



EUROPEAN COMMISSION  
HUMANITARIAN AID OFFICE (ECHO)

## **Humanitarian Aid Decision** F9 (FED9)

**Title:** Humanitarian assistance to populations affected by epidemics, malnutrition, climatic hazard and resettlement.

**Location of operation:** ETHIOPIA

**Amount of decision:** 6,500,000 euro

**Decision reference number:** ECHO/ETH/EDF/2004/02000

### **Explanatory Memorandum**

#### **1 - Rationale, needs and target population:**

##### **1.1. - Rationale:**

Ethiopia ranks among the last 5 countries in the 2002 Human Development Index (HDI). More than 50% of the population is chronically malnourished and only half of it has access to safe drinking water<sup>1</sup>. Compounded by deforestation and other environmental damage, it is subject to increasing problems of climate change. For a population of 72 million, with 2 million more each year, to be thus vulnerable means that acute life-threatening problems arise rapidly and on a major scale.

Local capacity to address such emergency needs is restricted. In some cases due to inter-ethnic conflict, especially in pastoralist drought affected areas, in some cases capacity is simply very low. This is especially the case of the health sector. The government budget allocations to health remain some of the lowest in Africa (around 4%) and there are no signs of real increase, leading to a mere €3 public expenditure in health per person per year.<sup>2</sup> International development support to the health system, such as the global fund, is constrained by fragile management capacities compounded by a decentralisation process<sup>1</sup>.

As stated in the authoritative 2003 Tufts University/Feinstein International Famine Centre evaluation of Ethiopia : “ The steady-state reality that Ethiopia faces is an ongoing morbidity and mortality crisis linked to malnutrition and livelihoods collapse. Whether the problem next surfaces as a food security crisis or epidemic disease, its roots will lie in the progressive involution of the economy, the ongoing degradation of the environment, and the intensifying impoverishment of its population. The Ethiopian health care system has no choice but to prepare for the implications and consequences of this situation.”<sup>3</sup>

<sup>1</sup> Source : Country Strategy Paper Mid-Term Review

<sup>2</sup> Source : WHO World Health Report 2004, and CSP MTR process.

<sup>3</sup> [http://famine.tufts.edu/pdf/risk\\_ethiopia.pdf](http://famine.tufts.edu/pdf/risk_ethiopia.pdf)

Consequently, in the present circumstances, an effective life-saving response to acute needs on a major scale requires international humanitarian assistance.

Primarily due to the weakness of the health sector, the effective implementation of such a response, however, is severely constrained by the weakness of reliable data for targeting assistance and measuring results. Assistance can thus only be responsibly implemented where such data and quality implementing partners are available.

The acute needs to be addressed are those of disease, malnutrition, and climatic hazard in the form of drought.

### 1.2. - Identified needs:

In the same way that acute life-threatening needs arise from root cause chronic problems, it is important to note that needs are inter-related. For example, malnutrition can be the result of poor water quality, and the extent of disease can be increased by the greater vulnerability arising from malnutrition.

This compound effect is particularly the case for the over 400,000 recently resettled people, for whom new sites are often ill-prepared, leaving the ‘resettled’ in a state comparable to ‘displaced’ populations in a humanitarian crisis. For example, at one resettlement site in Oromiya Region the crude mortality rate for under 5 year olds is 2.8/10,000/day<sup>4</sup>. By comparison, the international benchmark for emergency humanitarian aid is > 2/10,000/day.

#### *Acute malnutrition.*

Against the background of poor extensive chronic malnutrition (measured by weight for age), and despite a perennial food aid support response, persistent acute malnutrition (measured by weight for height) arises. This is exacerbated by the consequences of poor rainfall, as was the case this year in the areas of Amhara and Southern Nations Regions dependent for their harvest on the *Belg* rains. The internationally accepted benchmarks for defining such acute malnutrition as an emergency are > 2% severe acute malnutrition (SAM) and > 10 - 15 % global acute malnutrition (GAM). Where, based on reliable data and credible partners who are able to address such emergency needs, malnutrition exceeds these levels, intervention is proposed.

For example, in south Wollo, Amhara region, Concern report global acute malnutrition of 29.5 % for children of 6 – 29 months, and 19.6 % for children of 6 – 59 months..

For example, UNICEF report that in Wolayta zone of Southern Nations Region, severe acute malnutrition has risen from 1.5 % to 3.3 %.

Further, following the resettlement of over 400,000 people in the past year, while access for aid agencies and thus reliable data remains restricted, initial reports<sup>5</sup> from Oromiya Region indicate malnutrition levels of up to 20% GAM and approaching 4% SAM and thus the need for emergency interventions.

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<sup>4</sup> source : UNICEF

<sup>5</sup> source : MSF

*Epidemic disease.*

The rate of increase of malaria is on track to reach epidemic proportions<sup>6</sup>. Resistance to the conventional anti-malarial drugs has now reached 36%<sup>7</sup> leading to much greater mortality arising from infection. The scale of the problem is exacerbated by the movement of highland populations with low malaria resistance to malarial areas, especially resulting from the recent resettlement program of over 400,000 people. Further, there is the expansion of malarial areas as the mosquito vectors adapt to higher altitudes with climate change. UNICEF/WHO anticipates 6.1 million malaria cases, with between 45,000 and 110,000 deaths over the August to January period as a result of this expected epidemic.

Especially resulting from the resettlement program, whereby tens of thousands of people at least are in conditions comparable to the humanitarian category of 'displaced' populations, morbidity and mortality levels are rising alarmingly. For example<sup>8</sup>, at Abrihigira in Amhara mortality and morbidity levels, due primarily to malaria and kala azar, are rising rapidly along the same lines as last year's emergency where crude mortality rate reached a catastrophic 5.4 % (the international benchmark for emergency humanitarian is > 2/10,000/day for children under 5, and > 1/10,000/day for general population). A major cause of last year's emergency was the resettlement of populations with very low natural immunity to kala azar and malaria. This resettlement program has continued this year with an additional 20,000 people moved into the area. For these populations, if kala azar is not treated, it is 95 % likely to be fatal.

*Climatic hazard.*

Following four years of failed or poor rains in Somali Region the coping mechanisms of the local pastoralist population are becoming exhausted, all the more so as the present drought is widespread, affecting also Somalia and northern Kenya, and thus areas into which there would have been migrations to seek water and pasture. Consequently, for example, in Warder Zone, Somali Region, cattle herds have been reduced by 70 % since 2003.<sup>9</sup> Milk production from livestock has been reduced to 20% of normal levels<sup>10</sup>. As livestock are the main source of nutrition for the pastoralist population (see 2.2 Components below) the state of human health is directly affected by this dramatic reduction in livestock. Because of the sharing nature of pastoralist society, however, it is livestock indicators that are used to trigger emergency response given that decline in human indicators when they come tend to be too rapid to address effectively.

While diminishing pastures are the core problem, this also exacerbates the need for strategic water points for livestock to enable them to move from one island of pasture to another, and thus to survive, thus sustaining the human population. With the growing weakness of livestock resulting from the drought, greater veterinary assistance is also required to reduce morbidity and mortality from disease and parasites.

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<sup>6</sup> sources : UNICEF, WHO, MSF

<sup>7</sup> source : WHO/UNICEF/Ministry of Health, MSF

<sup>8</sup> source : MSF/NL

<sup>9</sup> source : ACF

<sup>10</sup> source : ACF

### 1.3. - Target population and regions concerned:

Between 500,000 and 1,000,000 direct beneficiaries are estimated primarily in Amhara, Southern Nations, Oromiya and Somali Region. Where high incidence of disease, such as malaria, affects other regions, and where an effective response is possible, these would also be included.

### 1.4. - Risk assessment and possible constraints:

Access to pastoralist areas, especially in Somali Region, is subject to security constraints either due to inter-clanic conflicts, or rebel activities.

Access to some resettlement areas remains precarious due to logistic constraints, especially during the current rainy season, and government restrictions.

The stalemate in finalising the resolution of the border dispute between Ethiopia and Eritrea could result in increased tensions, with constraints on humanitarian activities.

## **2- Objectives and components of the humanitarian intervention proposed:**

### 2.1. – Objectives:

Principal objective :

To address acute life-threatening needs.

Specific objective :

To save lives through the provision of curative medical assistance combined with causal remedies, such essential water and nutritional supply.

### 2.2. - Components:

Curative health.

Given the urgency and scale of the problem of malaria – on top of the increasing levels of resistance to conventional anti-malarial drugs - this year the application of the new ACT anti-malarial drug and protocol has been approved for the first time<sup>11</sup>. The cost of this drug, together with its effective application, will require significant additional resources. Effective application is particularly important to avoid the development of resistance to this ‘last resort’ anti-malarial drug. Thus support will only be provided where quality partners are in place to ensure responsible use of ACT.

Emergency curative health assistance will also be provided to address other diseases, such as kala azar, as well as moderate and severe acute malnutrition, where these reach emergency levels. This would be the case especially in areas of resettlement.

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<sup>11</sup> Ministry of Health in line with WHO recommendations

## Causal remedies.

These are applied where short term emergency measures can be effective in addressing causes, thus reducing the extent of emergency curative care required. For example, direct curative health is the emergency response to disease, and to acute malnutrition in arable areas (backed-up by food aid). In pastoralist areas, however, it is more complicated to deliver due to the mobile nature of the populations, and malnutrition can be addressed in a way more appropriate, sustainable and effective. This is achieved through ensuring a core ratio of livestock to pastoralists to ensure the staple milk supply. 60 % of the adult diet, and 80% of the under 18 diet is provided through this milk supply. Maintaining this through livestock support not only has the advantage of maintaining core assets which can be built up after the crisis, but is very significantly cheaper, more appropriate to local custom, and more sustainable than trying to support an increasing destitute population in a dependency culture on therapeutic and supplementary nutritional milk products. To achieve this requires emergency support primarily for additional veterinary assistance, and to ensure essential water supply.

To ensure the criteria presented in the 'Rationale' that "Assistance can thus only be responsibly implemented where such data and quality implementing partners are available", to facilitate access and data gathering for measurable results, especially in the resettlement areas, possible support to UNOCHA is also foreseen.

### **3 - Duration foreseen for actions within the framework of the proposed decision:**

The duration for the implementation of this decision will be 12 months.

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

Expenditure under this Decision shall be eligible from 14/07/2004.

This duration will cover a series of short term projects, some already underway in July, others being finalised to apply later through the decision duration, as needs such as the outbreak of disease arise at different times in different parts of the country. In addition, to realise fully the causal remedies outlined under 'Components' above requires a full annual cycle.

Start Date : 14/07/2004

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 decision.

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. The procedure established in the Framework Partnership Agreement in this respect will be applied.

#### 4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith

List of previous ECHO operations in <b>ETHIOPIA</b>				
Decision number	Decision type	2002 EUR	2003 EUR	2004 EUR
ECHO/ETH/254/2002/01000	Emergency	1,000,000		
ECHO/ETH/254/2002/02000	Non Emergency	1,150,000		
ECHO/ETH/210/2002/01000	Non Emergency	4,000,000		
ECHO/ETH/210/2003/01000	Non Emergency		2,000,000	
ECHO/ETH/EDF/2004/01000	Emergency			498,580
Subtotal		6,150,000	2,000,000	498,580
Total (y-2)+(y-1)+(y)		6,150,000	2,000,000	498,580

Dated : 17/08/2004

Source : HOPE

This Decision, as for that of 498,580 € also in 2004, will be from the 7 % reserved for ECHO out of the initial allocation of the B envelope, i.e. 10,780,000. Consequently, 3,781,420 € remain.

#### 5 - Other donors and donor co-ordination mechanisms

The main donor coordination mechanism, especially with regard to resettlement program, is UNOCHA.

Donors in <b>ETHIOPIA</b> the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	2,498,580	USAID	14,985,100 <sup>12</sup>
Belgium	0	Other services	60,000,000 <sup>13</sup>		
Denmark	430,478				
Finland	700,000				
France	0				
Germany	2,794,897				
Greece	0				
Ireland	385,000				
Italy	0				
Luxembourg	0				
Netherlands	2,997,000				
Portugal	0				
Spain	0				
Sweden	0				
United Kingdom	0				
Subtotal	7,307,375	Subtotal	62,498,580	Subtotal	14,985,100
		Grand total	84,791,055		

Dated : 17/08/2004

(\*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>  
Empty cells means either no information is available or no contribution.

<sup>12</sup> : \$18,465,368 (xe.con conversion rate 20.8.04 1\$ = 0.811525 €) non-food humanitarian aid. Source USAID/OFDA

<sup>13</sup> : Aidco F5 food aid

## 6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: 6,500,000 euro

6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To address acute life-threatening needs.</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>14</sup></b>
Specific objective 1: To save lives through the provision of curative medical assistance combined with causal remedies, such as essential water and nutritional supply.	6,500,000			- ACF - FRA - CONCERN WORLDWIDE - MSF - CHE - MSF - FRA - MSF - NLD - UN - UNICEF – INT - UNOCHA
<b>TOTAL</b>	<b>6,500,000</b>			

## 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 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/echo/evaluation/index\\_en.htm](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

<sup>14</sup> ACTION CONTRE LA FAIM, (FR), CONCERN WORLDWIDE, (IRL), MEDECINS SANS FRONTIERES (CHE), MEDECINS SANS FRONTIERES (F), MEDECINS SANS FRONTIERES/ARTSEN ZONDER GRENZEN (NDL), UNICEF, UN OFFICE for COORDINATION OF HUMANITARIAN AID

## COMMISSION DECISION

of

**on the financing of humanitarian operations from the 9<sup>th</sup> European Development Fund  
in  
ETHIOPIA**

**THE COMMISSION OF THE EUROPEAN COMMUNITIES,**

Having regard to the Treaty establishing the European Community,

Having regard to the ACP-EC Partnership Agreement signed in Cotonou on 23 June 2000, in particular Article 72 thereof<sup>15</sup>,

Having regard to the Internal Agreement of 15 December 2000 on the Financing and Administration of the Community Aid under the Financial Protocol to the Partnership Agreement between the African, Caribbean and Pacific States and the European Community and its Members States signed in Cotonou (Benin) on 23 June 2000, in particular Articles 24(3) and 25 thereof<sup>16</sup>.

Whereas:

1. Ethiopia experiences extreme poverty, chronic malnutrition, climatic hazard and a weak health service, acute life-threatening needs that are rapidly increasing.
2. Disease and acute malnutrition, especially in areas of population resettlement, and drought, have created life-threatening needs on a scale that exceeds local coping capacity, and are beyond international benchmarks for humanitarian assistance.
3. Malaria in particular is reaching epidemic levels which, combined with increasing resistance to conventional anti-malaria drugs, is increasing mortality to emergency levels, especially in areas of resettlement.

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 6,500,000 euro from the 9<sup>th</sup> European Development Fund for humanitarian aid operations to assist vulnerable people directly affected by the armed conflict in ETHIOPIA.
2. In accordance with Article 72 of the ACP-EC Partnership Agreement, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

To save lives through the provision of curative medical assistance combined with causal remedies, such as essential water and nutritional supply.

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<sup>15</sup> OJ L317 of 15.12.2000, p.3

<sup>16</sup> OJ L317 of 15.12.2000, p.354

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

*Article 2*

1. The implementation of humanitarian aid operations funded by this decision shall have a maximum duration of 12 months, starting from 14/07/2004.
2. Expenditure under this decision is eligible from 14/07/2004.
3. If the operations envisaged in this decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this Decision.

*Article 3*

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

Done at Brussels,

*For the Commission*

*Member of the Commission*

**Annex: Breakdown of allocations by specific objectives**

<b>Principal objective</b> :To address acute life-threatening needs.	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
To save lives through the provision of curative medical assistance combined with causal remedies, such as essential water and nutritional supply.	6,500,000
<b>TOTAL</b>	<b>6,500,000</b>

Grants for the implementation of humanitarian aid within the meaning of Regulation No.1257/96 are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof.<sup>17</sup>

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 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/echo/partners/index\\_en.htm](http://europa.eu.int/comm/echo/partners/index_en.htm)

<sup>17</sup> Council Regulation (EC, Euratom) n° 1605/2002 of 25 June 2002, OJ L 248, 16/09/2002 and n° 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.