



## Humanitarian Aid Decision

23 02 01

Title: **Humanitarian aid to assist the victims of livelihood insecurity, climatic hazards and conflicts.**

Location of operation: **ERITREA**

Amount of Decision: **EUR 6,000,000**

Decision reference number: **ECHO/ERI/BUD/2006/01000**

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### Explanatory Memorandum

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

##### 1.1. - Rationale:

The year 2005 can be described as a highly tense and difficult year for Eritrea in economic and social terms as well as the role it has played on the regional and international stage. The five year long unresolved border dispute with its neighbour, Ethiopia, has continuously led to decline in many sectors: livelihoods, health, food security, engendering greater levels of poverty. Despite estimated better harvests in 2005 - around 200,000 MT, as compared to 80,000 MT of the previous year - Eritrea will not be able to cover its annual national food consumption needs, estimated at between 500/600,000 MT. It is classified as a structural food deficit country.

At the end of 2005, the risk of the resumption of hostilities between Ethiopia and Eritrea, due to the stalemate on common border demarcation, was extremely high. In the meantime, the United Nations Mission in Eritrea and Ethiopia (UNMEE) faced challenges preventing it from performing its peace-keeping tasks. UNMEE's mandate could potentially be reduced to a sole observation role in the course of 2006, increasing the possible risk of dispute in the United Nations Security Council. The eastern part of its neighbouring country, Sudan, is becoming more unstable: various rebel armed factions, along with Sudan People's Liberation Army (SPLA) troops, control this part of Sudanese territory, also known as the territory of Northern Democratic Alliance (NDA). Early January 2006, the Sudanese national army launched an attack on its main city, increasing the possibility of an influx of refugees into

Eritrea. Any SPLA withdrawal from NDA territory could lead to an increase in violence and to an influx of refugees.

Eritrea is currently facing challenges posed by years of chronic drought, desertification, poor infrastructure and continued insecurity along the border with Ethiopia. The scope of the needs arising from the present situation is large and diverse. From a humanitarian point of view, the immediate consequences of the situation affect primarily the health and nutritional status of vulnerable populations. The risk of a resumption of hostilities on the border with Ethiopia and in the eastern part of Sudan, makes the need to prepare for possible large population movements all the more necessary.

Economic decline has led to worrying humanitarian indicators. A rate of 21.9% of Global Acute Malnutrition (GAM) is estimated within children under 5 years old, even more in some areas<sup>1</sup>. Rate of Severe Acute Malnutrition (SAM) is estimated at 4.1%<sup>2</sup>. More than 50% of the women and children are reported to be chronically malnourished. There is a structural lack of water resources, and the agro-pastoralist sector remains in a constant state of precarity, barely ever entering a recovery phase.

The scarcity of available food has a direct impact on widespread malnutrition throughout the country. At the same time, since August 2005, WFP was not able to implement general food distributions for its 1.26 million beneficiaries in some regions of Eritrea, due to the unresolved dispute regarding its operations. Eritrea, which has suffered from persistent droughts in the recent years, is currently the most food aid-dependent country in the world, with two-thirds of its population requiring food assistance.

The penury and poor quality of water, consequences of successive years of drought (2002, 2004 and partially 2005), insufficient and unbalanced distribution of rains, lack of water points and weak maintenance, are directly responsible for the worrying water-borne disease morbidity rates commonly found in rural areas.

Livestock production has a crucial impact on the nutritional status of the population, mainly children, as milk is providing a large part of the caloric intake in agro-pastoralists communities. Losses of livestock have been commonly reported over the past years, leading to asset depletion and less and less resilience on the part of the rural communities to cope with harsh periods. An estimated 40% of the Eritrean population relies on livestock as its main source of income.

Eritrea's capacity to cope with this situation has declined in 2005. Out of an estimated population of 3.8 million, about 2.3 million – including IDPs, refugees, expellees, returnees, host communities and children – are threatened by hunger and extreme poverty, according to UN agencies. This represents a negative trend : compare 1.7 million people in 2003 to 1.9 million people in 2004 in need of assistance.

DG ECHO's<sup>3</sup> intervention will seek to address the immediate acute needs through its few partners present in the country, in the following sectors of intervention: water, nutrition, health, livestock support and assistance to IDPs.

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<sup>1</sup> CONCERN, Anseba zone, rapid assessment March 2006.

<sup>2</sup> UNICEF regional CAP 2006. The most recent nutrition surveys show GAM ranging from about 9% to 24%

<sup>3</sup> Directorate-General for Humanitarian Aid - ECHO

## 1.2. - Identified needs:

### **Water**

Water shortages, despite some rains, remain acute and widespread, given successive years of poor rainfall. Unfortunately, one normal rainy season between several drought periods does not have any durable impact on the ground water reserves. The recent years of poor rains and drought have resulted in the drying up of water sources, increased pressure on remaining sources, a major reduction in agricultural productivity and a gradual erosion of the coping mechanisms of rural households. There is a risk this will rapidly decline in the coming months.

Water supply operations are needed as the water table recedes during the driest months. Water tankering from perennial points, deepening and improving wells and water points, building water retention and conservation schemes, will provide relief and better quality water to the affected populations and increase the ground water recharge. According to government statistics, only 20% of population living in rural areas has access to a safe water source.

DG ECHO partners in Eritrea commonly witness, in their respective areas of intervention, villages and communities where water supply is far below international standards, in terms of proximity, quantity and quality. IRC assessed several groups of villages (Debut region, Dekenhare, Tserona, Adi Quala sub zones) with an average distance of 4 km one way to the water point - usually an unprotected source shared with livestock - providing around 5l/day/person<sup>4</sup>. CONCERN in Asmat and Habero sub zones of Anseba region revealed that over 90% of the population dispose of much less than 15l/day/person and they have to walk up to 5 hours to fetch water. Around 70% of the population consume water from unprotected sources.

The lack of safe, adequate water coupled with poor sanitation results in high rates of diarrhoeal diseases, compounding the already alarming widespread malnutrition status of the affected population. Diarrhoeal diseases account for 22% of all deaths in children under 5 years old and are the second highest cause of mortality according to the Ministry of Health's latest information report in 2002.

### **Nutrition/Health**

Vulnerable groups have a poor nutritional status: GAM rates for children under 5 years old are now regularly above 20% in the country. In March 2006 the last rapid assessment carried out by CONCERN showed a 21.9% GAM rate within under 5 year olds population in parts of Anseba region, the 53% malnutrition rate found among mothers is extremely high in the North Red Sea, South Red Sea regions and again in Anseba region. CONCERN found that 56.5% of the women of child bearing age have a Body Mass Index (energy deficiency) of less than 18.5, at the lower end of the scale.

As a consequence of insufficient food and non-food factors, malnutrition has become a major public health problem with almost all indicators are beyond emergency thresholds, bearing in mind that 10 – 15% GAM is a standard benchmark for emergency interventions.

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<sup>4</sup> Far below the 15l/day/person according to data from Sphere standards.  
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Recommendations are for supporting community therapeutic care programmes, as well as targeted supplementary feeding programmes, for children under 5 years old, especially where these coincide with high levels of maternal malnutrition. Analysis of the data shows that apart from the food situation, prevalence of malnutrition is influenced by infection rates and health care service provision.

In this type of highly fragile environment, monitoring and early warning system mechanisms are of crucial importance, permitting rapid response in areas where the situation is declining.

The national economy has been deteriorating, affecting all social sectors further, notably the already deficient support to health structures. Support to basic primary health care, controlling the spread of malaria, preventing meningitis and polio and other epidemics, notably within the vulnerable groups of the population, are highly recommended actions to prevent morbidity rates from increasing beyond minimum levels.

### **Livestock**

Protracted shortages of rainfall and lack of pasture and water for livestock have forced farmers to sell their animals, adding to the decline of household income. Herd depletion is a common trend in the country with no real favourable period for recovery and herd rejuvenation. As milk production has a direct impact on the nutritional status of a large part of the population, mainly on children, the support to livestock has proven to be effective in tackling malnutrition. The Ministry of Agriculture's means and capacities are minimal and further undermined by macro conditions at a national level. The Ministry of Agriculture's budget does not allow any effective veterinary support to pastoralists and farmers in most part of the country.

### **IDPs/Returnees and refugees**

Populations and communities are living in camps and settlements since the end of the conflict with Ethiopia, with only the partial support of the ICRC since 2002. Approximately 70,000 people (50,000 IDPs and resettled and 20,000 non-officially recognised refugees) are concerned. The IDP communities have their food needs partly covered by the government, all other sectors are being largely neglected. The living conditions of the internally displaced population remain critical as many of their basic needs are still unaddressed. Some of them continue to live in adverse conditions in makeshift settlements in camps and with host communities; others were recently resettled within the border area with only minimal preparation and support. In order to provide acceptable basic living conditions for displaced and resettled communities and to support their efforts to rebuild their livelihoods, adequate targeted support is needed.

### **Conflict resumption with Ethiopia, conflict in Eastern Sudan**

The continuing stalemate on the border issue between Eritrea and Ethiopia provides high potential for the resumption of hostilities. In December 2005, the situation reached such a tense level that all operating organisations reactivated and updated security and contingency plans. The main scenario, which is unanimously shared and likely to unfold, will involve large displacements of populations within and outside the country (more than 1 million IDPs fleeing the border area and around 300,000 people will cross to Sudan), in turn causing more humanitarian needs.

The volatile situation unfolding in NDA territory Eastern Sudan, with the potential consequences for civilian populations living in that area, needs monitoring. SPLA troops' withdrawal from NDA territory, expected in 2006, with a foreseeable move into this area by the Sudanese government troops in order to regain control of it, is likely to generate large population movements, notably into Eritrea. A caseload of 30,000-45,000 people is likely.

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

Direct beneficiaries: approximately 500,000.

The target populations foreseen would be the targeted rural populations nationwide, including Anseba, Debub, Gash-Barka, Maekel, North and South Red Sea regions.

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

In the current tense regional context, it is likely that the outlook will be grim.

Despite international diplomatic efforts, the risk of resumption of hostilities between Eritrea and Ethiopia is still very high. The UN Security Council's Resolution (n° 1670 dated 13/04/2006), strongly mentioned the likelihood of transforming UNMEE's current mandate into a sole observation mission. This means the peace-keeping activities will be abandoned against a backdrop of unrest issues and growing antagonism between the two countries.

Moreover, the almost total isolation the country is currently facing is likely to continue and directly affect the population, in rural as well as urban areas. If the conflict resumes, movement possibilities for humanitarian actors might be drastically reduced in the country.

Shortages of food, drugs, diesel, raw materials, to cite but a few, are likely to continue and increase due in part to the lack of hard currency in Eritrea.

Under such circumstances, the government may further radicalise its attitude, especially towards the international community, seen as responsible for not adopting a balanced position on the demarcation issue and causing a stalemate with Ethiopia. International NGOs could also pay the price of this attitude, by way of constant, administrative harassment, limiting their operational capacity.

The limited number of government-authorized partners in the country is a constraining factor on the implementation of programmes, although some international organisations received the authorisation to implement programmes without being officially registered. The humanitarian space in which programmes take place is tightly controlled by authorities. The government could at any moment ask an NGO to leave the country, without any justification, as recently happened with 3 international NGOs. National staff capacities are low due to conscription into the defence ministry's structures which is reducing the capacities *de facto*.

Consequently, any DG ECHO intervention is restricted to an *ad hoc* approach based on access for partners to assess and respond to the acute needs.

## 2 - Objectives and components of the humanitarian intervention proposed: <sup>5</sup>

### 2.1. - Objectives:

**Principal objective:** To strengthen the resilience of vulnerable populations to livelihood insecurity, climatic hazards and conflicts

**Specific objective:** To provide humanitarian aid in different sectors, including water, nutrition, health, livestock support, IDP assistance, in order to reduce the impact on the affected population of a decline in livelihoods, climatic hazards and conflicts.

### 2.2. - Components:

**Water:** In most cases existing water points will be repaired or improved to increase yields and quality through deepening wells, or improving pumping equipment. Water conservation and retention schemes will be essential and complement components to water points in order to maximize the benefits of any rainfalls. Interventions would be in addition to ongoing government responses, due to the scale of present needs, rather than as a substitute

**Nutrition:** Community therapeutic feeding, supplementary feeding and growth monitoring programmes should address the acute needs of the current situation. As the nature and cause of malnutrition are presently better known, the proposed response should address the needs in direct line with the roots of the problem, acknowledging the chronic component of the situation. The nutrition network should receive support to maintain regular assessments and surveys for the update and follow up of malnutrition.

**Health:** Medical problems are in most cases the causes or consequences of malnutrition and thus are intertwined. Essential, minimal medical coverage is needed to address high malnutrition in the country. Support to and reinforcement of existing health structures in delivering primary health care (including mother and child health care) in the most deficient areas, will contribute significantly to the achievement of the expected objectives. Epidemics' outbreak prevention and response activities are strong components in the strategy to increase the health coverage of the populations.

**Livestock support:** The poor condition of herds requires the appropriate response. The primary objective will be to preserve core breeding livestock and bring them back to milk production - essential contribution to children's diet - through targeted feeding of livestock and veterinary interventions, so as to avoid or mitigate epizootical trends.

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<sup>5</sup> 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://ec.europa.eu/comm/echo/partners/index\\_en.htm](http://ec.europa.eu/comm/echo/partners/index_en.htm).



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

Donors in ERITREA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	4,616,000		
Belgium		Other services			
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland	600,000				
France					
Germany	288,085				
Greece					
Hungary					
Ireland					
Italy	1,500,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	1,360,875				
Poland					
Portugal					
Slovakia					
Slovenie					
Spain	200,000				
Sweden	1,177,037				
United kingdom	4,514,648				
Subtotal	9,640,645	Subtotal	4,616,000	Subtotal	0
		Grand total	14,256,645		

Dated : 25/04/2006

(\*) 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 6,000,000

**6.2. - Budget breakdown by specific objectives**

<b>Principal objective:</b> <i>To strengthen the resilience of vulnerable populations to livelihood insecurity, climatic hazards and conflicts</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>6</sup></b>
Specific objective 1: To provide humanitarian aid in different sectors, including water, nutrition, health, livestock support, IDP assistance, in order to reduce the impact on the affected population of a decline in livelihoods, climatic hazards and conflicts	6,000,000	Nationwide	Water, nutrition, health, livestock support, assistance, IDPs	- CARE - UK - CARITAS - DEU - CONCERN WORLDWIDE - IRC - UK - MDM - FRA - MERCY CORPS SCOTLAND - OXFAM - UK - PREMIERE URGENCE - UN - UNHCR - BEL - UN - UNICEF - BEL - UN - UNOCHA - WHO - OMS
<b>TOTAL:</b>	6,000,000			

<sup>6</sup> CARE INTERNATIONAL UK , CONCERN WORLDWIDE, (IRL), DEUTSCHER CARITASVERBAND e.V, (DEU), International Rescue Committee UK, MEDECINS DU MONDE, MERCY CORPS SCOTLAND (GBR), OXFAM (GB), PREMIERE URGENCE, (FR), UNICEF, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

## 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://ec.europa.eu/comm/echo/evaluation/index\\_en.htm](http://ec.europa.eu/comm/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 Commission	-
<b>Total Available Appropriations</b>	<b>470, 429,000</b>
Total executed to date (17/05/2006)	314, 917,000
Available remaining	155, 512,000
<b>Total amount of the Decision</b>	<b>6, 000,000</b>

## COMMISSION DECISION

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

**ERITREA**

### **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 aid<sup>1</sup>, and in particular Article 15(2) thereof;

Whereas:

1) The consequences of the border conflict with Ethiopia and successive droughts in recent years have eroded assets and traditional coping capacities. This has exacerbated already chronic needs, making many people very vulnerable.

2) Up to 500,000 people are now estimated to face emergency levels for water, nutrition, health, livestock support, IDPs assistance.

3) 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.

4) It is estimated that an amount of EUR 6,000,000 from budget line 23. 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to victims of livelihood insecurity, climatic hazards and conflicts, taking into account the available budget, other donors-contributions and other factors.

(5) 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 6,000,000 for humanitarian aid operations to assist the victims of livelihood insecurity, climatic hazards and conflicts by using line 23 02 01 of the 2006 general budget of the European Union.

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<sup>1</sup> OJ L 163, 2.7.1996, p. 1-6

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:

To provide humanitarian aid in different sectors, including water, nutrition, health, livestock support, IDP assistance, in order to reduce the impact on the affected population of a decline in livelihoods, climatic hazards and conflicts.

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

#### *Article 2*

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 01 June 2006.
2. Expenditure under this Decision shall be eligible from 01 June 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