COMMISSION DECISION
on
the financing of a Global Plan for humanitarian operations from the general budget of the European Communities in the Sahel Region of West Africa

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[1] , and in particular Article 15(2) thereof,

Whereas:

(1) The level of the Global Acute Malnutrition rate is far beyond the internationally accepted emergency threshold in Burkina Faso, Chad, Mauritania, Mali, and Niger;

(2) The population of the Sahel is exposed to cyclic and increasingly frequent external shocks such as drought, locusts, epidemics and floods;

(3) In the absence of accurate baseline knowledge, there is a need to improve information gathering and analysis of the extent and impact of acute malnutrition and to ensure that this information is widely understood in the Sahel to enable the appropriate policy decisions and resource allocations to be made by the governments concerned;

(4) The health and nutritional status and the coping mechanisms of the most vulnerable population in particular children under 5 years and lactating and pregnant women need to be strengthened;

(5) In order to maximise the impact of humanitarian aid for the victims, it is necessary to reinforce a technical assistance capacity in the field;

(6) It is necessary to provide a coherent framework for action in the Sahel as the extent and complexity of the humanitarian crisis is such that it is likely to continue;

(7) An assessment of the humanitarian needs has lead to the conclusion that humanitarian aid operations should be financed by the Community for a period of 20 months;

(8) It is estimated that an amount of EUR 15,000,000 from budget article 23 02 01 of the general budget of the European Communities is necessary to provide humanitarian assistance to the most vulnerable population taking into account the available budget, other donors' interventions and other factors;

1) OJ L 163, 2.7.1996, p. 1-6

(9) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002[2], Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002[3] and last amended by Regulation (EC, Euratom) No 1248/2006[4], and Article 15 of the internal rules on the implementation of the general budget of the European Communities[5];

(10) In accordance with Article 17 (3**)** of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 30 March 2007.

HAS DECIDED AS FOLLOWS:

Article 1

In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of EUR 15,000,000 for a Global Plan for humanitarian aid operations in the Sahel region of West Africa to provide humanitarian assistance and relief to people affected by longer-lasting crises from article 23 02 01 of the 2007 general budget of the European Communities,

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 contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular of children under 5 years and lactating and pregnant women.

- To reinforce the DG ECHO technical assistance capacity in the Sahel region.

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

02) OJ L 248, 16.9.2002, p. 1

03) OJ L 357, 31.12.2002, p. 1

04) OJ L 227, 19.8.2006, p.3

05) Commission Decision of 21.2.2007, C/2007/513

1. The duration of the implementation of this decision shall be for a period of 20 months starting on 1 May 2007.

2. Expenditure under this decision shall be eligible from 1 May 2007.

3. If the actions envisaged in this decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this decision.

Article 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. The maximum co-financing rate of humanitarian aid actions is fixed at 99%. Where it is essential in order to carry out particular humanitarian aid activities and depending on 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 169 of the Financial Regulation.

Article 5

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

Specific objectives	Amount per specific objective (EUR)
To contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular of children under 5 years and lactating and pregnant women	14,500,000
To reinforce the DG ECHO technical assistance capacity in the Sahel region.	500,000
TOTAL	15,000,000

EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

HUMANITARIAN AID

for
vulnerable populations at risk
in the

Sahel Region of West Africa

GLOBAL PLAN 2007

Humanitarian Aid Committee - March 2007

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1. EXECUTIVE SUMMARY

Levels of acute malnutrition are one of the most important indicators used to identify humanitarian crises. They reflect the overall status of the most vulnerable populations and provide information, inter alia, on access to food, the capacity of coping mechanisms and functioning of the public health system. Food vulnerability in the Sahel is a multi-faceted problem. Poverty, the lack of adequate or accessible basic services, food insecurity, high population growth and fragile eco-systems and economies have made vulnerable communities increasingly at risk from external shocks such as drought, locusts, floods and epidemics. The cycle of the frequency of external shocks has shortened. Vulnerable communities do not have time to recover between shocks. Their resilience is weakened. An increasing number live permanently on the edge of survival and slip into crisis with the slightest extra shock. The solutions lie not just in improving food security but as much through multi-sector approaches including better access to basic health care and clean water and the strengthening of household coping mechanisms.

Malnutrition of children under 5 years is a particularly serious problem in the Sahel. Demographic Health Surveys[6] published between 2000 and 2004, using internationally accepted methodologies show that on average 14% of children under 5 years suffer from wasting or acute malnutrition and 3.2% suffer from severe acute malnutrition Over half of the population of the Sahel are children (under 14 years of age) and an increasing number of them risk stunting or dying at an early age as a result of malnutrition. An ex ante study into drought and vulnerability in the Sahel commissioned by DG ECHO in 2006[7] confirmed the multi-stressor nature of the problem, stressed the incomplete data collection and analysis and expressed concern at the absence of coherent strategies at national and regional level to tackle malnutrition. The Sahel region will need massive assistance if it is to make more progress towards achieving the Millennium Development Goals (MDG) of reducing hunger and child and maternal mortality by 2015.

This Global Plan is part of a multi-tier Commission approach to the problem. It will assist in responding to the immediate consequences and humanitarian needs and is complementary to the longer-term development aid essential to tackle the root causes of acute malnutrition. In the policy framework of linking relief to rehabilitation and development (LRRD)[8], DG ECHO will coordinate its activities closely with the policies and programmes proposed notably in the context of the 10th European Development Fund (EDF) Country Strategy Papers (CSP) and the National Indicative Programmes (NIP) for the region. Considerable attention has been given to articulating Commission aid instruments to provide a more coherent approach to tackling malnutrition and to ensuring long term sustainability. All of the 10th EDF CSPs refer to measures needed to respond to the nutritional insecurity in the Sahel.

The specific objective of this decision is to contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular of children under 5 years and lactating and pregnant women in 5 countries of the Sahel, Burkina Faso, Chad, Mali, Mauritania and Niger. Along with the general humanitarian aid made

[6] DHS are nationally representative household surveys with large sample sizes conducted every 5 years and widely supported and used y international aid agencies.

[7] Concept Paper: Drought and Vulnerability- a review of context, capacity and appropriate interventions with respect to drought and acute malnutrition in the Sahel region of West Africa, December 2006.

[8] Linking Relief, Rehabilitation and Development: Communication from the Commission to the Council and the European Parliament COM (2001) 153 final

available under this decision, DG ECHO will also use resources available under the Food Aid budget to respond to the short-term nutritional needs in a multi-sector approach. Lessons learned from the 2005 Niger nutritional crisis heavily influenced the development of DG ECHO's strategy and the design of this programme.

The challenges are enormous and require a long-term and sustained commitment to the scale and type of policy and resource allocation that the governments and civil society in the Sahel need to make to reduce malnutrition and child mortality and achieve the MDGs.

DG ECHO's strategy for the Sahel is based on three pillars:

- Improving the **knowledge base-line** of the causes and extent of acute malnutrition to provide better quality data and information systems for needs assessment and the design of response strategies. This will include supporting information exchange between actors, seeking more synergy between existing information systems at national and regional level, data collection where necessary and facilitating the sharing of analysis and information.

- **Appropriate response actions** to tackle acute malnutrition now in the most vulnerable population, in particular malnourished children under 5 years and to encourage innovative and effective action to reduce malnutrition and to improve access to basic services. This will include humanitarian aid to strengthen the coping capacities and protect the livelihoods of households and communities most at risk.

- **Advocacy and awareness building** to generate a wider public understanding of the many causes and of the different types of action needed to tackle acute malnutrition. This will also encourage the mainstreaming of humanitarian objectives into long-term planning in the Sahel.

The budget required for this 2007 Global Plan is EUR 15 million from the 1 May 2007 until the 31 December 2008 (20 months). A separate amount of EUR 10 million was also earmarked in the recent 2007 DG ECHO Global Food Aid decision for food aid and short-term food security activities in the same 5 countries of the Sahel. A separate Global Plan for Chad for EUR 15 million was approved in the context of the particular extra aggravating problems in that country with the added problem of the presence of large numbers of refugees from neighbouring countries. A further EUR 10 million was also earmarked in the 2007 DG ECHO Food Aid decision for food aid activities in Chad.

The budget available for the 5 countries Sahel under the Food Aid decision will be managed together the funds available from this decision. Activities proposed by partners that fall within the specific mandate of the Food Aid decision will be charged to the funds available under that decision. Activities proposed by partners working in Chad will be managed in close association with the strategy outlined in the Chad Global Plan.

2. CONTEXT AND SITUATION

2.1. General Context

The Sahel zone is the belt crossing Africa from Cap Verde in the west to Sudan in the east, a region characterized by a cyclical pattern of low rain fall (250 – 450 mm/year)

during a few months of the year. Over recent decades, rain precipitation has become more and more erratic and has decreased towards the south of the Sahel region.

The Sahel is the poorest and one of the most underdeveloped regions in the world with six countries ranking amongst the very last of the 177 countries in the UN Human Development Index[9]. Three quarters of the Sahel's population live in rural areas and rely mainly on subsistence agriculture. Cereal production in good years has barely kept even with high population growth[10] and increasing urbanization. Pastoralist and agro-pastoralist communities have experienced a depletion of their assets (land, cattle) and natural resources (water and pasture). A continuous series of external shocks (drought, locusts, spill-over of unrest from neighbouring countries) have aggravated the already precarious nutritional status of the most vulnerable population. Coping mechanisms have been badly damaged and the increasing frequency of external shocks does not allow communities to recover before they are again exposed to risk. Poor governance and a lack of resources have hampered improvement in the overall development indicators.

The problem is not new. Already in 1992, the WHO/FAO conference on nutrition in Rome recognized the overarching problems, causes and linkages behind the rampant food insecurity, malnutrition and health issues. But little progress was made to date in actually implementing the overall comprehensive strategy developed to deal with the problems. This Global Plan will demonstrate the effectiveness of nutritional treatment programmes and improved access to basic health care in reducing malnutrition and mortality and the positive impact of action to protect livelihoods and short-term food security on the strengthening of coping mechanisms.

2.2. Current Situation

Global Acute Malnutrition (GAM) rates in the Sahel countries exceed on average the 10% emergency threshold. In some regions of the Sahel, GAM rates close to 20% have been reported. Malnutrition is associated with nearly 60% of all child mortality[11] with the result that child mortality in the Sahel is one of the highest in the world.

The nutritional crisis in Niger in 2005 exposed the reality of the humanitarian crisis throughout the Sahel. Large-scale humanitarian resources were allocated in reaction to the crisis. But it became quickly clear that this was a sustained and chronic emergency which required a pro-active rather than re-active approach to be sustainable and allow an exit for humanitarian aid. Lessons were learned from this crisis and from other similar situations in eastern and southern Africa. These included the effectiveness of the new formulae for ready to use therapeutic foods especially "PlumpyNut" in the treatment of severe malnutrition and the need to find similar new nutritional products and strategies to treat moderately malnourished children. The treatment of moderately malnourished children has a significant impact on the reduction of overall acute malnutrition and

[9] Burkina Faso, Chad, Guinea Bissau, Mali, Mauritania and Niger. UNDP 2006 Human Development Report.

[10] For the United Nations, population growth in the Sahel is amongst the highest in the world. It is estimated that the population will reach in 2030, 12 times its size when compared to 1950. Overall world population may only have multiplied by a factor 3.6 and the population of the African continent by 8.6 in the same period.

[11] WHO (Bull 2000, 78 (10), see also in Annex 1.

mortality rates as their survival chances are much higher when cared for before they slip into a severely malnourished condition.

An ex ante study into drought and vulnerability in the Sahel was commissioned by DG ECHO in 2006. The study confirmed the multi-stressor nature of the problem, found too many presumptions and too few hard facts and little real analysis about the causes and long-term effects of continued high levels of vulnerability in the Sahel. Establishing a knowledge baseline was considered urgent and vital. Existing early warning systems were considered to be too focussed on food availability and not sufficiently on food accessibility. Crop forecasts gave an indication of potential market availability but not on price and access and did not take into sufficient consideration the dynamics of local and regional trade. Recommendations for an appropriate response strategy were suggested. This Global Plan is one.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

With the extent of global acute malnutrition throughout the 5 countries in the Sahel, a large number of children in particular are exposed to the consequences of an emergency nutrition situation that needs a rapid and effective response. With GAM rates above 10% and other aggravating factors, the nutritional status of many children can be considered as very serious[12]. Overall patterns in the prevalence of acute malnutrition have not changed significantly during the past 10-15 years. It is estimated that at present 1.3 million children (14% of total) under 5 years in the Sahel are acutely malnourished, of whom 300,000 are severely malnourished.

Sahel Countries	***Total population***	***Population < 5 y***	***(%) GAM[13]***	***(%) SAM***	***Children suffering GAM***	***Children suffering SAM***
B. Faso (DHS[14] 2003)	13,002,000	2,560,000	18.7	5.0	478,720	128,000
Chad (DHS 2004)	8,598,000	1,646,600	13.5	3.1	222,291	51,045
Mali (DHS 2001)	13,007,000	2,581,000	10.6	1.6	273,586	41,296
Mauritania(DHS 2001)	2,893,000	499,000	12.8	3.3	63,872	16,467
Niger (MICS 2006)[15]	11,972,000	2,549,000	10.3	1.5	262,547	38,235
SAHEL					**1,301,016**	**275,040**

[12] A 10% acute malnutrition rate, coupled with aggravating factors such as severe public health hazards – a reality throughout the region, is the international emergency threshold that should trigger an urgent response. Unfortunately in many parts of the Sahel, acute malnutrition rates of over 15% abound, requiring immediate intervention to avert massive loss of life.

[13] GAM: Global Acute Malnutrition; SAM: Severe Acute Malnutrition.

[14] Demographic and Health Surveys (DHS) are nationally-representative household surveys with large sample sizes that provide data for a wide range of indicators in the areas of population, health, and nutrition. They are widely supported and used by international aid agencies. Typically, DHS are conducted every 5 years, to allow comparisons over time.

[15] Niger (Multi Indicator Cluster Surveys (MICS) 2000): GAM% 14.1, SAM 3.2%.

Malnutrition is linked to a number of factors from inadequate caring practices for children to lack of appropriate complementary foods for young infants to generalised food insecurity rooted in poverty to poor access to adequate health care, water and sanitation services and lack of hygiene. Malnourished children have a lowered resistance to infection. They are more likely to die as they easily get locked into a vicious circle of recurring sickness and stunted growth.

Within the population group of children most at risk, children between 6 months and 3 years old are in a particular serious danger of acute malnourishment. Unsafe traditional practices of very early weaning, coupled with non-exclusive breast-feeding and a lack of appropriate complementary food deny infants basic nutrients from a very early age. This aggravates the fact that many infants are already exposed to malnutrition before being born due to the mothers being under weight. Infants born with too low a birth weight are at much higher risk of continued malnourishment and consequent ill health. The Sahel is particularly susceptible to diseases such as malaria and meningitis. Malaria is one of the leading causes of mortality for children under 5 years in the Sahel, affecting up to 50% or more children in certain areas where access to health care and adequate malaria treatment is poorest or not available. Other water-related diseases are common and represent a critically dangerous risk for malnourished children and are one of the major causes of child mortality. Most communities in the Sahel region do not have access to sufficient clean and safe water.

Agro-pastoral and pastoral populations in particular face food insecurity every year. Depletion of their assets, mainly land and cattle, and of the natural resources like water and pasture over the years, have put these populations under high stress and great vulnerability. Livelihoods protection actions are therefore essential in order to mitigate external shock like drought, flood, locust invasion or epidemics.

Regional dimensions add to the complexity of malnutrition in the Sahel and the need for an accurate understanding of causalities and trends. Over several decades, information has been gathered and early warning systems developed in each country and on a regional level[16]. However, this is not translating into adequate action and resource allocation by decisions makers. A comprehensive picture of all main causes of malnutrition and the most appropriate way to respond with the means available is still a thing of the future in the Sahel. But lessons have been learned and there are interesting examples of effective approaches to dealing with malnutrition in other parts of Africa, notably using livelihoods analysis.

Over 50 concept papers have been presented by potential partners outlining their strategies to assist the most vulnerable and to reduce acute malnutrition and mortality. These are being analysed in the context of available knowledge about the situation in each of the 5 countries. This needs assessment will be helped by the improved knowledge baseline that will be one of the results of this Global Plan.

Finally, much humanitarian aid to respond to malnutrition has been reactive. There is an urgent need for a more pro-active approach that looks at risk analysis and matches vulnerabilities and possible stress indicators. This will help prepare communities to manage better future external shocks.

[16] Such initiatives and systems in the Sahel include the Comité Permanent Inter-États de Lutte contre la Sécheresse au Sahel (CILSS, http://www.cilss.bf/) including the national Early Warning Systems (Système d'Alerte Précoce or SAP) and the company Agrhymet, FEWSNET, WFP and FAO.

4. PROPOSED DG ECHO STRATEGY

4.1. Coherence with DG ECHO´s overall strategic priorities

Following the Niger and Mali nutritional crises in 2005 and 2006, the Sahel was highlighted as a priority in the 2007 DG ECHO strategy. The high prevalence of acute malnutrition in all 5 main countries justifies that DG ECHO engages in medium term programming with malnutrition as the entry point of its strategy. The ex ante evaluation[17] recently commissioned by DG ECHO confirms the pertinence of this approach and the need to link the humanitarian to the development agenda. In this context and to promote an articulated LRRD approach to the Sahel, DG ECHO has therefore followed the preparations of the draft Country Strategy Papers (CSP) for the 10th European Development Fund very closely to ensure coverage of humanitarian concerns.

Measures to improve food and nutritional security are now in all the draft Sahel 10th EDF CSPs. Some CSPs confirm it as a sector of concentration; others refer to it as a strategic objective. If food security goals are fully integrated and implemented in development programmes, the risks to lives in the Sahel and the need for massive humanitarian aid in response to nutritional emergencies such as Niger in 2005 will be reduced. Until recently, food security had been given a lower priority on the development agenda. Humanitarian agencies will need to follow the implementation of the renewed commitment to food security closely.

In 2007, DG ECHO also took over the responsibility for the Commission's food aid budget line. This permitted a closer articulation of Commission humanitarian aid with food aid. In this context and bearing in mind the needs in the Sahel, DG ECHO will allocate a budget of EUR 10 million in the first DG ECHO Global Food Aid decision[18] to the five target countries in this Sahel Global Plan. The food aid budget allocation is part of the overall DG ECHO strategy for the Sahel and complements the EUR 15 million outlined in this decision. However, it should be again emphasised that improved availability of or access to food will not on its own reduce the acute malnutrition rate. A multi-sector approach linking food to health to livelihood protection is required.

It is also worth noting that a DG ECHO drought preparedness decision for the Horn of Africa came into effect in July 2006 partly covering similar activities to those proposed in this decision for the Sahel. DG ECHO has also been active in Chad since 2003 to help deal with the humanitarian crisis as a result of the large numbers of refugees and Internally Displaced Persons (IDPs). A DG ECHO Global Plan of EUR 15 million has been approved for Chad in 2007 as has an allocation of EUR 10 million for Chad from the Global Food Aid decision.

4.2. Impact of previous humanitarian response

The origin of this Global Plan can be found in the response to the nutritional crisis in Niger and in Mali in 2005. DG ECHO allocated EUR 18.3 million to Niger in 2005 and 2006 and EUR 2 million to Mali in 2005 for nutritional support and short-term food security programmes.

[17] Concept paper: Drought and vulnerability – a review of context, capacity and appropriate interventions with respect to drought and the problem of acute malnutrition in Sahel region of West Africa, December 2006

[18] ECHO/-FA/BUD/2007/01000 – EUR 135 million from 1 January, 2007 for a 24 month duration.

DG ECHO funding in Niger contributed to partners being able to treat more than 680,000 children for acute malnutrition, to assist 250,000 persons to access health services and to restore the damaged coping mechanisms of more than 30,000 families.

The most recent nutritional surveys in Niger show a marked improvement in the situation with the prevalence of wasting in children under 5 years dropping from 15% to just over 10% and the prevalence of stunting dropping from 50% to 44%. It is too early to identify exactly what part of the overall humanitarian response might have provided the most impact and indeed the overall situation has also to be seen in the context of regional food security movements and greater public and government awareness of malnutrition issues. But there can be little doubt about the effectiveness of humanitarian actors in raising the fundamental issues and advocating for appropriate polices and action such as free access to health care for children under 5.

The 2005 Niger crisis caused the humanitarian community to rethink its strategies on how to deal with this type of slow-onset humanitarian crisis. The re-active response in 2005 was quickly seen to be insufficient in tackling the fundamental causes of acute malnutrition and infant mortality. It responded to the humanitarian mandate and saved lives but did not deal with the root causes of acute malnutrition and risked being locked into a long-term operation with no clear exit strategy. A coordinated approach which articulated all aid instruments was needed. Intensive discussions were initiated between humanitarian and development workers about how they could work better together to assist governments and civil society in the Sahel deal with malnutrition and reduce infant mortality. For example, a "road map" for inter-service cooperation in Niger and Mali was drawn up in February 2006 between the Commission aid services. This laid out the role and scope of short-term humanitarian aid (12 M€ allocated in 2006 for Niger), medium-term (an extra 12 M€ was allocated to "B" envelope food security operations) and long-term (commitment to include food security as a sector of concentration in the 10th EDF.)

Niger provided a test bed for some innovative approaches. Emphasis was given to trying to treat children when they were the moderately malnourished before they slipped into the severely malnourished category. Survival rates are 10 times higher. The extensive use of Ready to Use Therapeutic Foods (RUTF) and blanket feeding is promising but further evaluation of the results is needed. Work to find more formulae to treat both moderately and severely malnourished children is needed.

DG ECHO supported pilot projects implemented by partners, which provided free access to basic healthcare for children under 5 years and lactating and pregnant women. The very positive results of this and the intensive advocacy by humanitarian agencies resulted in the government of Niger decreeing free access for children to basic health care. Early estimates of the cost to the health budget of this show it to be very small compared to the enormous impact of better health surveillance and early warning of health problems including malnutrition (the Protocols on this have been revised).

There is now a critical need to consolidate the progress made in Niger and to take the lessons learned to other countries in the Sahel and to replicate the positive experiences from Niger.

4.3. Coordination with the activities of other donors and institutions

The Niger experience proved to humanitarian and development actors the need to work better together to articulate the short-term (humanitarian) aid with medium-term (food security) approaches and long-term (development) aid. Within the Commission, a LRRD "road-map" indicating the role of various services and the timing and scope of mobilisation of the various aid instruments (humanitarian, food security and development) was drawn up in February 2006. This was shared with other donors and institutions to encourage the same joint planning. Food security was put back on the agenda as a major topic in discussions with governments in the context of the draft new Country Strategy Papers for the Sahel and the programming of the 10th European Development Fund (EDF). The results were mixed. Some governments understood the critical link between action to fight malnutrition and achieving the MDGs. Other maintained a more classical economic infrastructure development agenda with trickle down poverty alleviation goals. Humanitarian agencies need to maintain their presence and advocacy of appropriate and articulated aid policies to respond to malnutrition.

In this context humanitarian agencies are working with other donors and institutions to mainstream humanitarian objectives into long-term development planning. Considerable discussion has taken place as to how the Sahel countries can be helped to achieve the MDGs with complementary action involving humanitarian and development approaches. This has included how humanitarian input and impact indicators can be introduced into budget and sector support programmes as benchmarks for tranche payments and to maintain the pressure on governments to deliver on policy and resource commitments.

Contacts have been maintained with Member State humanitarian departments such as the United Kingdom Department For International Development (DFID) and the Swedish International Development Agency (SIDA) and regular meetings take place with UN agencies, with the United States Office of Foreign Disaster Assistance (OFDA) representatives and with regional bodies such as CILSS (Comité Inter-Etats de Lutte contre le Sécheresse dans le Sahel).

4.4. Risk assessment and assumptions

The risk of another major external shock could divert attention and resources to responding to the immediate relief needs of the affected population. DG ECHO would in this case prepare a separate decision to respond to the emergency humanitarian needs.

The volatile security situation in Chad continues to be a source of concern as does the risk of a negative evolution and a spill-over of the instability from other neighbouring countries such as Cote d'Ivoire and Guinea.

The Global Plan assumes the continued active cooperation of the governments concerned and the other donors and institutions.

4.5. DG ECHO Strategy

Principal objective

- To provide humanitarian assistance and relief to people affected by longer-lasting crises in the Sahel region of West Africa (Burkina Faso, Chad, Mali, Mauritania and Niger).

Specific objective 1

- To contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular of children under 5 years and lactating and pregnant women.

Specific objective 2

- To reinforce the DG ECHO technical assistance capacity in the Sahel region.

Planned activities

DG ECHO's strategy in the Sahel is based on three pillars of activities.

1. Improving the baseline knowledge to provide credible data for needs assessments and understanding of the extent and causes of acute malnutrition. This will include support for more effective information gathering and management systems and better analysis of the inter-linkage between health, nutrition and livelihoods protection;
2. Promoting effective and innovative nutritional policies and treatment, improving access to basic services and restoring the coping mechanisms of the most vulnerable population;
3. Advocacy and public awareness building with partners and civil society in the 5 countries of the Sahel to encourage the mainstreaming of humanitarian objectives into long-term development planning in the Sahel (LRRD).

It is expected that the vast bulk of expenditure will be in Activity 2 thus ensuring that that most of the funds are used to the direct benefit of the most vulnerable.

Activity 1: Adequate information

Improving the knowledge baseline of the multi-stressor causes and extent of acute malnutrition and in particular infant mortality at national and regional level is a major goal. Without reliable and updated data, accurate needs assessment including for humanitarian aid is impossible. This will also help to differentiate that which could be dealt with through humanitarian aid and that which requires long-term development assistance. The failure of the existing famine early warning systems to spot the extent of the nutritional crisis in Niger in 2005 revealed a disconnect between the quantitative data gathered on harvests and crops and the supposed availability of food and the qualitative analysis on the actual access to the food by most vulnerable and poorest communities. There is a need to link the food security information with nutritional surveillance data to provide decision makers with an overall picture of food availability and food accessibility. Under this activity heading DG ECHO will encourage partners to work more closely together at country and regional level to improve the functioning of the existing early warning systems and help set by a baseline for each country of the specific issues affecting the nutritional status of the most vulnerable populations.

DG ECHO's ex ante study found an immense disparity between the knowledge base and the analysis capacity in each of the Sahel countries covered by this decision. There is a need to encourage the cross fertilisation of ideas and experience between the countries and at the regional level through the appropriate bodies.

Activity 2: Appropriate response

DG ECHO will support innovative and appropriate nutritional strategies and products, such as new ready-to-use therapeutic foods (RUTF) and ways to effectively reduce child and maternal malnutrition including community based feeding centres. Better access to health services will also be supported for children under 5 years and pregnant and lactating women. Better access to clean water, hygiene and sanitation for the most vulnerable populations will also be assisted. Community initiated and implemented actions to reduce acute malnutrition such as community gardens will be encouraged. The need to continue to strengthen household coping mechanism through livelihoods protection and risk analysis will be encouraged. The inter-linkage between healthcare, nutrition and livelihood protection will be promoted. Improved coordination between nutritional care providers and the public health structures and professionals is essential. Measures to improve local capacity to foresee and manage external shocks will be assisted.

Activity 3: Advocacy and public awareness building

Advocacy and awareness building to generate a wider understanding of the causes and of the policies and action needed to tackle acute malnutrition is essential. This will be aimed at the general public and partners. A key target is to improve understanding of the challenges in achieving the MDGs of reducing hunger and child and maternal mortality. The promotion of LRRD through the mainstreaming of humanitarian objectives into the development agenda is a priority goal. This is not an activity that will require much funding.

Approach

The following principles guide the strategy:

- Active use of lessons learned and expertise acquired in the Sahel, especially in Niger, and elsewhere in Africa,
- Support and encouragement of existing national and regional systems and mandates where possible,
- Support for a greater role for civil society in the Sahel,
- Encouragement to regional approaches.

Target populations

The main intended beneficiaries are the most vulnerable population and in particular the estimated 1.3 million acutely malnourished children under 5 years and the estimated 5 million pregnant and lactating women living in the 5 countries concerned.

Regions

Burkina Faso, Chad, Mali, Mauritania and Niger are the countries in the Sahel most affected by malnutrition. Priority will be given to the high risk areas in these countries.

Selections of possible partners

DG ECHO will give the priority to partner organisations with a recognised proven experience in the Sahel region both in humanitarian aid and in LRRD.

Technical assistance on the field

In order to maximize the impact of the humanitarian aid for the victims, the Commission will reinforce the DG ECHO field presence in the sub-region with liaison offices located in the Commission delegations in Nouakchott, Bamako and Ouagadougou similar to the existing office already established in the Niamey Commission Delegation and funded previously under the 2006 Niger decision. A DG ECHO field office already exists in Chad funded under the Chad decisions. These offices will help provide the facilities for the appraisal of project proposals, co-ordination with partners and other actors and monitor the implementation of humanitarian operations financed by the Commission. The DG ECHO Regional Support Office in Dakar will supervise these offices and provide all necessary technical assistance capacity and back up support.

4.6. Duration

The duration period for the implementation of this decision will be **20 months** from 1 May 2007. Humanitarian operations funded by this decision must be implemented within this period. The start of the operations will take place in May 2007 at the beginning of the peak of the lean season. Expenditure under this decision shall be eligible from 1 May 2007.

Many of the operations to be funded under this decision will be slow build up as partners gear up to implementation in a complex environment. Time is also needed to allow the knowledge baseline to be built up and assist in identification of areas and beneficiary groups in the greatest need. A 20 month duration period is therefore planned to allow operations to start in May 2007 and continue where necessary to December 2008. A real-time evaluation is planned in early 2008 to examine the interest and justification of continuing this type of programme after 2009. The exit strategy for humanitarian aid is through the successful implementation of an LRRD strategy to funding from development aid.

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.

4.7. Amount of Decision and strategic programming matrix

4.7.1 Total amount of the Decision: EUR 15,000,000

4.7.2. Strategic Programming Matrix

STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal objective	To provide humanitarian assistance and relief to people affected by longer-lasting crises in the Sahel region of West Africa (Burkina Faso, Chad, Mali, Mauritania and Niger)				
Specific objectives	**Allocated amount (EUR)**	**Geographical area of operation**	**Activities proposed**	**Expected outputs / indicators**	**Potential partners**
Specific objective 1: To contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular of children under 5 years and lactating and pregnant women	14,500,000	Burkina Faso, Chad, Mali, Mauritania, Niger	1. Support effective information and analysis systems on health, nutrition and people's coping mechanisms. 2. Promote effective up to date nutritional treatment, increase access to basic services and livelihood protection, together with improving people's coping capacities 3. Contribute towards the mainstreaming of a humanitarian agenda into long-term development planning in the Sahel (LRRD).	• The quality of data and collection is improved • Baselines exist including risk analysis, covering the main humanitarian issues • Better information exchange and improved regional integration of information systems. • Innovative nutritional strategies, methods and products are supported • More access to quality health services, clean water and food-security for in particular the children under 5 years old, pregnant and lactating women • Improved coping capacities of populations at risk • IEC to raise awareness about best nutritional practices. • Humanitarian objectives are mainstreamed into development planning. • Better public awareness in the Sahel of the inter-linkages between malnutrition, health and livelihoods.	ACF ES; ACF FR; ACORD; ASB D; CARE F; Caritas; Christian Aid; CONCERN Worldwide, CR E; CR F; GAA; GOAL; GRDR; HKI; IFRC; ICRC; Islamic Relief; MDM F; MSF L; OXFAM; Première Urgence; Santé Sud; SC UK; Solidarités; TSF; FAO; OCHA; UNDP; UNFPA; UNHCR; UNICEF; WFP; WHO; WVI; CILSS;
Specific objective 2: To reinforce the DG ECHO technical assistance capacity in the Sahel region	500,000	Burkina Faso, Chad, Mali, Mauritania, Niger	Liaison offices within EC delegations to handle in-country operational, administrative and communication activities, under the supervision of the DG ECHO Regional Support Office in Dakar		DG ECHO
Risk assessment	Political instability, natural disasters like drought, epidemics and floods could disrupt the operations. Serious security problems in Chad could prevent operations there.				
Assumptions	The regional strategy will allow for a better integration of humanitarian issues into development agendas.				
Total cost	15,0000,000				

5. 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.

6. BUDGET IMPACT ARTICLE 23 02 01

-	CE (EUR)
Initial Available Appropriations for **2007**	485.000.000,00
Supplementary Budgets	
Transfers	
Total Available Credits	485.000.000,00
Total executed to date (by 9 February 2007)	252.595.694,95
Available remaining	232.404.305,05
Total amount of the Decision	15,000,000

The estimated payments schedule is EUR 8 million in 2007 and EUR 7 million in 2008.

7. 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 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://europa.eu/comm/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.

8. ANNEXES

Annex 1: Statistics on the humanitarian situation

Annex 2: Map of country and location of DG ECHO operations

Annex 3: List of previous DG ECHO operations

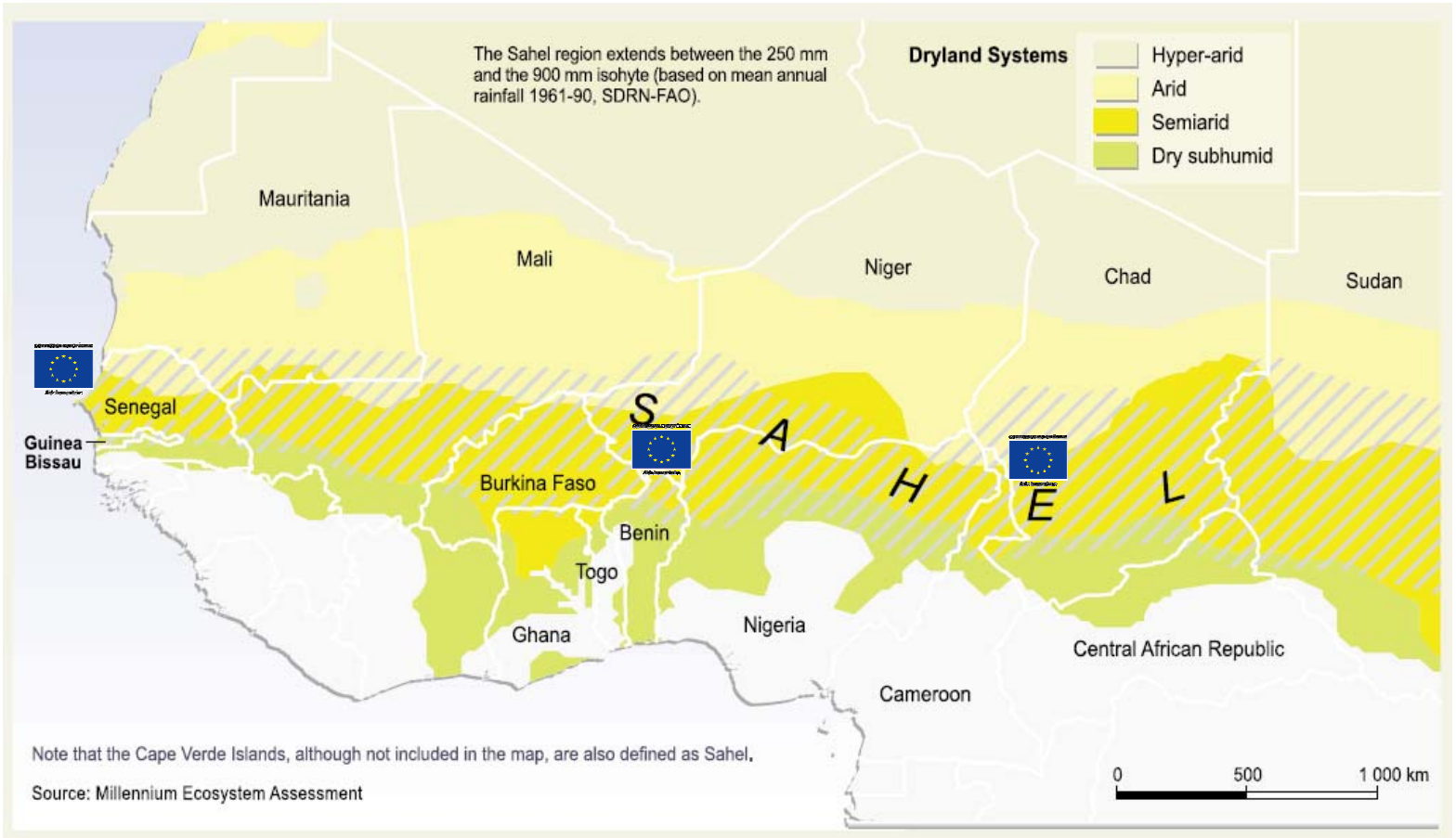
Annex 4: Other donors' contributions

Annex 5: List of Abbreviations

Annex 1: Statistics on the humanitarian situation and malnutrition in the Sahel

- The five countries included in this Sahel Global Plan - Burkina Faso, Chad, Niger, Mali and Mauritania - belong to the group of *Least Developed Countries* in the world based on their level of human development. Niger occupies the last position (177/177), closely followed by Mali (175th), Burkina Faso (174th), Chad (171st) and Mauritania (153rd) according to UNDP in its 2006 Human Development Report.
- Life expectancy rates are far below the average of low income countries (58.7) ranking from Chad (43.7) to Mauritania (53.1) UNDP, ibid. 2006.
- Infant and under 5 years mortality rates are among the highest in the world in the Sahel. Niger's U5MR ranks as the third worst in the world with (259/1000). Also Mali (219/1000), Chad (200/1000) and Burkina Faso (192/1000) are all of them above the least developed countries under 5 years mortality rate (U5MR) average of (155/1000). Infant mortality rates in Niger (152/1000), Mali (121/1000) and Chad (117/1000) are above the Least Developed countries average (98/1000 live births). See www.childinfo.org: UNICEF 2006.
- Sub-Saharan Africa is not on track to achieve a single Millennium Development Goal (MDG) and is the only region where child malnutrition is not declining, according to the World Bank, 2006.
- In all the five countries, the national chronic and acute malnutrition prevalence averages are above the WHO's benchmark of a *serious* situation (30-40% for chronic malnutrition and >10% for acute malnutrition). These national averages are further not reflecting the enormous internal, domestic disparities, where acute malnutrition levels may far exceed 20% in certain regions within these countries.
- *At any time of the year* in the Sahel, 1.3 million under 5 years children suffer from acute malnutrition; of whom 300,000 are severely malnourished according to the official DHS and MICS surveys regularly held in several countries in the Sahel. Acute malnutrition levels have remained stable or have worsened in the last decade, whilst chronic malnutrition levels are on the rise and the population is increasing. 60% of child deaths are associated directly or indirectly with malnutrition according to WHO (Bull 2000, 78 (10)).
- Maternal Mortality Ratios are among the highest in the world, ranking from 1,600/100,000 in Niger to 1,000/100,000 in Burkina Faso, UNDP, ibid. 2006.
- All the referred countries are within the Meningitis and Malaria belts of the Sahel. Malaria is the leading mortality and morbidity factor among young infants. Adequate malaria treatments are generally not available. Meningitis is hyper-endemic during the whole year and recurrent epidemics are occurring during the drought season.
- Access to water and sanitation in the region is amongst the worst in the world. Many communities do not even reach the minimum standards designed for emergency situations by the Sphere Project of 15 litres of safe water per person per day (Global Water Assessment, WHO/UNICEF 2002).
- Natural disasters have increased by 94% in the Sahel region over the last three decades. Epidemics caused most suffering and death, accounting for 40% of all disasters in the Sahel over that period (the Sahel lies within the meningitis and malaria belt whilst yellow fever is also a recurrent threat). Floods and droughts in comparison made up 20% of the crises, with drought being the most pervasive in terms of the numbers of people affected and the disruptions caused to livelihood support systems (ECOWAS, 2006).

Annex 2: Map of country and location of DG ECHO operations



Annex 3: List of previous DG ECHO operations

List of previous DG ECHO operations in Burkina Faso/Mali/Mauritania/Niger/Chad

Decision Number	Decision Type	2005 EUR	2006 EUR	2007 EUR
ECHO/MLI/EDF/2005/01000	Emergency	2,000,000		
ECHO/NER/EDF/2005/01000	Emergency	4,600,000		
ECHO/NER/EDF/2005/02000	Emergency	1,700,000		
ECHO/NER/BUD/2006/01000	Non Emergency		2,000,000	
ECHO/NER/BUD/2006/02000	Non Emergency		10,000,000	
ECHO/TCD/BUD/2005/01000	Non Emergency	12,000,000		
ECHO/TCD/BUD/2005/02000	Non Emergency	2,000,000		
ECHO/TCD/BUD/2006/01000	Global Plan		13,500,000	
ECHO/TCD/EDF/2006/02000	Non Emergency		1,000,000	
	Subtotal	22,300,000	26,500,000	0
	Grand Total	48,800,000		

Dated : 08 January 2007
Source : HOPE

Annex 4: Other donors' contributions

Donors in Burkina Faso/Mali/Mauritania/Niger/Chad the last 12 months						
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	47,867,647		
Belgium	2,300,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	3,351,208				
Estonia					
Finland	1,200,000				
France	11,229,931				
Germany	10,803,182				
Greece	70,000				
Hungary					
Ireland	4,874,688				
Italy	4,727,380				
Latvia					
Lithuania					
Luxemburg	385,000				
Malta					
Netherlands	4,750,920				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	300,000				
Sweden	3,183,367				
United kingdom					
Subtotal	47,175,676	Subtotal	47,867,647	Subtotal	0
		Grand total	95,043,323		

Dated : 08 January 2007
(*) 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.

Annex 5: List of Abbreviations

ACF	Action Contre La Faim
ACH	Accion contra el hambre
ACTED	Agence d'Aide à la Coopération Technique et au Développement
AIDCO	European Aid – Co-ordination Office
ASB D	Arbeiter-Samariter-Bund Deutschland e.v.
CHW	Community Health Workers
CILSS	Comité Inter-états de lutte contre le Sécheresse dans le Sahel
CR E	Croix Rouge Espagnole
CR F	Croix Rouge Française
DFID	Department for International Development (UK)
DG ECHO	Directorate General for Humanitarian Aid - ECHO
DHS	Demographic and Health Surveys
EC	European Commission
EDF	European Development Fund
FAFA	Financial & Administrative Framework Agreement
FAO	UN Food and Agriculture Organisation
FEWSNET	Famine Early Warning System Network
FPA	Framework Partnership Agreements
GAA	German Agro-Action
GAM	Global Acute malnutrition
GNA	Global Index for Humanitarian Needs Assessment
GRDR	Groupe de Recherche et de Réalisations pour le Développement Rural
HDI	Human Development Index
HKI	Helen Keller International
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Societies
LRRD	Linking Relief, Rehabilitation and Development
MDG	Millennium Development Goals
MDM F	Médecin du Monde France
MICS	Multi-Indicator Cluster surveys
MSF-FRA	Médecins Sans Frontières – France
MSF-NLD	Médecins Sans Frontières – Netherlands
MSF L	Médecins Sans Frontières – Luxembourg
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	US Office for Foreign Disaster Assistance
RUTF	Ready to Use Therapeutic Foods
SAM	Severe Acute Malnutrition
SC - UK	Save the Children UK
SIDA	Swedish International Development Agency
TSF	TELCOMS SANS FRONTIERES
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WFP	World food Programme
WHO	World Health organisation
WVI	World Vision International