Even with the good harvests in 2005, some 2.6 million acutely food insecure people will require emergency food assistance. In addition, some 7.2 million chronically food-insecure people will require food assistance through the Productive Safety Nets Programme. Notwithstanding this very ambitious Programme, aiming to solve the long-term food security issue, the country will continue to suffer for pockets of acute malnutrition in some crisis periods which humanitarian aid has to cope with.

In some pastoralist areas, consecutive rain failures have had an impact on the livelihoods of the communities. Alarming living conditions were reported in the south and south-eastern parts of the country, where widespread human and livestock migrations as well as an overall deterioration in livestock body condition and many livestock deaths were reported. The failure of the 2005 secondary "Deyr" season rains (October to December) has resulted in a serious food security and livelihood crisis for southern Somali and Oromya pastoralist regions. The situation is worst in the districts that had poor rains during the preceding "Gu" season (March to May), including Afder, Liban, parts of Gode and Borena zones. March/April 2006 rains provided some short-lived relief, but did not reverse the livelihoods

crisis of the affected communities, as the rains fell unevenly across the pastoralist areas. One of the negative effects of such rains is the fact that when they do fall, they bring with them the risk of increase in epidemics and disease, for humans and livestock alike.

In early 2006, emergency food aid was concentrated in the critically drought-affected pastoral and agro-pastoral areas in the south-eastern parts of the country, in the Somali region and the Borena zone of Oromya region. Some of these areas have reached critical levels of food insecurity as from January 2006 and will need time to stabilise prior to entering the recovery phase.

It is against this background that the population's resilience to sustain shocks is extremely weak, generating acute needs and increasing humanitarian risks, requiring emergency interventions. During the second half of 2005, a peak of 3.3 million people required relief assistance due to the consequences of climatic events, notably floods (June 2005) accompanied by outbreaks of malaria and diarrhoeal diseases (which remained the major causes of morbidity, disability and mortality in 2005), and longer than usual dry spells (until April 2006), causing significant livelihood damage and displacement in the north-eastern and south-eastern lowlands.

Paradoxically and unfortunately, heavy rains in the Ethiopian highlands coupled with the start of the rains on the lowlands in the eastern part of Ethiopia (Afar and Somali regions), raise high risks of flooding along the rivers Shabele and Juba in Somali region and Awash in Afar. On 17th of April 2006, UNOCHA reported floods in the Dubti woreda of the Afar region affecting 7,000 people and in Ayisha woreda, Somali region, affecting 3,000 people. With the continued abundant showers observed across the eastern lowlands during the first part of April and sustained good rains all over Ethiopian high lands, the floods could take on extreme dimensions in the near future.

Rapid population growth remains a major barrier to poverty reduction. The increase of about 2 million persons per year puts a tremendous strain on Ethiopia's resource base and carrying capacity. The World Bank estimates that the population is currently growing at 2.2 percent per year, although others estimate a higher rate of 2.7%, which implies Ethiopia's population may reach 85 million by 2010 and 106 million by 2020. The UNFPA is projecting the Ethiopian population to 170 million in 2050, compared to 78 million in 2005.

Poverty in Ethiopia is pervasive, deep and persistent. At present, a national average gives close to 45% (circa 33.75 M) of the population living below the absolute poverty line of US \$ 1/day and in some areas, mainly rural, this rate reaches up to 80%.

Ethiopia's life expectancy is 43 years whereas the average for Sub-Saharan Africa and low-income countries is 47 and 59 years respectively. The infant mortality rate is 107 per 1000 live births, close to 47% (about 12.7 million children under five years of age are suffering from various forms of malnutrition).

Food insecurity has become chronic and between 6 and 13 million people in Ethiopia are in need of food aid every year¹. The increase in the structural food deficit is highlighted by the fact that the country needs to produce an extra 750,000 tons of food every year to keep pace with population growth. Recurrent drought, soil exhaustion and erosion, and overcrowding of human and animal populations in areas of scarce resources are thus among the major causes of food insecurity.

¹ Plan for Accelerated and Sustainable Development to End Poverty (PASDEP), 2005.
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The preliminary Demographic Health Survey of 2005² shows high child malnutrition rates in Ethiopia and represents a significant obstacle to achieving better child health outputs. Ethiopia still has one of the highest malnutrition rates in Sub Saharan Africa. Moderate to severe stunting is 51%, while severe stunting is 26%, denoting a population that is permanently affected by the consequences of a combined poor nutritional and health status. The January 2006 Save the Children US & UK joint nutrition survey indicates a rate of 20,1% of Global Acute Malnutrition (GAM) and 1,6% of Severe Acute Malnutrition (SAM) among children under 5 years of age in the Afder and Liben zones of Somali region. WHO thresholds with regard to emergency situations are 10-15% GAM and 1% SAM.

Under-five mortality rates (U5MR) are high in all regions, principally in the climatic affected areas. Last surveys from January to March 2006 conducted in Somali region show U5MR ranging from 2.4 to 6.7, when the threshold for humanitarian assistance is 2/10,000/d.

In Ethiopia, diarrhoea (24%) and Acute Respiratory Infections (28%) are the main causes of early death among children, higher than in neighbouring countries³. The use of oral dehydration therapy is much lower than in other poor countries, largely explaining the high level of mortality due to diarrhoea.

Malaria is the leading cause of total morbidity and mortality in Ethiopia. About 68% (more than 46 million people) of the total population is at risk of contracting malaria infections⁴. The majority of Ethiopia's population lives in the over-crowded highlands mainly due to the high prevalence of malaria and other dangerous tropical diseases in the lowland regions. Despite these high risks, especially during the high transmission period from June to September, bed nets, which can act as a preventative measure, are still largely unused in Ethiopia. Even in high malaria prevalence areas, such as Afar and Gambella, only 32% and 12% of households respectively have a bed net and less than 5% of women in endemic areas are sleeping under a bed net.

In a time of increased need for health services, the system is actually weakened due to lack of staff and supplies as people have moved in search of food and water, for survival purposes. Additionally, the high concentration of humans and herds in limited areas with limited resources increases the risk of human disease outbreak and epidemics. There is a very high risk of a measles epidemic; measles and acute malnutrition are highly correlated for children under-five and quickly contribute to higher under-five morbidity and mortality. With limited milk and meat access, it is also likely that dietary intake will change, negatively impacting on both the health and nutritional status of pastoralists.

² Ethiopia Demographic Health Survey 2005, Central Statistic Agency, November 2005.

³ The Lancet, 2005

⁴ Ethiopia Rollback Malaria Consultative Mission Report, 2004.

1.2. - Identified needs:

Health and Nutrition

Primary Health Care

Less than one doctor is available per 44,000 people and one nurse per 8,000 people in the three largest regions of the country (Oromya, Amhara and SNNPR). In Afar and Gambella regions there are no specialist physicians. The shortage also includes frontline service providers. Midwifery skills are particularly lacking in large regions, such as Oromya and SNNPR (Southern Nations, Nationalists and Peoples' Region); these regions have less than one midwife per 100,000 people. Oromya has the lowest frontline health worker to population ratio.

Epidemic outbreaks

As the expansion of endemic malaria areas is still evolving, the potential amount of the population at risk, notably with primo-infection, is also increasing. Currently, Ethiopian midlands are becoming endemic areas. In the current context, existing malaria programmes are not matching the demands in prevention and treatment.

Meningitis, measles and Kala Azar epidemic outbreaks are expected to occur during the same transmission period, which will overwhelm the existing capacities of the various federal and regional health services.

Nutrition

Pockets of acute malnutrition regularly surface in areas prone to high food insecurity, reaching levels that define critical emergency situations. Currently, the highest wasting prevalence among children under 5 years of age is found in Somali region, with GAM rates ranging from 18,6% to of 23,5% and SAM rates from 1,4% to 3,9%⁵.

Water

About 76% of the population does not have access to clean water in Ethiopia. Although the recent rains have improved the availability of water for human and livestock consumption, they have also increased the risk of water borne diseases. As diarrhoeal disease is one of the main acute morbidity and mortality factors among children, the water quality issue has to be addressed. Improved water points, water preservation schemes, as well as hygiene and sanitation promotion will help to reduce the current acute morbidity and mortality rates.

Livestock

The arrival of the rainy season is usually linked with a decrease in temperature which is the starting point for some epizootic outbreaks and parasite infestations throughout the pastoralist regions. These outbreaks are likely to take place among weak animals, thus increasing mortality rates. As the successive past drought periods have negatively impacted the pastoralist livelihoods without any real chance for recovery, a targeted support to core breeding livestock will allow for the worst affected pastoralist communities to better recover and regain some of the assets and livelihood lost during the last 5 years.

⁵ Nutrition survey data source: SC-UK/US, GOAL, MSF-B, WV, CARE, DPPA January-March 2006.
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Climatic hazards

A rapid response capacity should be put in place in the event of large floods in areas previously affected by drought. In case of a re-emergence of critical humanitarian needs within vulnerable population groups - which are still suffering from the consequences of drought -, sheltering, water provision and medical support will have to be rapidly brought to the displaced communities.

Protection

Resource-based conflicts (inter-clan and/or cross border) have been on the rise during 2005 and early 2006 in the pastoralist areas of Ethiopia, Kenya and Somalia as a consequence of the past drought.

In Gambella, a complex, violent ethnic situation – cattle pastoralists (Nuer), shifting cultivators (Anuak) and settlers from the central highlands – made worse by the prospect of access to valuable natural resources, has generated a recurring conflict with displacement of populations within this remote region and across the border with Sudan. This "forgotten crisis" has been going on for more than 3 years, but due to remoteness and difficult access to the area, scarce support has reached the populations of this region so far. The number of IDPs in the region now stands at 50,000 (Government figures).

Since the last general elections in 2005, there has been civilian unrest throughout the country. Official political opposition and regional ethno-political groups are virulently active in their respective regions, provoking a heavy handed governmental crackdown in reaction. Thousands of people have been put into jail; civil rights are denied and the respect of IHL needs particular monitoring.

1.3. - Target population and regions concerned:

Of the affected population, primarily 150,000 to 300,000 people will benefit from this decision at nationwide level. However, the main regions concerned will be Somali, Oromya, Amhara, SNNP, Tigray and Gambella.

1.4. - Risk assessment and possible constraints:

The current rainy season has to be monitored closely, as it will determine the scale and the duration of the intervention in Somali and Oromya regions.

Insecurity

Somali region is subject to much lawlessness and banditry which has in the past severely hampered aid agencies in implementing assistance.

In Gambella region, the unsettled situation and unresolved issues between the various communities living in the region, exacerbated by the presence of government armed forces, leads to an extremely volatile situation. Any spark could ignite an outburst of violence, depriving access by humanitarian actors and possibly require withdrawal from the zone for safety reasons.

The current general political context could provoke unrest throughout the country, with direct consequences for the implementing capacities of DG ECHO's⁶ partners.

2 - Objectives and components of the humanitarian intervention proposed: ⁷

2.1. - Objectives:

Principal objective : To assist populations with acute humanitarian needs as a consequence of malnutrition, epidemics, climatic hazards, conflicts and displacement.

Specific objective(s) : To provide humanitarian assistance in different sectors, including health, nutrition, livestock support, water, protection and IDP's assistance, in order to strengthen the resilience of populations suffering acute humanitarian needs.

2.2. - Components:

A multi-sector response to humanitarian crisis is critical in order to obtain increased food security, reduce levels of malnutrition, enhance resistance to disease and minimise overall human suffering. In response to the current humanitarian concerns of the country, interventions are planned in the health and nutrition, water and sanitation, livestock support and protection sectors.

Emphasis will be put on combating child malnutrition through community therapeutic care, limiting the spread of disease in emergency situations with adapted medical and public health measures, the provision of relief drugs and preventive equipment, insecticide, access to safe water and sanitation facilities and provision of animal health services.

The DG ECHO response will complement and coordinate with the long term development action implemented by the Commission and other donors, in the frame of the government sector and global policies. Whenever possible, following the LRRD approach, DG ECHO will hand over to the Delegation the task of continuing to consolidate the achieved results.

Health/ Nutrition

- Provision of targeted supplementary and therapeutic feeding to address acute malnutrition needs during crisis and to assist recovery of those affected by malnutrition.
- Implementation of nutrition detection and surveillance schemes at national level.
- Complementary support to health services to facilitate and strengthen emergency reactions for the population during the epidemic phases.

⁶ Directorate-General for humanitarian aid - ECHO

⁷ Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in DG ECHO's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at http://europa.eu.int/comm/DG ECHO/partners/index_en.htm

Livestock

- Veterinary support to pastoralist communities through livestock vaccination and treatment as well as targeted feeding and water supply.

Water / Sanitation

- Provision of water to ensure sufficient quantities, as well as ensuring water quality, and sanitation, to address morbidity and mortality due to water borne disease.

Protection

- Protection visits, and related services, for political / civil detainees, and POWs.
- Advocacy and lobbying for the respect, by all parties, of international humanitarian law.
- Analysis of and response to the changing political and conflictual environment, including relief support to the general populations affected by conflict.

General support to IDPs

- Provision of emergency general assistance to displaced and resettled communities during their reinstallation phase, activities such as sheltering, provision of non-food items water and sanitation, and medical care.

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be 12 months.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 01 July 2006.

Start Date: 01 July 2006.

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

5 - Other donors and donor co-ordination mechanisms (humanitarian aid).

Donors in ETHIOPIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others (***)	
	EUR		EUR		EUR
Austria		DG ECHO	5,750,000	Canada	2,648,256
Belgium		Other services (**)	44,000,000	Switzerland	330,775
Cyprus				USA	385,214,455
Czech republic					
Denmark	871,313				
Estonia					
Finland	1,200,000				
France	1,614,370				
Germany	3,131,829				
Greece					
Hungary					
Ireland	200,000				
Italy	2,000,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	8,313,270				
Poland					
Portugal					
Slovakia					
Slovenia					
Spain	400,000				
Sweden	3,748,212				
United kingdom					
Subtotal	21,478,994	Subtotal	49,750,000	Subtotal	388,193,486
		Grand total	459,422,480		

Dated : 24/05/2006

(*) Source: DG ECHO 14 Points reporting for Members States. <https://hac.ec.europa.eu>

(**) Only humanitarian aid, 2005. Source: Delegation in Ethiopia, Joint Annual Report 2005

(***) Source "Financial Tracking Service", 2005

Empty cells means either no information is available or no contribution.

6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 3,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To assist populations with acute humanitarian needs as a consequence of malnutrition, epidemics, climatic hazards, conflicts and displacement</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners⁸
Specific objective 1: To provide humanitarian assistance in different sectors, including health, nutrition, livestock support, water, protection and IDP assistance, in order to strengthen the resilience of populations suffering acute humanitarian needs.	3,000,000	Nationwide	Health, nutrition, livestock support, water, protection	- ACF - FRA - CONCERN WORLDWIDE - CROIX-ROUGE - CICR- ICRC - CH - IMC UK - IRC - UK - MERLIN - MSF - BEL - MSF - CHE - MSF - FRA - OXFAM - UK - SAVE THE CHILDREN - UK - UN - UNOCHA
TOTAL:	3,000,000			

⁸ ACTION CONTRE LA FAIM, (FR), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CONCERN WORLDWIDE, (IRL), International Medical Corps UK, International Rescue Committee UK, MEDECINS SANS FRONTIERES (CHE), MEDECINS SANS FRONTIERES (F), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), OXFAM (GB), THE SAVE THE CHILDREN FUND (GBR), UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS

7 - Evaluation

Under article 18 of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of DG ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at:

http://europa.eu.int/comm/DG ECHO/evaluation/index_en.htm.

8 - Budget Impact article 23 02 01

-	CE (EUR)
Initial Available Appropriations for 2006	470,429,000
Supplementary Budgets	-
Transfers	-
Total Available Credits	470,429,000
Total executed to date (28/05/2006)	345,017,000
Available remaining	125,412,000
Total amount of the Decision	3,000,000

COMMISSION DECISION

On the financing of humanitarian operations from the general budget of the European Union in

ETHIOPIA

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid⁹, and in particular Article 15(2) thereof:

Whereas:

- (1) A multi-sector response to this humanitarian crisis, including health, nutrition, livestock support, water, protection and IDP assistance, is critical to obtain increased food security, reduced levels of malnutrition, enhanced resistance to diseases and minimised levels of overall human suffering;
- (2) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months;
- (3) It is estimated that an amount of EUR 3,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 150,000 beneficiaries, taking into account the available budget, other donors contributions and other factors;
- (4) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 30 June 2006.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 3,000,000 for humanitarian aid operations in order to provide humanitarian assistance to populations affected by malnutrition, epidemics, climatic hazards, conflicts and displacement, by using line 23 02 01 of the 2006 general budget of the European Union.
2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective(s):

⁸ OJ L 163, 2.7.1996, p. 1-6
DG ECHO/ETH/BUD/2006/01000

- To provide humanitarian assistance in different sectors, including health, nutrition, livestock support, water, protection and IDP assistance, in order to strengthen the resilience of populations suffering acute humanitarian needs.

The total amount of this decision is allocated to this objective.

Article 2

1. The duration of the implementation of this decision shall be a maximum period of 12 months, starting on 01 July 2006.
2. Expenditure under this Decision shall be eligible as from 01 July 2006.
3. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

Article 3

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

Done at Brussels,

For the Commission

Member of the Commission