

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Communities 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 15(2) thereof:

Whereas:

- (1) The Northern provinces of Kenya are experiencing a livelihoods and nutritional crisis and over 3,500,000 pastoralists, affected by the recent drought, need support in the recovery phase prior to the first season rains;
- (2) Basic humanitarian needs are not being met and this needs urgent attention from the humanitarian community;
- (3) There are serious concerns for inter-ethnic and clan based tensions in these provinces, likely to worsen should the projected rains be insufficient, creating a protection crisis. There is a need to work with communities to ensure in so far as possible equitable access to natural resources;
- (4) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months;
- (5) 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 3,500,000 pastoralists, taking into account the available budget, other donors' contributions and other factors;
- (6) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁴.
- (7) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 24 May 2007.

HAS DECIDED AS FOLLOWS:

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. Regulation as last amended by Regulation (EC, Euratom) No 1248/2006, OJ L 227, 19.8.2006, p. 3

⁴ Commission Decision of 21.2.2007, C/2007/513

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 for the victims of drought and insecurity in Kenya by using line 23 02 01 of the 2007 general budget of the European Communities.
2. In accordance with Article 2 of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

To provide multisectorial humanitarian assistance to victims of drought and insecurity in Kenya.

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 16 March 2007.
2. Expenditure under this Decision shall be eligible from 16 March 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 3

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 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.

Done at Brussels,

For the Commission

Member of the Commission



Humanitarian Aid Decision

23 02 01

Title: Humanitarian Aid for the victims of drought and insecurity in Kenya

Location of operation: Kenya

Amount of Decision: EUR 5,000,000

Decision reference number: ECHO/KEN/BUD/2007/01000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale :

Kenya remains one of the poorest countries in the world, ranking 152nd out of 177 according to the 2006 United Nations Development Programme's Human Development Index ranking⁵. Out of a population of 33 million, 58.3 % of the population lives below the poverty line on less than US\$ 2 a day and 44.8 % of Kenyans are not likely to survive past the age of 40. Kenya is a world of contrasts: on one hand, it can be considered to have one of the strongest industrial and commercial farming bases in sub-Saharan Africa, and caters for a significant share of Africa's tourist trade; on the other hand, huge parts of Kenya, notably in the North, are beset with dire humanitarian needs at the best of times. These are a direct result of high levels of poverty, Under 5 mortality rates and a total absence of any effective basic social infrastructure from over 40 years of neglect. Sadly, the northern part of Kenya is also mostly affected by shocks from natural disasters. Kenya regularly suffers from drought, floods and ensuing outbreaks of epidemics, marginalising populations that are already vulnerable to abject, chronic poverty. In addition to this, the rate of population growth in these areas is one of the highest globally, which in combination with a total lack of, or inefficient, management of key natural resources (pastures, water and economic opportunities) only serves to increase tension between rival clans in the interest of survival. Political marginalisation and a lack of adequate development assistance can quickly convert the chronic situation faced in the north of the country into a full blown humanitarian crisis.

Over the past 10 years, it has become common practice to report on the regular occurrence of drought, floods and various epidemic outbreaks across the Horn of Africa. It must be noted

⁵ HDR 2006: <http://hdr.undp.org/hdr2006/statistics/ECHO/KEN/BUD/2007/01000>

that in the region, Kenya is one of the few countries that is not suffering in one form or another from a full-scale man made crisis. The crises affecting Kenya are mostly natural and at their origin is dire abject poverty. The margins of rainfall between a good year and a total failure are so slim (100-150 mm a year) that many areas in Kenya are on a constant knife edge between recovery and disaster. 2005 saw the worst effects of 5 years of drought, further reducing access and availability of water critical for both human and animal consumption. The growing human population⁶ and livestock herds cannot be sustained by such an environment, resulting in a slow but steady erosion of livelihood coping strategies. Access to sufficient water, pasture and livestock ends up determining the fate of a pastoralist's life and one notes that increasing ethnic tensions are spilling over into conflict. These situations are often taken advantage of by various political agendas. The combination of worrying natural and increasingly man-made phenomena is producing the conditions for serious humanitarian needs.

2007 is an election year, and there are fears that the trend for ethnically and politically motivated clashes across many parts of Kenya, such as the major clashes seen in Mt Elgon (over land resettlement disputes) and Marsabit/Moyale between the Gabra and the Borana, will continue and possibly get worse. Following the major clashes in Turbi in June 2005 around Marsabit, there have been an estimated three hundred deaths from clashes ensuing from this incident.

Currently, normal rainfall is predicted for April-May, marking an important recovery period following the floods of late 2006. However, the affected populations need several successive good rainfall seasons to be sure that communities are indeed on the path to recovery. Notwithstanding, the past drought continues to have an impact on the overall humanitarian situation and millions of pastoralists and their livestock still remain vulnerable. 60-80% of livestock was lost by some communities in the last drought. Many pastoralist communities can no longer follow pastoralism as a viable way of life. They in turn become what are known as pastoralist drop outs and congregate around peri-urban settlements. These families are considered to be the most affected people in the region.

One of the major effects of the current situation is the persistent globally high levels of malnutrition. These are a result of a combined number of issues ranging from improper access to water, sanitation, primary health care, and proper public health and hygiene practices and knowledge, as well as food security. However, there are also fundamental issues related to diet and traditional child health care practices as well as the effects of khat⁷. As a result, these communities are also the most at risk from drought, floods and epidemics. The United Nations' Children's fund (UNICEF) is currently collating a full update on the malnutrition situation across the North of Kenya: however the current malnutrition situation has improved dramatically over the past couple of months as a result of the recovery period. Remaining livestock herds have regained weight and body mass, providing a major source of nutrition for pastoralists.

With several European Commission (EC) funding instruments existing in Kenya: the Directorate-General for Humanitarian Aid's (DG ECHO) Regional Drought Preparedness Funding Decision, its Food Aid budget line and the recently approved Drought Contingency

⁶ Fertility rate in ASAL is 6 births per woman.

⁷ Khat is a [flowering plant](#) grown in Kenya that contains an addictive alkaloid [amphetamine](#)-like [stimulant](#) which causes excitement and [euphoria](#). 20 MT worth US\$800,000 is cultivated daily in Kenya and shipped to Somalia and Somali communities. The cost to the consumers is draining rural household economies.

Fund and Drought Management Initiative supported by the Government of Kenya, the EC and the World Bank, it is necessary to assure optimal coordination and assure that the most appropriate instrument tackles needs with the right response. DG ECHO's emergency activities will increasingly concentrate on support to major shocks affecting Kenya, including a) natural disasters b) the conflict in Somalia (and the growing risk of new refugee influx of arrivals into Kenya) and c) food security related issues possibly making use of DG ECHO's food aid budget line.

DG ECHO is intensifying its LRRD (Linking Relief, Rehabilitation and Development) strategy for Kenya throughout 2007.

As far as concurrent EC funded activities are concerned, many of the activities related to water funded by the DG ECHO emergency interventions (i.e. those funded by the Country Programme, in the North East are similar to the water activities funded in the North West by the DG ECHO's Drought Preparedness Funding Decision, the proposed strategy is for the EC Drought Contingency Fund and the Drought Management Initiative to take over the programmes funded by DG ECHO's Drought Preparedness Funding Decision in the North West. DG ECHO's Drought Preparedness Funding Decision will then take over the DG ECHO's emergency funded activities in the North East during mid 2008. This will allow DG ECHO to taper off the current Kenya Country Programme, thereby limiting it to strict emergency activities whilst at the same time allowing issues such as water and sanitation and public health to be supported by a more preparedness type of response.

As regards food aid, the 2007 EC Food Aid Budget line will support the incoming refugee influx from Somalia.

One of the consequences of the years of neglect in the North of Kenya is the current state and level of isolation this region experiences from the rest of the country. Not only are there no regular safe commercial flights to key areas in the North West and the North East, but the road network is also restrictive in terms of facilitating access and programme implementation. Expensive private flight charters are taking advantage of the situation at the expense of aid agency budgets restricting the level of assistance that can be afforded to many of the affected communities. Without such a service, the minimum amount of time required to undertake a basic monitoring trip to assess just one ECHO intervention would be 10 days.

1.2. - Identified needs :

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

Nutrition: Last year three out of the last fifteen nutrition surveys carried out in Kenya showed levels of Global Acute Malnutrition (GAM) at almost 30%, of which two were in Mandera District, considered to be at the brink of a serious humanitarian disaster. By contrast, malnutrition rates as of February 2007 had reduced to 15.6 % GAM⁸, which represents more than a 10 % decrease. The recovery rates of pastoralist communities are impressive, even though GAM will not go below 15 %. This is the current chronic baseline which is nevertheless the reference threshold rate of a humanitarian emergency. The normal threshold of GAM across sub-Saharan Africa is 5% GAM. There needs to be major research done on why these malnutrition rates are so high. Under 5 mortality rates are also extremely high.

⁸ Islamic Relief/nutrition survey: February 2007
ECHO/KEN/BUD/2007/01000

By contrast over the past year, in which average global malnutrition rates were above 20% across the entire northern districts of the country, coverage by supplementary and therapeutic feeding programmes was remarkably low. Programmes covering Turkana, Marsabit, Moyale, Mandera and Wajir only covered 15,000 children in supplementary feeding centres and 1,500 in therapeutic feeding programmes a month⁹. These figures represent only a fraction of the estimated needs according to the nutrition surveys. This highlights a problem of outreach, coverage and education. The nutrition programmes need to be supported in a holistic manner integrating them with support for health, water, sanitation, public and hygiene practices, nutrition education and food security.

The UN aid agencies have been consistently highlighting the need to respond to the situation in the North of Kenya with massive food aid programmes. Last year's Emergency Operation (EMOP) saw a USD 300,000,000 food aid intervention in which the World Food Programme (WFP) were not able to fully account for the impact of food aid in the areas of the North and the North East. Nor were these programmes integrated sufficiently with the nutrition components. A different approach is required. It is envisaged that support for therapeutic feeding and community based therapeutic care as well as blanket Under 5 supplementary feeding can be more closely linked with support for health, water, and sanitation as well as outreach support and preventive care and food security. It is envisaged that such support could be targeted to malnourished communities in order to improve their level of food security and nutritional status in the short term.

Health: The capacity of the Ministry of Health (MoH) to provide quality care remains insufficient in all the rural health facilities across the North of Kenya, and nowhere is this seen more clearly than in the lack of available and accurate data from health care services. Assessments by various aid agencies have highlighted the inadequate attention paid to preventative and promotive health care and a lack of recognition or utilisation of community resources. There are no clear responses or contingency plans for epidemic outbreaks and the vaccination coverage is very low, with only 54% of children fully immunised. For tetanus 2+¹⁰ among pregnant women coverage is only 45%¹¹, despite yearly vaccination campaigns undertaken by UNICEF and the MoH.

The state of the inadequate primary health care system is detrimental to attempts at addressing the health and nutrition needs of affected communities. One of the major concerns at the present is how to support the relevant aspects of the health sector in addition to having a clear exit strategy. Data gathered from interventions last year highlighted that 52%¹² of Under 2 mortality was due to fever and diarrhoea, and 31% is due to precarious new born practices which are said to have led to or caused malnutrition. However, health issues are clearly of concern and high on the list of priorities.

⁹ Data source: UNICEF December 2006 SFP beneficiaries

¹⁰ Maternal and neonatal tetanus (MNT) is easily preventable through immunization and hygienic birth practices. The World Health Organization (WHO) recommends 2 doses of tetanus toxoid (TT) for pregnant women during routine Ante Natal Care (ANC) and three TT doses to all women of childbearing age in high-risk areas. Three doses will protect the women for up to 15 years and will pass on their immunity to their newborns for the first few months of life.

¹¹ Merlin data 2007

¹² MSF-B El Wak March 2006

Water and Sanitation: Water remains one of the single largest issues affecting the communities across the arid and semi arid lands (ASAL). The scarcity of water affects the livelihood safety nets of pastoralist and settled communities. In addition, for those water sources that exist, there are problems of adequate protection, management and maintenance of the structures and the water. However, even then, safe clean potable water is also not properly stored, managed or consumed, highlighting, as with food, that there are problems related to availability, access and utilisation. It is considered one of the major influencing factors aggravating the high levels of malnutrition, as good nutrition, clean water and proper sanitation are dependent on each other. The recent good rains have improved the availability and access to sufficient water allowing for the signs of a good recovery. However there are still major concerns related to the utilization of water and interethnic tensions and clashes around access to water, as well as persistent improper sanitary and hygienic practices. There is still a need to support the repair and rehabilitation of many of the wells that collapsed during the drought, or that have been contaminated, many of which are 20 to 30 years old and are working at limited capacity.

Following the floods late last year, the risk of water borne diseases, whether Acute Watery Diarrhoea or Cholera, are high. An outbreak in Moyale and Mandera in February this year (originating from Ethiopia) was quickly contained. However the extensive outbreak currently affecting the entire south of Somalia accounts for a total of 12,429 clinically diagnosed cases so far and 414 deaths¹³. The current conflict in Somalia is intensifying and causing massive population movements, which have been identified as one of the major factors influencing the spread of the cholera. So far an estimated 200-300,000 people are thought to have fled from Mogadishu since the start of the year. A substantial number of them have been crossing the border with Kenya and infiltrating the refugee camps and towns of Garissa and Wajir. The risk of the current outbreak finding a foothold in the North East of Kenya is very high. To compound the situation, flood alert warnings for the first half of the year have also been issued.

All of these factors highlight a need for continued support in the water and sanitation sector, as well as including an epidemic response action related to water, sanitation, health and hygiene complementing nutrition.

Logistics: Due to the lack of infrastructural development assistance over the past 40 years, many of the affected communities live in very isolated environments with difficult access. ECHO needs to continue support for the ongoing air operation covering the North of Kenya. This service not only serves the EC Drought Preparedness activities in the North West of Kenya (as well as those bordering the areas of neighbouring countries), but also the DG ECHO emergency aid interventions to the North East.

Aid agencies in general, as well as those directly supported by DG ECHO, are overwhelmingly demanding access for the flight service to serve their operational areas along the North East of Kenya and along the Somalia border.

Protection: Protection is an issue that needs to be mainstreamed through the various interventions as it cannot be addressed in isolation from the various other needs affecting the local host communities, i.e. through water, nutrition, and health and food security. Most often, the perpetrators of the various clashes are the radicalised younger elements of the tribes, who do so without the blessing from the various tribal elders' leaders. The

¹³ WHO Somalia Acute Watery Diarrhoea update 31 March 2007
<http://www.emro.who.int/somalia>
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dissemination of information and awareness of International Humanitarian Law is critical and directly relevant to these communities.

1.3. - Target population and regions concerned :

The beneficiaries that are to be targeted through this decision are the most vulnerable members from the nomadic and semi nomadic pastoralist communities, focusing on the pastoralist drop outs. This decision targets over 3,500,000 pastoralists in three provinces in northern Kenya:

- 1) North Eastern Province
- 2) Northern Province
- 3) North West 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, pastoralists' use of mobility 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:

2.1. - Objectives :

Principal objective: To preserve the livelihoods of victims of natural disasters and insecurity in Kenya

Specific objective:

To provide multisectorial humanitarian assistance to victims of drought and insecurity in Kenya

2.2. - Components :

a) **Nutrition:** To support community based therapeutic feeding care and supplementary Under 5 feeding in order to mitigate the deterioration of the nutritional status of children Under 5.

b) **Health:** To support outreach medical services related to addressing access, case definition and surveillance of malnutrition and accompanying health related problems requiring medical treatment. This would also include supporting vaccination coverage and mitigating possible epidemic outbreaks.

c) **Water and Sanitation:** To support the rehabilitation and improvement of existing water sources for both animal and human consumption, and would include boreholes; water tanks; shallow wells and cattle pans, integrating with Public Health and Hygiene Education (PHHE) and Community Based Management (CBM) training.

d) **Protection:** To support protection activities mainstreamed in all interventions mitigating the effects on women and children and which promote the information and dissemination of International Humanitarian Law.

e) **Air Operation:** To support a flight operation throughout the North of Kenya, benefiting aid agencies working in Kenya and neighbouring cross-border operations.

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 16 March 2007.

The flight operation is underway supporting concurrent ECHO programmes in Kenya. Previous financing decisions cover these operations until mid-March 2007. This funding decision should therefore take effect on 16 March 2007.

Start Date : 16 March 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 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 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous DG ECHO operations in Kenya				
Decision Number	Decision Type	2005 EUR	2006 EUR	2007 EUR
ECHO/KEN/BUD/2005/01000	Non Emergency	2,000,000		
ECHO/KEN/EDF/2006/01000	Emergency		5,050,000	
ECHO/KEN/BUD/2006/01000	Non Emergency		2,000,000	
ECHO/KEN/BUD/2006/02000	Non Emergency		2,000,000	
	Subtotal	2,000,000	9,050,000	0
	Grand Total	11,050,000		

Dated : 30 March 2007
Source : HOPE

5 - Overview of donors' contributions

Donors in Kenya the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	250,000	DG ECHO	5,428,571		
Belgium		Other services			
Bulgaria		DG DEV 9 th	101,000,000		
Cyprus		EDF			
Czech republic	104,895				
Denmark	670,241				
Estonia					
Finland	500,000				
France	525,880				
Germany	2,988,816				
Greece					
Hungary	4,167				
Ireland	2,566,074				
Italy					
Latvia					
Lithuania					
Luxemburg	100,000				
Malta					
Netherlands	10,511,010				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	1,806,166				
Sweden	1,481,071				
United kingdom	2,963,956				
Subtotal	24,472,276	Subtotal	106,428,571	Subtotal	0
		Grand total	130,900,847		

Dated : 30 March 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.

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 objectives

Principal objective: <i>To preserve the livelihoods of victims of drought and insecurity in Kenya</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹⁴
Specific objective 1: To provide multisectorial humanitarian assistance to victims of drought and insecurity in Kenya	5,000,000	Kenya, focusing on the North and North Eastern border areas along Somalia	Nutrition (TFC, CTC, SFC), Public health and hygiene education, Support to primary health care. Water point and sanitary facility rehabilitation. Protection. Logistics.	- ACH-E - ADRA-DK - ASF-B - CARE-UK - COOPI-I - DRC-DK - FAO-UN - GAA-D - ICRC-CICR - IFRC-FICR - IR & IRW-UK - MERLIN-UK - NRC-N - OXFAM-GB - SC-UK - SOLIDARITES-F - UNHCR-HCR - WFP-PAM
TOTAL:	5,000,000			

¹⁴ ACCION CONTRA EL HAMBRE, (ESP), ADVENTIST DEVELOPMENT AND RELIEF AGENCY - DENMARK, AVIATION SANS FRONTIERES BELGIQUE/PILOTEN ZONDER GRENZEN BELGIE, CARE INTERNATIONAL UK, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), COOPERAZIONE INTERNAZIONALE (ITA), DANSK FLYGTNINGEHAELP, DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, ISLAMIC RELIEF, MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), NORWEGIAN REFUGEE COUNCIL (NOR), OXFAM (GB), SOLIDARITES, (FR), THE SAVE THE CHILDREN FUND (GBR), UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, WORLD FOOD PROGRAM

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

-	CE (EUR)
Initial Available Appropriations for 2007	485.000.000,00
Supplementary Budgets	-
Transfers Commission	-
Total Available Appropriations	-
Total executed to date (11 March 2007.)	332.605.694,95
Available remaining	152.394.305,05
Total amount of the Decision	5,000,000