



Humanitarian Aid Decision

23 02 01

Title: Aid for the recovery stage of the drought in Northern Kenya

Location of operation: KENYA

Amount of Decision: EUR 2,000,000

Decision reference number: ECHO/KEN/BUD/2006/01000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale :

Kenya is one of the poorest countries in the world, ranking 154th out of 177 in the 2003 UNDP HDI ranking. 42% of Kenyans live below the national poverty line and 58% of the population lives on less than USD 2 a day.¹ In the best of times Kenya is beset with high levels of poverty, unemployment, morbidity and mortality, as a result of the lack of basic social infrastructure. The lack of proper and efficient management of key natural resources (pastures, water and economic opportunities) by rival clans in the interest of survival or profit has exacerbated poverty related problems by not allowing such resources to benefit the community as a whole. In times of natural disaster such as drought, marginalized Kenyans already made vulnerable from chronic poverty and disease are the first to suffer from the negative effects of disaster. In Kenya, a situation of humanitarian concern can quickly become a humanitarian crisis.

Drought is a common occurrence in Kenya, caused by rainfall deficits and leading to shortages of water and crises in vegetation cycles. The northern provinces of Kenya are especially susceptible to drastic climatic changes resulting in increasing regular cycles of flooding and drought. Rain failure in the Arid and Semi Arid lands (ASAL) which represents 80% of Kenya is noted to be more cyclical and predictable in terms of frequency, magnitude and acuteness of the effects. In 2004, the failure of both the long rains and short rains

¹ Human Development Report: 2005.
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resulted in a serious drought across the Horn of Africa which had serious humanitarian consequences for vulnerable populations in northern Kenya.

Poor rains in 2005 aggravated the drought situation resulting in drastic reduction of pasture, intensified competition for available resources and increased food insecurity. Water points became increasingly scarce for both human and animal consumption and those water points available were used by both humans and animals increasing the risk of contamination and increased morbidity. However, the largest most delicate problem is the growing population pressure by human habitation and excessive livestock herds of cattle. Together, this demographic pressure (estimated at 3.3 – 3.7% in the pastoral areas of Kenya) on fragile and limited resources as well as on a deteriorating economic base, has resulted in a slow but steady erosion of livelihoods and coping capacity of the populations. The effects of droughts in Kenya are reducing the availability of fodder and pasture in the same location, giving lead to a need for greater migration between the two resources on a daily basis resulting in a large case loss of livestock, as well as crop failure. Despite the recent good rains in April-May, the livelihoods of most of these affected populations remains precarious, as a major number of their livestock have perished which will take a long time to recover. The mainly pastoralist population in these areas are particularly vulnerable, due to previous marginalisation and little time they have had to recover from the previous drought cycles, and the very limited development of the carrying capacity of the land.

Although the good 2006 long rains in Kenya have softened the impact of the drought, five years of consecutive poor rains seasons cannot be fixed overnight. The effects of the drought continues to produce a negative impact on the overall humanitarian situation and millions of pastoralists and their livestock remain vulnerable and are in desperate need of sustained assistance until they can rebuild their lives. Pastoralists' resources and coping mechanisms have been exhausted by the drought. In Northern Kenya pastoralists lost 60-80% of their cattle in the latest drought and livestock deaths continue after the 2006 rains because the animals are still too weak and vulnerable to diseases. Full recovery could take years or even decades.

The rains have placed the emphasis on the need for intervention in the area of human health to tackle extremely high rates of malnutrition, morbidity and mortality. The rains did little to reduce vulnerability, for while there has been a reduction in the immediate need for water, the risk of illness and disease from people drinking contaminated water has increased.² In some areas drought has been replaced with floods that have destroyed homes, crops and infrastructure and further increased health risks. A UNICEF nutrition situation update on Kenya in 2006 has revealed Global Acute Malnutrition rates (GAM) of on average 24.7% (18-29%) throughout the northern areas of Kenya, across the board³ (please note for reference that 10-15% GAM indicates the threshold of a humanitarian emergency). Mortality rates in northern Kenya are extremely high in all age groupings and the availability of public health services that might ameliorate such dire figures are largely absent or have weakened capacity.

Despite the end of the most serious phase of the drought, serious humanitarian needs remain and must be addressed in order to mitigate the human suffering of the most vulnerable pastoralist communities in northern Kenya. Additional emergency funds will allow DG

² WFP Press Release. 20 April, 2006.

³ UNICEF Horn Nutrition Situation Update: Somalia, Kenya, Eritrea, Ethiopia, Djibouti, 19 June 2006

ECHO⁴ to taper out the current drought response programmes by addressing the issue of human health, especially malnutrition, water and sanitation and public health.

One of the reasons why the northern areas of Kenya are so neglected is their level of isolation from the rest of the country. There are no safe regular flights to many of the key areas, and the few flights that do exist do not maintain adequate safety standards. The only alternative is to pay for expensive private flight charters. Access and adequate logistical requirements are also one of the largest constraints faced by aid in order to get the assistance out to many of the affected remote areas. For example, it takes 6 days by car to do a round trip to visit an aid operation in North Kenya bordering Somalia. The territory that needs to be traveled is wide, desolate, expansive and where the application of law and order is superficial. As an example, Kenyan local authorities have since 2002 have had to apply the time honored tradition of imposing payments of “blood money” on rival clans for settling disputes over killings, as the application of justice is not being met adequately through normal administrative and judicial systems. Travel by road as such is advised with caution, concern, and often requires the use of police escorts when available.

1.2. - Identified needs :

The decision will address the needs for **human health by** dealing with the issues of nutrition, water and sanitation and public health.

Nutrition: Three out of the last fifteen nutrition surveys carried out in Kenya show levels of Global Acute Malnutrition (GAM) at almost 30% (Marsabit, Isiolo, and El Wak/Mandera District), and which are thresholds that can be considered to be at the brink of a serious humanitarian disaster. In some areas, the levels of GAM between 2002 and 2006 have risen by 11.1% from 11% to 22.1%. In all the assessed regions of Kenya between 2002 and 2006 the rates of acute malnutrition and severe malnutrition have increased significantly. All except one of the fifteen nutrition surveys show levels of GAM at 20% or above. Levels of Severe Acute Malnutrition (SAM) are also found to be very high. Out of all the surveys carried out in Kenya, nine out of fifteen SAM levels are seen to be over 3% (Mandera, Moyale, Marsabit and Turkana)⁵.

A nutritional survey of the El Wak District, Mandera District and North Eastern Province carried out by MSF Belgium in March 2006, revealed the Crude Mortality Rate (CMR) for adults is a critical 1.5/10,000/day. The reference for normal for developing countries is under 1/10,000/day. Anything over 1/10,000/day is considered alarming while equal or over 2/10,000/day is considered an emergency situation. The current situation is between both. CMR for Under 5 children is 4.1/10,000/day. For reference, a normal rate for a developing country under 2/10,000/day. Over 4/10,000/day is considered an emergency situation. Please note that the real concern though is for under 2 year olds. The mortality rates are 7.7/10,000/day. The reference for a normal situation is 1.1/10,000/day.

Support to nutrition activities are required to mitigate the consequences of high levels of malnutrition (GAM and SAM rates) and nutrition related morbidity and mortality numbers. The use of therapeutic feeding and community based therapeutic care and blanket supplementary under 5 feeding complimented by general food aid and will be needed to improve the nutrition situation. It is envisaged that such support could be targeted to

⁴ Directorate-General for Humanitarian Aid (ECHO).

⁵ Idem

malnourished communities in order to improve their level of food security and nutritional status in the short term. However, ultimately, this support needs to be complimented by sustainable food security and public health measures of other donors in key areas where food insecurity is high.

Please note that blanket supplementary feeding is considered necessary given the high prevalence rates of GAM and from a sensitive cultural point of view, Somali women do not accept to be identified as lactating. In order to target these women, all women with new born children under the age of 5 are to be included.

Nutritional surveys have identified that SAM rates are closely associated with poor health related care and practices as well as poor sanitation and hygiene. GAM rates are a combination of these and food security, nutrition and structural poverty.

Water and Sanitation: The lack of water and a clean sanitary environment is one of the single largest causes of high malnutrition, as one cannot separate the interdependency between good nutrition, clean water and proper sanitation. Inadequate water supply provided by existing wells and boreholes and open earth pans is increasing the vulnerability of the population, compounded by improper sanitary practices. Only around 60%⁶ of the water wells in the North East of Kenya are operational. Typically they have collapsed walls, are prone to siltation or are contaminated by dead animals. Only 68% of the boreholes are estimated to be operational and many of these boreholes are 20 to 30 years old and are working at limited capacity. Many of these boreholes are in need of rehabilitation especially as they have been operating 24 hours a day during the dry months.⁷

Poorly maintained water points and water points contaminated by both human and animal use are increasing the prevalence of water borne diseases. Interventions focusing on improving on public health and hygiene and sanitation related to the poor quality of water sources should be tackled. It is envisaged that nutritional support can be complimented with water and sanitation support aimed at mitigating the effects of water borne diseases and improving water management at a household level.

Health: The cause of death for 52% of the under two mortality (a perilous 7.7/10,000/day) is due to fever and diarrhoea. An additional 31% is due to new born practices. It is important to note that it is difficult to know exactly the state of the situation as the under two year olds could have first contracted diarrhoea or fever, which led to malnutrition, or their state of malnutrition could have rendered them susceptible to catch the diarrhoea or fever.

What is clear is that health issues are high on the list of concerns. The deterioration or lack of public health care due to reduced government funding compounded by the inability of an increasing number of Kenyans to afford any type of services has increased the vulnerability of pastoralist in northern Kenya.

Air ops: The lack of proper access to many of the programme areas in the northern areas of Kenya cannot be overlooked, given the level of need requiring targeted assistance. Flights are few and irregular, often requiring private charters. ECHO flight has been serving this area since the drought emergency response.

⁶ OXFAM Quebec water source assessment and mapping.

⁷ USAID situation report. 21 April, 2006.

1.3. - Target population and regions concerned :

Pastoralists: The majority of the beneficiaries to be targeted through this decision are nomadic and semi nomadic pastoralists. Pastoralists are those whose main source of livelihood is livestock with which they move seasonally in search of fresh pasture and water. This decision targets 3.5 million pastoralists in three provinces in northern Kenya:

- 1) North Eastern Province
- 2) Eastern Province
- 3) Rift Valley Province

1.4. - Risk assessment and possible constraints :

The main constraints are access issues due to insecurity and logistics, the isolated nature of the targeted area and poor conditions of the road infrastructure. Furthermore, the mobile nature of pastoralists, as a coping mechanism in the face of such crises, has to be taken into account in addressing the beneficiaries.

2 - Objectives and components of the humanitarian intervention proposed:⁸

2.1. - Objectives :

Principal objective: To address acute life-threatening needs.

Specific objectives:

To save lives through the provision of multisectorial support in the nutrition, water, sanitation and public health sectors.

2.2. - Components :

a) Nutrition: These activities would be in support of therapeutic feeding, community based therapeutic care and blanket supplementary under five feeding in order to mitigate the deterioration of the nutritional status of under 5 children, complimented by WFP general food aid distributions.

b) Water and Sanitation: These activities are essential to compliment nutrition and health. These interventions would include the rehabilitation of existing boreholes; water tanks;

⁸ 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/comm/echo/partners/index_en.htm

shallow wells and cattle pans. It would include Public Health and Hygiene Education (PHHE) and Community Based Management (CBM) training.

c) Health: These activities would be in support of oral re-hydration salt distribution and medical support addressing complicated cases of malnutrition. Under 5 children suffering from malnutrition often have accompanying health related problems requiring medical treatment. DG ECHO support would be to improve the quality of such primary health care service integrated with the management of malnutrition; supervision and training of local health care staff; epidemiological investigation and improved response; and general support of the health care infrastructure.

d) Air Operation: This activity would be to provide continued support to the twice weekly flight operation serving the aid agencies implementing EU funded aid programmes in the north and north eastern area of Kenya.

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 1 August 2006

Start Date : 1 August 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.

The main coordination structure, comprising GoK, donors, UN and civil society organizations, is the Kenya Food Security Meeting (KFSM). Within this the Kenya Food Security Steering Group (KFSSG) carries out the main work of food security, and the Geographical Review Teams form the core of Kenya's drought response system at a national level. Both the KFSM and sectoral sub-groups are jointly chaired by the Office of the President and the UN.

DG ECHO works in close cooperation with other Commission services and coordinates its activities with the EC Delegation in Nairobi.

Donors in KENYA over the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	8,300,000		
Belgium	650,000	DG DEV	101,000,000		
Cyprus		9 th EDF			
Czech republic					
Denmark	2,950,861				
Estonia					
Finland	1,600,000				
France					
Germany	1,373,888				
Greece					
Hungary					
Ireland	3,044,263				
Italy	500,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	4,318,264				
Poland					
Portugal					
Slovakia					
Slovenie					
Spain					
Sweden	1,926,828				
United kingdom					
Subtotal	16,364,104	Subtotal	109,300,000	Subtotal	0
		Grand total	125,664,104		

Dated : 14/07/2006

(*) Source : DG ECHO 14 Points reporting for Members States. <https://hac.ec.europa.eu>
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: <i>To address acute life-threatening needs.</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners⁹
Specific objective 1: To save lives through the provision of multisectorial support in the nutrition, water, sanitation and public health sectors.	2,000,000	Northern Kenya	Nutrition (supplementary nutritional feeding activities in and around urban centres); Primary health care – immunisations and other preventative health care measures; Water- support to existing water infrastructure with a view to improving the quality of water provision for human consumption; Support to better sanitation practices and hygiene especially around water consumption Flight service – continued support to the provision of flights to northern Kenya.	- ACF - FRA - ACH- ESP - ASF-BELGIUM - CARE - UK - ISLAMIC RELIEF - MERLIN - MSF - BEL
TOTAL:	2,000,000			

⁹ ACCION CONTRA EL HAMBRE, (ESP), ACTION CONTRE LA FAIM, (FR), Aviation sans Frontières Belgique/Piloten zonder Grenzen België, CARE INTERNATIONAL UK, ISLAMIC RELIEF , MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR)

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/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	90,000,000
Transfers Commission	-
Total Available Credits	560,429,000
Total executed to date (by 2 August 2006)	510,017,000
Available remaining	50,412,000
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
KENYA

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 aid¹, and in particular Article 14 thereof:

Whereas:

1. Drought is leading to increasing deterioration of the human health of pastoralist and agro-pastoralist populations in northern Kenya, with increasing acute humanitarian needs.
2. Public health assistance, as well as essential water, sanitation and nutritional supplies over the short-term, are required to ensure a life-saving response to the growing acute needs.
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 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 1,000,000 local 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 operations Aid for the recovery stage of the drought in Northern Kenya 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:

To save lives through the provision of multisectorial support in the nutrition, water, sanitation and public health sectors.

¹ OJ L 163, 2.7.1996, p. 1-6

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 1 August 2006.
2. Expenditure under this Decision shall be eligible from 1 August 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.

Done at Brussels,

For the Commission

Member of the Commission