

COMMISSION DECISION

on the financing of humanitarian operations from the general budget of the European Communities in

Ethiopia

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid¹, and in particular Article 15(2) thereof:

Whereas:

- (1) A multi-sector response in order to provide humanitarian assistance in different sectors, including health, water and sanitation, protection and Internally Displaced Persons (IDPs) assistance is necessary to minimize the levels of suffering of the most vulnerable people;
- (2) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;
- (3) In order to maximise the impact of humanitarian aid for the victims, it is necessary to create a technical assistance capacity in the field;
- (4) It is estimated that an amount of EUR 5,000,000 from budget line 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to over 500,000 beneficiaries, taking into account the available budget, other donors' contributions and other factors;
- (5) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) n° 1605/2002², Article 90 of the detailed rules of the implementation of the Financial Regulation determined by Regulation (EC, Euratom) n° 2342/2002³ and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁴
- (6) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 13 July 2007.

¹ OJ L 163, 2.7.1996, p. 1-6

² OJ L 248, 16.9.2002, p. 1

³ OJ L 357, 31.12.2002, p.1 as last amended by Council Regulation (EC, Euratom) No. 1995/2006, OJ L 390, 30.12.2006 p.1

⁴ Commission Decision of 21.2.2007, C/2007/513

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 5,000,000 for humanitarian aid operations to the most vulnerable people affected by conflicts and climatic as well as public health hazards by using line 23 02 01 of the 2007 general budget of the European Communities.
2. In accordance with Article 2 and 4 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To provide humanitarian assistance in the health, water and sanitation and protection sectors, as well as to Internally Displaced Persons (IDPs).
 - To create a technical assistance capacity in the field, to assess needs, appraise project proposals and to co-ordinate and monitor the implementation of humanitarian operations.

The amounts allocated to each of these specific objectives are listed in the annex to this decision.

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision and does not exceed EUR 2,000,000.

Article 3

1. The duration of the implementation of this decision shall be of a maximum period of 15 months, starting on 1 July 2007.
2. Expenditures under this Decision shall be eligible as from 1 July 2007.
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 4

1. The Commission shall implement the budget by direct centralised management.

2. The actions supported by this decision will be implemented by humanitarian aid organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/UN Financial Administrative Framework Agreement (FAFA).
3. Taking into account the specificities of humanitarian aid, the nature of the activities to be undertaken, the specific location constraints and the level of urgency, the activities covered by this decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation. This means that in case of co-financing, the possible rate of co-financing can go up to 99% if needed.

Article 5

This Decision will 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 address the needs of the most vulnerable people affected by conflicts and climatic as well as public health hazards	
Specific objectives	Amount per specific objective (EUR)
To provide humanitarian assistance in the health, water and sanitation and protection sectors, as well as to Internally Displaced Persons (IDPs).	4,850,000
To create a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	150,000
TOTAL	5,000,000



Humanitarian Aid Decision

23 02 01

Title: **Humanitarian aid to the most vulnerable people affected by conflicts and climatic as well as public health hazards**

Location of operation: **Ethiopia**

Amount of Decision: **EUR 5,000,000**

Decision reference number: **ECHO/ETH/BUD/2007/01000**

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale:

The situation in Ethiopia remains fragile. The international community is making huge efforts to support sustainable development in Ethiopia. The European Commission is one of the largest donors and the country will benefit from one of the largest contributions in the framework of the 10th European Development Funds.

From the humanitarian side, it was decided in 2007 to provide a substantial food aid allocation (EUR 15,000,000)⁵ and Ethiopia is also largely benefiting from a major regional drought preparedness programme (EUR 10,000,000)⁶.

Despite this, major humanitarian needs have been identified that would not be covered by all these programmes. Not only drought, floods and epidemics, but also ethnic conflicts and fighting within and outside the country (Somalia) have generated major humanitarian needs for the most vulnerable part of the population in different areas of Ethiopia.

In 2006, the humanitarian situation in the country presented a mixed perspective: on the one hand, for the third following year the harvest has been positive but, on the other hand, the

⁵ ECHO/-FA/BUD/2007/01000

⁶ ECHO/-HF/BUD/2006/02000

difficulties in accessing food made that the most vulnerable part of the population was faced with several major humanitarian challenges. During the first half of 2006, a severe drought affected mainly Somali and Oromyia regions, followed by extensive floods affecting most parts of the country, while a cholera epidemic affected 66,000 people between April 2006 and January 2007 (803 deaths). Whilst the security situation worsened for the general population, this was particularly true in the Somali region.

In a country with a chronically difficult food security and a rapid population growth⁷, in 2006, an average of 2,330,000 people per quarter benefited from food aid and 393,742 children less than five years old received assistance in terms of supplementary food rations. The increase in the structural food deficit is highlighted by the fact that, to keep pace with population growth, the country needs to produce an extra 750,000 tons of food per annum. Recurrent droughts, soil exhaustion and erosion, and overcrowding of the human and animal populations in areas of scarce resources are among the major causes of food insecurity.

In this context, any shock can have a disastrous negative impact. In the Somali and Oromyia regions (Boreda zone), the lack of two successive rainy periods resulted in severe food insecurity in these pastoral and agro-pastoralist areas. In Somali region, this situation was further aggravated not only by the poor quality of its road infrastructure, but also and mainly by the security situation hampering smooth delivery of humanitarian aid. Under-five mortality rates (U5MR) are high in all regions, principally in the climatically affected areas. Nutrition surveys carried out by Save the Children in the same period indicated a rate of 20.1% of Global Acute Malnutrition (GAM) and 1.6% of Severe Acute Malnutrition (SAM) among children under five years of age in the Afder and Liben zones of Somali region. In comparison, WHO thresholds with regard to emergency situations are 10-15% GAM and 1% SAM.⁸

In the aftermath of the drought and its impact on the population, unusually heavy and prolonged rains led to extended flooding, covering most of the country. Severe floods led to disasters in, amongst others, Dire Dawa, in South Omo river valley, in the Somali region and around Lake Tana. According to government statistics, a total of 670,000 people were affected by the floods, with 240,000 people displaced and 700 reported dead.

In terms of vulnerability of the population to water borne diseases by contaminated traditional and non-protected water sources, the situation was aggravated by heavy and prolonged rains. Although not officially recognized, a cholera outbreak has been affecting the country since April 2006, its geographical extension following the main trading roads and furthermore facilitated by poor access to water (only 22% of the population has access to an improved water source), the poor access to sanitation (only 13% of the population has access to improved sanitation) and inadequate hygiene practices with the health system in place unable to cope with such outbreak. The reluctance of the national authorities to recognize the outbreak as a cholera epidemic did not allow for a quick reaction to contain the spread of acute watery diarrhoea.

In addition to the acute watery diarrhoea (cholera), several epidemics affected the population of the country throughout 2006: measles, with 35 woredas affected, but equally meningitis in

⁷ The World Bank estimates that the population is currently growing at 2.2% per year and the United Nations Funds for Population Activities (UNFPA) is projecting the Ethiopian population to 170 million in 2050, compared to 78 million in 2005

⁸ Please note that support to nutrition, food aid and food security sectors will be addressed through a complementary allocation from the ECHO general food aid budget
[ECHO/ETH/BUD/2007/01000](#)

Tigray, SNNP⁹ and Oromiya regions, the highest caseload being reported in SNNP region. While the risk of a serious malaria outbreak increased with the spread of the floods, no major epidemic was reported last year.

Malaria is the leading cause of total morbidity and mortality in Ethiopia, the most malaria prone country in Africa. As an example of a recent epidemic, from March to December 2003, over 6,100,000 cases were reported in 211 woredas (3,689 villages) with an estimated number of deaths ranging from 45,000 to 114,000 people. It has been estimated that about 68% (more than 46,000,000 people) of the total population is at risk of contracting malaria infections¹⁰. Despite this risky situation, especially during the high transmission period from June to September, the use of bed nets, which can act as a preventive measure, still needs further reinforcement.

In Ethiopia, poverty is pervasive, deep and persistent. At present, the national average shows 44.2% of the population living below the poverty line, with 23% of the population living on less than USD 1 per day and 77.8% with less than USD 2 per day. The last United Nations Development Programme (UNDP) human development report in 2006 highlights the difficult situation of the population in Ethiopia. The country ranks 170 out of 177 countries in the human development index. Life expectancy is 47.6 years in Ethiopia, while the infant mortality rate is 110 per 1000 live births; the less than five mortality rate is 123 per 1,000 live births. In addition, 47% of the children under five years of age are suffering from various forms of malnutrition

In Ethiopia, diarrhoea (24%) and Acute Respiratory Infections (28%) are the main causes of early death among children, higher than in neighbouring countries¹¹. The use of oral dehydration therapy is much lower than in other poor countries, which largely explains the high level of mortality due to diarrhoea.

At a time of increased need for health services, the system is actually weakened due to lack of staff and supplies as, for survival purposes, people have moved in search of food and water. Besides, the high concentration of humans and herds in limited areas with limited resources increases the risk of outbreak of human disease and epidemics. There is a very high risk of measles epidemic; measles and acute malnutrition are highly correlated for children under-five and quickly contribute to higher under-five morbidity and mortality.

1.2. - Identified needs¹²:

Health

Primary health care

The country is still suffering from a lack of medical staff compared to the population, as highlighted by the very low immunization coverage (only 16.7% of the population is properly immunized) and by the maternal health indicators: 94% of deliveries take place at home (61% of these deliveries are conducted by relatives, 15% without any support) and 6% by trained personnel.

⁹ Southern Nations, Nationalities, and People's

¹⁰ Ethiopia Rollback Malaria Consultative Mission Report, 2004.

¹¹ Articles published in "The Lancet", 2005

¹² The needs presented here do not include the sectors of nutrition, food security as they will be part of a complementary allocation from the ECHO general food aid budget.

This situation has a very negative impact on the infant and maternal mortality rates: the maternal mortality rate stands at 673/100,000 live births and the neonatal mortality rate at 39/1,000 live births. The infant mortality rate stands at 77/1,000 live births and the under-five children mortality rate reached 123/1,000 live births.

Insecurity, staff and/or facility or drug shortages are some of the factors contributing to the poor health status indicated above.

Epidemic outbreaks

The very low immunization coverage is increasing the propensity for disease outbreaks, particularly in the high risk regions such as Oromyia, Afar, Gambella, Somali and SNNP regions. As the expansion of endemic malaria areas is evolving year after year, the potential amount of the population at risk, notably with primo-infection, is also increasing. Currently, Ethiopian mid-lands are becoming endemic areas. In the current context, existing malaria programmes are still not matching demands in prevention and treatment.

Meningitis and acute watery diarrhea outbreaks are expected to occur during the same transmission period, which will overwhelm the existing capacities of the various federal and regional health services.

Nutrition

Pockets of acute malnutrition regularly surface in areas prone to high food insecurity, reaching levels that define critical emergency situations. Currently, the highest wasting prevalence among children under-five years of age is found in Afder and Liben Zones of Somali region, with a GAM rate of 22.5% and a SAM rate of 2.7%¹³.

Water, sanitation and hygiene

The level of the current and persisting outbreak of acute watery diarrhea (cholera) indicate an acute need to intervene in the areas of access to water, sanitation and hygiene practices. While provision of emergency water treatment solutions together with the quick dissemination of clear, straightforward hygiene promotion messages will help to contain the spread of the disease, these short term emergency operations will have to be followed up by improved access to safe water, sanitation facilities and hygiene practices. At community level, operation and maintenance systems should also be reinforced.

Livestock

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

Climatic hazards

¹³ Emergency Nutrition quarterly Bulletin, DPPA January-March 2007
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The lessons learnt of last year's natural disasters indicate that the national rapid response capacity should be further reinforced in the event of large floods in areas also regularly affected by drought. In case of a re-emergence of critical humanitarian needs within vulnerable population groups, basic Non-Food Items, sheltering, water provision and medical support will have to be rapidly brought to the displaced communities.

Protection

Whilst the situation of unrest which prevailed following the general elections by the end of 2005 returned to normal, different regions in the country remain at risk of internal tensions, due to a mix of political and unsolved ethnics issues. As an illustration, 2006 saw armed clashes taking place in several regions (Somali, Amhara, Oromoyia, Tigray, Benishangul-Gumuz), while ethnic clashes continued in SNNP, Afar, Somali, Gambella regions.

The Ethiopian armed forces entered into conflict in Somalia which was further aggravated by the deterioration of the security situation in the country while the border issues between Ethiopia and Eritrea remain unsolved.

This volatile political, ethnic situation is fuelling resource-based conflicts (inter-clan and/or cross border), which have been on the rise in the pastoralist areas of Ethiopia, Kenya and Somalia as a consequence of the past drought and losses in livestock and difficult access to pasture and water.

1.3. - Target population and regions concerned:

Of the affected population, approximately 750,000 people will benefit from this decision at nationwide level, with priorities to areas where the actions of governmental institutions cannot meet the basic needs of the population. The main regions concerned will be Somali, Oromya, SNNP, Afar and Gambella.

1.4. - Risk assessment and possible constraints:

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

Insecurity

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

In Gambella region, the unsettled situation and unresolved issues between the various communities living in the region, exacerbated by the presence of government armed forces, leads to an extremely volatile situation. Any spark could ignite an outburst of violence, depriving access by humanitarian actors and possibly require withdrawal from the zone for safety reasons. The same situation is being found, though to a lesser extent, in other parts of the country (Oromiya, SNNPR, etc...).

The current general political context could provoke unrest throughout the country, with direct consequences for the implementing capacities of DG ECHO's¹⁴ partners.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objective:

Principal objective: To address the needs of the most vulnerable people affected by conflicts and climatic as well as public health hazards

Specific objectives:

1. To provide humanitarian assistance in the health, water and sanitation and protection sectors, as well as to Internally Displaced Persons (IDPs).
2. To create a technical assistance capacity in the field, to assess needs, appraise project proposals and to co-ordinate and monitor the implementation of operations.

2.2. - Components:

A multi-sector response to humanitarian crisis is critical in order to address the needs presented, enhance resistance to disease and minimize overall human suffering. In response to the current humanitarian concerns of the country, interventions are planned in the health, water and sanitation and protection sectors, as well for IDPs assistance

Emphasis will be placed on limiting the spread of disease in emergency situations with adapted medical and public health measures, the provision of relief drugs and preventive equipment, insecticide, access to safe water and sanitation facilities as well as improvement of the hygiene practices.

The envisaged interventions will be complemented by actions supported through two other ongoing humanitarian and food aid funding decisions:

- In pastoralist areas affected on a recurrent basis by drought hazards, the setting up of an early warning system, the provision of animal health services, as well as access to water, the maintenance of basic livelihood is being addressed through the EUR 10,000,000 regional drought preparedness decision, of which. Ethiopia is the main beneficiary country.
- Nutrition and food aid, as well as emergency food security related interventions, will receive EUR 15,000,000 in the framework of the ongoing food aid decision with a focus on pastoral areas.

DG ECHO's emergency punctual response will complement and co-ordinate with the long term development action implemented by the Commission and other donors, in the framework of the government sector and global policies. Whilst avoiding any interference with ongoing development efforts undertaken in the matter by the authorities, particular attention will be paid to respond to emergency humanitarian needs in the different sectors mentioned, in areas where the national institutions cannot provide an adequate assistance. It

¹⁴ Directorate-General for humanitarian aid - ECHO
ECHO/ETH/BUD/2007/01000

is worth noting that the 10th European Development Funds, currently under preparation, foresees an A-envelope of EUR 535,000,000, of which an important part would be allocated to the improvement of the long term food security situation of the country.

Whenever possible, following the Linking Relief, Rehabilitation and Development (LRRD) approach, synergies will be promoted with the EC Delegation and / or other development donors so that a continuation and consolidation of the achieved results through the provision of humanitarian aid could be ensured. This is one of the reasons that have led DG ECHO to open an office in Addis Abeba, in order to ensure, inter alia, a permanent dialogue and co-ordination with the Delegation in particular.

Health

- Complementary punctual support to existing health services in order to respond to the emergency needs of the population, covering crucial gaps during the epidemic phases.
- Mainstreaming in the projects supported by DG ECHO of preventive as well as curative interventions against the key public health issues, with specific attention to acute water diarrhea/cholera.
- Actions in the nutrition sector are being supported through the ongoing food aid funding decision.

Water and Sanitation

- Provision of water to ensure sufficient quantity and quality, provision of sanitation and improvement of hygiene practices, to address morbidity and mortality due to water borne diseases outbreaks.

Protection

- Protection visits, and related services, for political/civil detainees, and prisoners of war (POWs) messages.
- Sensitization activities for the respect, by all parties, of international humanitarian law.
- Basic relief support to the populations affected by conflict following the changing political and conflict environment.

General support to IDPs

- Provision of general emergency basic assistance to displaced, and/or resettled communities during their reinstallation phase, with activities such as sheltering, provision of non-food items, water and sanitation, and medical care. This component will be mainly implemented in the framework of the International Committee of the Red Cross (ICRC) programme, which foresees to provide basic assistance to IDPs in need because of internal conflicts/unrests and natural disasters, essentially in the Gambella, Somali, Afar and Oromya regions.

Technical Assistance

- In order to maximise the impact of the humanitarian aid on the victims, the Commission will set up a DG ECHO support office located in Addis Abeba. This office will appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance and the logistics required for the achievement of these tasks. A permanent presence of DG ECHO in Ethiopia is justified both by the importance of the food aid programme and by the increasing need to ensure a strong co-ordination with the EC Delegation, as well as other development actors, in the framework of the LRRD policy.

3 - Duration expected for actions in the proposed Decision:

The duration of the implementation of this Decision shall be 15 months.

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

Expenditure under this Decision shall be eligible as from 1 July 2007.

Start Date : **1 July 2007**

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 itself 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 - Overview of donors' contributions

Donors in Ethiopia the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others(***)	
	EUR		EUR		EUR
Austria	824,646	DG ECHO (**)	21,428,571	USA	751,260
Belgium	1,100,100	Other services		CERF	3,735,396
Bulgaria				Norway	843,550
Cyprus					
Czech republic	69,930				
Denmark	236,574				
Estonia					
Finland	600,000				
France	715,438				
Germany	1,071,412				
Greece					
Hungary					
Ireland	400,000				
Italy	100,000				
Latvia					
Lithuania					
Luxemburg	600,000				
Malta					
Netherlands	6,460,290				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	1,050,000				
Sweden	1,156,565				
United kingdom					
Subtotal	14,384,955	Subtotal	21,428,571	Subtotal	5,330,206
		Grand total	41,143,732		

Dated : 22 May 2007

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

(**) It includes part of the global Food Aid Decision and part of the regional programmes

(***) Source: Financial Tracking System 2007

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 5,000,000

6.2. – Budget breakdown by specific objective

Principal objective: <i>To address the needs of the most vulnerable people affected by conflicts and climatic as well as public health hazards</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹⁵
Specific objective 1: To provide humanitarian assistance in the health, water and sanitation and protection sectors, as well as to Internally Displaced Persons (IDPs).	4,850,000	Nationwide, with a focus in Somali, Oromya, SNNP, Afar and Gambella regions.	Health, water and sanitation, protection and IDP assistance.	ICRC-CICR IMC - UK IRC – UK MDM - F MERLIN - GBR MSF - NLD MSF - CHE OCHA OXFAM - GB SOS KINDERDORF
Specific objective 2: To create a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	150,000	Nationwide	Technical Assistance	
TOTAL:	5,000,000			

¹⁵ COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), International Medical Corps UK, International Rescue Committee UK, MEDECINS DU MONDE (F), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), ARTSEN ZONDER GRENZEN (NLD), MEDECINS SANS FRONTIERES (CHE), UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, OXFAM (GB), SOS-KINDERDORF INTERNATIONAL (AUT)

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/echo/evaluation/index_en.htm.

8 - Budget Impact article 23 02 01

Budget impact article 23 02 01	CE (EUR)
Initial Available Appropriations for 2007	485,000,000.00
Transfers	
Total Available Credits	485,000,000.00
Total executed to date (by 23/05/2007)	372.145,694.95
Available remaining	112,854,305.05
Total amount of the Decision	5,000,000.00

9. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) and by United Nations agencies based on the EC/UN Financial and Administrative Framework Agreement (FAFA) in conformity with Article 163 of the Implementing Rules of the Financial Regulation. These Framework agreements define the criteria for attributing grant agreements and financing agreements in accordance with Article 90 of the Implementing Rules and may be found at http://ec.europa.eu/echo/partners/index_en.htm.

Individual grants are awarded on the basis of the criteria enumerated in Article 7.2 of the Humanitarian Aid Regulation, such as the technical and financial capacity, readiness and experience, and results of previous interventions.