



Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid in favour of the people of Indonesia, victims of natural disasters or affected by malnutrition.

Location of operation: INDONESIA

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/IDN/BUD/2005/02000

1 - Rationale, needs and target population:

1.1. - Rationale:

Earthquakes in Papua and NTT provinces

On 26 November 2004, an earthquake with a 6.4 magnitude on the Richter scale struck the district of Nabire, in Papua province, for the second time in 12 months since a severe earthquake had already occurred in February 2004. More than 700 aftershocks were recorded. The combination of two large earthquakes in the same area has had a devastating effect on the population and infrastructure of Nabire and left more than 3,000 families homeless. In addition to impoverishing the population by destroying its houses and livelihoods, these earthquakes destroyed or seriously damaged the limited water and sanitation infrastructure, especially wells, water systems and latrines. This has had a direct negative impact on the water quality and public health of the population. Whereas the most basic first emergency needs were tackled by short-term programmes (funded by donors other than DG ECHO), very little has been done so far to rehabilitate the destroyed water and sanitation infrastructures. The local government lacks the financial resources and institutional capacity, while international agencies now present in Papua are not focusing on watsan activities and have longer-term approaches¹. Therefore, the water and sanitation needs of those Nabire communities hardest hit by the earthquake remain largely uncovered.

On Friday 12 November 2004, an earthquake with a 7.4 magnitude on the Richter scale hit the small island of Alor in the Nusa Tenggara Timur (NTT) province. The earthquake and its aftershocks had a considerable impact on the population, destroying houses and leaving 15,000 families homeless, and causing moderate to severe damage to 8,000 public infrastructures. DG ECHO intervened by funding under Decision DG ECHO/XA/BUD/2004/01000 a six-month project implemented by Oxfam GB, to rehabilitate 75% of

¹ UNDP has a long-term development strategy for all Papua, e.g. improvement of livelihoods; UNICEF is not working in Nabire; Médecins du Monde is working on health issues

the water and sanitation infrastructure damaged or destroyed in 32 villages affected by the earthquake. In addition, DG ECHO authorised MSF Belgium to use in their emergency response in Alor, medical stocks from another project funded by DG ECHO in the island of Ambon². According to Oxfam GB³ however, although the Government and NGOs began rebuilding and rehabilitating houses and infrastructure, acute needs remain, with at least 10 of the 53 villages affected by the earthquake having received almost no aid.

Malnutrition

Limited rainfall in 2004-2005 and recurring locust swarming⁴ further worsened the deterioration of the food and nutritional security situation of some provinces of Indonesia, which had already reached alarming proportions after a two-year drought in 2002-2003. In May 2005, the Ministry of Health gave warning that the food situation was becoming alarming in the NTT and Nusa Tenggara Barat (NTB) provinces. Subsequently, DG ECHO funded a nutrition assessment by the UN World Food Program (WFP) in July – September 2005 in these two provinces⁵, which provided evidence that prevalence of global acute malnutrition (GAM) in under five-year-old children was superior to 10% in four of the ten districts surveyed. In NTT province, the highest prevalence was found in Sumba Timur (14%), Flores Timur (13%) and Kota Kupang (12%). In NTB province, prevalence of GAM was 10% in Sumbawa.

In addition to insufficient access to food, the high prevalence of diarrhoea and the lack of health/nutrition awareness are also determinant factors of the poor nutritional situation found in the affected districts.

1.2. - Identified needs:

Earthquakes in Papua and NTT provinces

The two earthquakes that hit Nabire in 2004 caused considerable damage to its already poor water and sanitation infrastructure. Oxfam GB conducted a Water Quality Baseline Survey in six Nabire villages in May 2005, concluding that 100% (28/28) of the wells sampled were unfit for human consumption (based on SPHERE standards). The destruction of numerous latrines entailed open defecation, that contaminated the wells. Hygiene practices were also an issue, as evidenced by the fact that only 38% of households had separate containers for drinking water, 82% of which were dirty and uncovered. An additional Public Health Baseline and Knowledge, Attitude and Practices (KAP) survey by Oxfam GB⁶ in the same six villages highlighted serious health issues, especially with under five-year-old children. Water and sanitation related diseases were widespread, especially diarrhoea (54% of surveyed households had one of their members suffering from diarrhoea in the month prior to the survey).

² Grant Agreement DG ECHO/-XA/BUD/2004/01001

³ Oxfam GB final report, Public health intervention for earthquake affected population in Alor, Indonesia – October 2005

⁴ Farming activities in the province are regularly hit by locust swarming damaging planted crops expected to harvest. East Nusa Tenggara lost nearly 17,000 hectares of crops because of locusts in 2000. As locust populations are regularly increasing, East Nusa Tenggara has a high risk of locust swarming (Van Zorge Report, September 8, 2005).

⁵ Nutrition Assessment by the UN World Food Program and SEAMEO (South East Asian Ministers of Education Organization) in NTT and NTB provinces of Indonesia, July – September 2005

⁶ Public Health Baseline and Knowledge, Attitude and Practices (KAP) survey, Oxfam GB, May '05

In Alor, the earthquake had quite a devastating effect in the worst affected sub-districts. It destroyed nearly all latrines, broke and filled wells with mud, and broke the pipes that were bringing water to the villages from protected sources. Through a six-month DG ECHO-funded project completed in July 2005, Oxfam GB rehabilitated 75% of the water and sanitation infrastructure damaged or destroyed in 32 villages affected by the earthquake. In June 2005, Oxfam GB conducted an assessment⁷ in ten earthquake-affected villages that had not yet received any help and three villages already covered but where additional needs were salient. The assessment revealed that the vast majority of water and sanitation infrastructures had been destroyed and that diarrhoea, malaria and poor hygiene practices were prevalent, causing immediate serious health concerns.

In both Nabire and Alore districts, rehabilitation/construction of safe water and sanitation infrastructures and hygiene education are needed.

Nutrition and food security

The major findings of the WFP July to September 2005 nutritional assessment were the following:

- Global acute malnutrition of under five-year-old children was superior to 10% in four of the ten districts surveyed. In NTT province, global acute malnutrition rates were 14% in Sumba Timur, 13% in Flores Timur and 12% in Kota Kupang. In NTB province, it was 10% in Sumbawa.
- In NTT province, severe acute malnutrition was 4% in Sumba Timor and TTS, and 3% in Kota Kupang.
- In NTT and NTB provinces, 78% and 76% of households were food-insecure, respectively.
- In both provinces, two thirds of children suffered from anaemia.
- 55% of NTT province's households had unprotected water sources (river, open well, spring water, truck water).
- One third of households in NTT and NTB experienced water shortages for more than three months.
- Half of the households in NTB province defecated in the river or in the backyard/open air.
- Diarrhoea was prevalent in both provinces, with one child out of five suffering from it in the two weeks prior to the survey.

In addition to insufficient access to food, a poor diet has worsened the nutritional status of the population. There is a need for nutritional education and enrichment of agricultural production at household level so that both quantity and quality of the nutrients consumed are improved.

The impact of the lack of food on malnutrition is also exacerbated by the absence of clean water, basic sanitation and health education. All these factors lead to diarrhoea and other infectious diseases which, in turn, further worsen malnutrition.

⁷ Oxfam GB proposal, Public health intervention for earthquake-affected population in Alor, 15.09.05

1.3. - Target population and regions concerned:

A total of 130,000 people are targeted by this Decision.

Earthquakes in Papua and NTT provinces

Actions funded by this Decision will target some 30,000 people affected by earthquakes in Alor and Nabire districts (15,000 people in each district). The Decision will target in particular communities where access to water and sanitation is below SPHERE standards.

Nutrition and food security

Actions funded under this Decision will target some 100,000 people (out of a total population of one million) in the districts of the NTT and NTB provinces worst hit by malnutrition, namely, the districts of Sumba Timur, Timor Timur Selatan, Flores Timur, Kota Kupang and Sumbawa.

1.4. - Risk assessment and possible constraints:

Earthquakes in Papua and NTT provinces

A major risk that might affect the achievement of the Nabire and Alor actions would be new natural disasters making access to victims and transportation of material difficult and slowing down the operations.

In Papua, hostile geography and weak infrastructure make access to the targeted populations difficult. This might be further complicated by tensions or security threats if the ongoing low intensity conflict between the Government of Indonesia and the Papua Free Movement worsens.

Nutrition and food security

The main risk would be inadequate rainfall or locusts affecting the coming agricultural season (starting in October/November). Given the current nutritional status of the population, a bad harvest would extend the hunger gap period, increase the prevalence of acute malnutrition and the numbers of those becoming severely malnourished. Should this risk materialize, additional humanitarian aid would be needed.

2- Objectives and components of the humanitarian intervention proposed⁹:

2.1. – Objectives:

Principal objective:

To provide humanitarian aid to the people of Indonesia, victims of natural disasters or affected by malnutrition

Specific objectives:

- To cover the basic humanitarian needs of victims of earthquakes in Papua and NTT provinces
- To reduce the prevalence of acute malnutrition in the Eastern provinces of Indonesia.

2.2. - Components:

2.2.1 To cover the basic humanitarian needs of victims of earthquakes in Papua and NTT provinces

- Rehabilitation/construction of water and sanitation infrastructures
- Training of water and sanitation committees to ensure the proper maintenance of the infrastructures
- Hygiene and health education to reduce the incidence of water and sanitation–related diseases
- Distribution of hygiene kits

2.2.2 To reduce the prevalence of acute malnutrition in the Eastern provinces of Indonesia

- Supplementary feeding for acutely malnourished children
- Specific medical treatment for severely acutely malnourished children
- Nutritional education for households with acutely malnourished children
- Safe water supply and sanitation in areas affected by acute malnutrition.
- Quick impact projects aimed at improving the quantity and quality of the nutritional intake at household level such as the establishment of kitchen or school gardens, the promotion of mixed crops and improvement of food processing techniques.
- Food and nutrition surveillance

⁹ 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

3 - Duration foreseen for actions within the framework of the proposed Decision:

The duration for the implementation of this Decision will be 15 months. Humanitarian operations funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 January 2006 in order to enable support to some humanitarian operations scheduled to start on that date.

The start date of this Decision is 1 January 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 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. In this respect, the procedures established in the general conditions of the specific agreement will be applied.

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

List of previous DG ECHO operations in INDONESIA				
Decision Number	Decision Type	2003 EUR	2004 EUR	2005 EUR
DG ECHO/IDN/210/2003/02000	Non Emergency	1,840,000		
DG ECHO/IDN/BUD/2005/01000	Emergency			10,000,000
DG ECHO/- XA/BUD/2004/01000	Ad hoc		(1) 1,750,000	
DG ECHO/- XA/BUD/2004/01000	Ad hoc		(2) 2,000,000	
DG ECHO/- AS/BUD/2005/02000	Ad hoc			(3) 80,000,000
Subtotal		1,840,000	3,750,000	90,000,000
Grand Total		95,590,000		

Dated : 27/10/2005
Source : HOPE

(1) o/w 391,809 directly linked to Indonesia
(2) o/w 727,431 directly linked to Indonesia
(3) o/w 39,535,000 directly linked to Indonesia

5 - Other donors and donor co-ordination mechanisms

Donors in INDONESIA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	28,225,238		
Belgium	3,570,028	Other services			
Cyprus	81,060				
Czech Republic					
Denmark	9,878,380				
Estonia	298,117				
Finland	3,000,000				
France	2,265,901				
Germany	56,401,134				
Greece	9,052,277				
Hungary					
Ireland	6,323,284				
Italy					
Latvia	142,000				
Lithuania					
Luxemburg	100,000				
Malta					
Netherlands	16,907,000				
Poland	303,500				
Portugal	1,689,585				
Slovakia	270,750				
Slovenie					
Spain	9,362,900				
Sweden	11,341,926				
United kingdom	23,658,712				
Subtotal	154,646,555	Subtotal	28,225,238	Subtotal	0
		Grand total	182,871,793		

Dated : 27/10/2005

(*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>
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 2,000,000

6.2. - Budget breakdown by specific objectives:

Principal objective: To provide humanitarian aid to the people of Indonesia, victims of natural disasters or affected by malnutrition				
Specific objectives	Allocated amount by specific objective (EUR)	Possible geographical area of operation	Activities	Potential partners¹⁰
Specific objective 1: To cover the basic humanitarian needs of victims of earthquakes in Papua and NTT provinces	690,000	Nabire district, Papua Alor district, NTT province	<ul style="list-style-type: none"> • Rehabilitation/construction of water and sanitation infrastructures • Training of water and sanitation committees to ensure the maintenance of the infrastructures • Hygiene and health education to reduce the incidence of water and sanitation–related diseases • Distribution of hygiene kits 	- OXFAM - UK
Specific objective 2: To reduce the prevalence of acute malnutrition in the Eastern provinces of Indonesia	1,310,000	Districts of NTT and NTB provinces most affected by acute malnutrition	<ul style="list-style-type: none"> • Supplementary feeding for acutely malnourished children • Specific medical treatment for severely acutely malnourished children • Nutritional and health education for households with acutely malnourished children • Safe water supply and sanitation in areas affected by acute malnutrition • Quick impact projects aimed at improving the quantity and quality of the nutritional intake at household level, such as the establishment of kitchen or school gardens, the promotion of mixed and nutritious crops and improvement of food processing techniques • Food and nutrition surveillance 	- UN - WFP-PAM - WORLD VISION DEU - UN - FAO -1 - CARE NEDERLAND (FORMER DRA)
TOTAL	2,000,000			

¹⁰ OXFAM (GB), UNITED NATIONS – WORLD FOOD PROGRAM, WORLD VISION (DEU), UNITED NATIONS – FOOD AND AGRICULTURE ORGANIZATION, Stichting CARE Nederland

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 (in EUR)
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	-
Reinforcements from the Emergency Aid Reserve	100,000,000
Transfers	-5,000,000
Total Available Credits	571,500,000
Total executed to date (by 04/11/2005)	563,113,870
Available remaining	8,386,130
Total amount of the Decision	2,000,000

COMMISSION DECISION

of

on the financing of humanitarian operations from the general budget of the European Union in INDONESIA

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 aid¹¹, and in particular Article 14 thereof,

Whereas:

- (1) Successive earthquakes have destroyed water and sanitation infrastructures in the districts of Alor and Nabire in February and November 2004, leading to a reduced access of the affected populations to water supply and sanitation.
- (2) Limited rainfall in 2004-2005 further worsened the deterioration of the food and nutritional security situation of some provinces of Indonesia, which had already reached alarming proportions after a two-year drought in 2002-2003.
- (3) A nutritional assessment conducted by the World Food Program in July – September 2005 has concluded that prevalence of acute malnutrition is superior to 10% in five districts of the Eastern provinces of Indonesia.
- (4) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months.
- (5) It is estimated that an amount of EUR 2,000,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 130,000 people, taking into account the available budget, other donors-contributions and other factors.

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 2,000,000 for humanitarian aid in favour of the people of Indonesia, victims of natural disasters or affected by malnutrition by using line 23 02 01 of the 2005 general budget of the European Union.

¹¹ OJ L 163, 2.7.1996, p. 1-6

2. In accordance with Article 2 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To cover the basic humanitarian needs of victims of earthquakes in Papua and NTT provinces
 - To reduce the prevalence of acute malnutrition in the Eastern provinces of Indonesia.

Article 2

1. The duration for the implementation of this Decision shall be for a maximum period of 15 months, starting on 1 January 2006.
2. Expenditure under this Decision shall be eligible from 1 January 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

Annex: Breakdown of allocations by specific objectives

Principal objective : To provide humanitarian aid to the people of Indonesia, victims of natural disasters or affected by malnutrition	
Specific objectives	Amount per specific objective (Euro)
To cover the basic humanitarian needs of victims of earthquakes in Papua and NTT provinces	690,000
To reduce the prevalence of acute malnutrition in the Eastern provinces of Indonesia	1,310,000
TOTAL	2,000,000