

COMMISSION DECISION
of
on the financing of humanitarian operations from the 9th European Development Fund
in
Zimbabwe

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,
Having regard to the ACP-EC Partnership Agreement signed in Cotonou on 23 June 2000,
and revised in Luxemburg on 25 June 2005¹ in particular Articles 72 and 73.2 thereof,

Having regard to the Internal Agreement of 18 September 2000 on the Financing and Administration of the Community Aid under the Financial Protocol to the Partnership Agreement between the African, Caribbean and Pacific States and the European Community and its Member States signed in Cotonou (Benin) on 23 June 2000, in particular Articles 24.3.a and 25.1 thereof²,

Whereas:

- 1) Zimbabwe continues to face a protracted emergency situation due to adverse governance and accelerating socio-economic breakdown;
- 2) Urban and peri-urban populations are now increasingly affected by the difficulties of economic and physical access to food ;
- 3) Severe drought has greatly affected the 2007 agricultural season, which, together with high HIV/AIDS infection rates, has further compounded the food security and nutrition situation of the most vulnerable ;
- 4) Drought and fuel and electricity shortages have affected the safe water supply in much of the country, thus increasing the risk of epidemic outbreaks of water-borne diseases. The progressive breakdown of the health delivery system compounds the risk of disease and epidemics ;
- 5) An assessment of the humanitarian situation leads to the conclusion that a humanitarian aid operation should be financed by the Community for a period of 12 months ;
- 6) In accordance with the objectives set out in Article 72 of the ACP-EC Partnership Agreement, it is estimated that an amount of EUR 7,200,000 from the 9th European Development Fund, is necessary to provide humanitarian assistance to vulnerable populations affected by drought, food shortages and socio-economic breakdown.
- 7) The use of the 9th European Development Fund is necessary as all the funds for ACP countries in the general budget are entirely allocated.

¹ OJ L287 of 28 October 2005, p. 4

² OJ L317 of 15 December 2000

- 8) The Commission has informed the European Development Fund (EDF) Committee set up by the Internal Agreement with ex-ante information according to the criteria laid down in Article 24.3 a and 24.5 of the Internal Agreement.

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 7,200,000 from the 9th European Development Fund for humanitarian aid operations to assist vulnerable people affected by drought and epidemic outbreaks in Zimbabwe.
2. In accordance with Article 72 of the ACP-EC Partnership Agreement, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - To assist emergency food aid, nutrition, water and sanitation and emergency food security operations to vulnerable groups;
 - To assist emergency primary health and epidemic interventions.

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 the other 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 implementation of humanitarian aid operations funded by this Decision shall have a maximum duration of 12 months from **1st December 2007**.
2. Expenditure under this Decision is eligible from 1 December 2007.
3. If the operations 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 humanitarian aid operations.

Article 4

1. The Commission shall implement the budget by direct centralised management or by joint management with international organisations.
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.

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

Principal objective: To support vulnerable populations suffering the effects of drought and socio-economic deterioration	
Specific objectives	Amount per specific objective (EUR)
To assist emergency food aid, nutrition, water and sanitation and emergency food security operations to vulnerable groups	5,200,000
To assist emergency primary health and epidemic interventions	2,000,000
TOTAL	7,200,000



Humanitarian Aid Decision
F9 (FED9)

Title: Humanitarian aid to support vulnerable populations in Zimbabwe affected by food shortages and epidemic outbreaks

Location of operation: Zimbabwe

Amount of Decision: EUR 7,200,000

Decision reference number: ECHO/ZWE/EDF/2007/01000

Explanatory Memorandum

1 - Rationale, needs and target population.

1.1. - Rationale :

After a very busy season of natural disasters in the first half of 2007, the second half of the year has been characterized by a very severe drought in southern Africa, which has caused harvests to fail in Swaziland, Lesotho, southern Mozambique, and Zimbabwe. These additional climatic shocks have had deleterious effects on the coping mechanisms of already chronically vulnerable and food insecure populations, many of whom are affected by or suffering from HIV/AIDS. Indeed, all of the countries in southern Africa are faced by the vicious circle whereby HIV/AIDS creates and increases poverty, vulnerability and food insecurity, and food insecurity, vulnerability and poverty facilitates the spread of HIV/AIDS. Combined with poor governance, what is now known as the Triple Threat hangs over the entire region.

The severe drought in Zimbabwe has taken a heavy toll on the 2007 harvest. In a region where maize is the main staple crop, maize yields in 2006-07 were only 0.49 MT/ha. This is a shockingly low yield from some of the best land in the country, and poor recompense to farmers. As Zimbabwe does not have a large second season, this main season harvest outcome is a disaster. The impact of adverse weather, combined with the severe economic constraints have combined to reduce maize production to an estimated 849,000 MT (including 50,000 MT of seed maize), a decrease of 42.8 % over that of the previous year. Other cereal production was estimated at 304,000 MT. Apart from dry weather, the reduction

in the harvest was due to shortages of tractor/draught power for tillage, fuel, and fertilizers, under-investment in infrastructure and lack of incentive because of price controls.

Whilst the drought has affected mainly the provinces of Masvingo and Matabeleland North and South with their overwhelmingly rural populations, the effects of socio-economic collapse are being felt much more widely by urban and peri-urban, as well as rural dwellers. Access to foodstuffs and essential items such as household and hygiene commodities has become increasingly difficult, and especially so since late June 2007, when the Government implemented Operation Dzikisa Mitengo (Reduce Prices), with the aim of reversing the rampant inflation of about 7,600%³. The enforced slashing of prices by half resulted in shelves being emptied overnight, and put many producers and suppliers out of business, whilst others suspended production – even of basic foodstuffs such as meat and milk, previously so plentiful in Zimbabwe - in order to avoid producing at a loss. Though there was a partial reversal of that policy in August, the damage was already done, with most shops still remaining empty months later. At the end of September, for example, the country's main bread producer announced that it had only two days supply of flour left.

Moreover, a chronic shortage of foreign exchange means that imports of fuel and electric power, as well as medicines and other consumer goods, have long been in scarce supply. This situation has had knock-on effects on, for example, the delivery of clean water and basic health services, with the breakdown of water pumping stations, cold chains in clinics, etc.

The limited availability of safe water is further compounded by the drought, which has reduced water tables in much of the country. Availability of water for livestock is also a cause for concern, especially in the southern districts, such as Insiza and Umzingwane, where animals have to walk long distances to get to water. Epidemic outbreaks of diarrhoeal diseases have started to appear in peri-urban areas, for example around Bulawayo and Kadoma. Health services are, furthermore, greatly affected by the migration of qualified staff, and by the incidence of HIV and AIDS among staff. The collapse of veterinary services for similar reasons increases the possibility of livestock illnesses and epizootics, which not only erodes the collective productive capacity and assets of households, but can also, in some cases, e.g. rabies, be transmitted to humans.

In the wider region, South Africa, the breadbasket, has managed an average harvest in 2007, but this has been achieved – in a much more costly manner - against a background of very low yields only by planting a much larger surface area. Prices of cereals therefore began to rise very early, and in some markets, the prices have doubled in relation to the previous year. White maize, for example, was quoted at R1 865/MT in Farmer's Weekly, 21 September, 2007. This is 43% higher than at the same time in 2006 and 153% higher than at this time in 2005. In South Africa, it is estimated that between 1.4 and 1.7 million MT of maize will have to be imported to meet local demand.⁴ Malawi and Zambia are in the unusual situation of holding surpluses of maize, the price of which is increased by the high transport cost.

In order to avert widespread hunger, particularly in the worst-affected provinces, the Government of Zimbabwe has already contracted to buy 400,000MT of grain from Zambia and Malawi, which is progressively being delivered. This still leaves a net deficit of over 600,000 MT.

³ The year on year inflation figure for July was 7,634.8%

⁴ Grain SA Press Release, 26 July, 2007 .

The collective result of all of these events is that the difficult access to food – both physical and economic – has had, and is likely to continue to have, serious deleterious effects on the food security and nutritional status of vulnerable populations, with an increasing risk of epidemics and other health problems. The most vulnerable groups, among them single parent or child-headed households and orphans, with the most fragile coping mechanisms, are likely to struggle the most. The results of a nutrition survey⁵ in June 2007 showed that acute malnutrition, commonly associated with short-term protein/caloric deficiencies and/or illness (diarrhea), was above or approaching recognized emergency thresholds⁶ in five of the sampled areas: Mangwe (12.1%), Kariba Urban (11.4%), Kadoma Urban (8.43%), Kadoma Rural (8.00%) and Mazowe (6.57%). Nutrition surveillance has not captured acute malnutrition levels as high as this since 2002/03. By way of comparison, the two highest levels of acute malnutrition recorded in October 2006 were in Mangwe (7%) and Kariba (6.5%). These increased rates clearly point to a deterioration in the nutrition situation, which is especially worrying considering that the timing of this assessment was just after the harvest, with the hungry season still 5-6 months away.

WFP has launched an appeal for USD 118 million to provide immediate assistance to 3.3 million of the 4.1 million people that UN agencies estimate will be facing severe food shortages from September until March 2008. The remaining 800,000 are to be supported by non-Governmental organisations.

1.2. - Identified needs :

Rapid emergency assistance in the form of nutritional support and monitoring, as well as emergency water and sanitation interventions are required to prevent the nutritional situation of the most vulnerable groups from deteriorating even further. This nutritional support may comprise therapeutic and supplementary feeding, as well as the distribution of food packages, where appropriate. Additional food aid distributions will very likely be necessary. It may also encompass supplementary food aid to targeted HIV sufferers undergoing anti-retroviral treatment in view of the pronounced cumulative beneficial effects of proper nutrition, particularly in the first months of treatment.

Water and sanitation interventions will particularly focus on the rehabilitation of existing water points and latrines, and on chlorination and hygiene activities. In areas affected by drought, for example, it may be necessary to support water tankering interventions and construction of new boreholes.

Primary health interventions aimed at identifying and providing the means to control epidemic outbreaks, as well as preventive and curative treatment for patients, will also be supported. This may include the emergency procurement of basic drugs and other medicines, including with those necessary to avoid an interruption of treatment for HIV/AIDS patients undergoing retroviral therapy. Vaccination campaigns may need to be carried out, both on humans and on livestock.

In order to make emergency assistance sustainable, the type of intervention to be funded from this Decision needs to be linked, where possible, to longer-term development policies. Though Zimbabwe is subject to Article 96 sanctions, in the framework of the Cotonou Agreement, the strategic framework of the LRRD context, which aims to ensure the coherence and consistency of EC funding, needs to be borne firmly in mind. Interventions to

⁵ Source UNICEF

⁶ Government of Zimbabwe recognizes a wasting rate of 7% as an emergency cut-off
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be funded from this decision in the health sector, for example, will be complementary and seek to provide a specific added value to the interventions funded through the 9th EDF B-envelope.

1.3. - Target population and regions concerned :

This Decision will support interventions targeted at the most vulnerable population groups, mainly in the southern regions which have experienced an additional shock due to drought. However, in view of the widespread vulnerability on a national level, assistance may need to be provided to peri-urban and urban populations in other areas of the country, for example in the case of an epidemic outbreak or where global acute malnutrition reaches worrying levels. Among the more than 4 million people estimated to be at risk of food shortages, DG ECHO⁷-funded interventions will specifically aim at preventing a further deterioration of the nutritional situation of the most vulnerable groups, including child- and grandparent-headed households. In view of the high percentage of children under 5 estimated to be at risk, it is fair to say that children will be the major beneficiaries of this Decision.

1.4. - Risk assessment and possible constraints :

A possible constraint to the implementation of this Decision, as indeed to all donor-funded interventions in Zimbabwe, is the repressive legislation such as that enshrined in the Private Voluntary Organisations Act (PVO). This Act also applies to non-Governmental organisations (NGOs). The repeal of the Act, together with other similar pieces of legislation, is part of the package of measures subject to mediation at the level of the Southern African Development Community (SADC), led by South Africa. High levels of inflation may also constrain to some extent the effective implementation of interventions.

In view of the current difficulty of access to fuel, the risk that supplies may be interrupted completely cannot be ignored. This will mean that potential partners will, within the limits of the very strict import restrictions in place, need to make alternative plans to secure their fuel supply before interventions start. Lack of access to fuel may, in the medium-term, mean that interventions funded in the framework of this Decision may need to be suspended.

Furthermore, there is a risk, as during previous ballots, that the elections scheduled for March 2008 will bring about more disruption and violence, stretching the coping capacities of an already beleaguered population even further. Should this be the case, knock-on effects on humanitarian operations cannot be excluded.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives :

Principal objective: To support vulnerable populations suffering the effects of drought and socio-economic deterioration

Specific objectives:

- To assist emergency food aid, nutrition, water and sanitation and emergency food security operations to vulnerable groups
- To assist emergency primary health and epidemic interventions

⁷ Directorate General for Humanitarian Aid - ECHO
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2.2. - Components :

- Nutritional support, including accurate tracking of emergency needs through nutritional monitoring and surveillance, with particular attention to existing structures ;
- Supplementary food inputs, including to HIV sufferers on ARV⁸ treatment ;
- Food aid ;
- Agricultural assistance as an exit strategy for the food aid interventions ;
- Emergency vaccination campaigns (Rabies, Anthrax, FMD) for humans and livestock, where necessary to prevent a deterioration in household assets ;
- Water and sanitation interventions in support of nutritional activities ;
- Logistical support ;
- Provision of essential medicines, such as ringer lactate, oral rehydration salts, antibiotics and cholera kits ;
- Provision of essential relief items, such as blankets and water containers ;
- Provision of hygiene and disinfectant items ;
- Chlorination of water sources ;
- Provision of clean and/or chlorinated water ;
- Provision of emergency access to sanitation ;
- Community emergency education, information, dissemination (EID), social mobilisation ;
- Hygiene education ;
- Epidemiological surveillance and case management ;

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be 12 months.

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

Expenditure under this Decision shall be eligible from 1 December 2007

Start Date : 1 December 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

⁸ Antiretroviral
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5 - Overview of donors' contributions

Donors in Zimbabwe the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	35,000,000		
Belgium		Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	522,788				
Estonia					
Finland					
France					
Germany	3,340,643				
Greece					
Hungary					
Ireland	3,995,000				
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	2,907,730				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	600,000				
Sweden	4,722,738				
United kingdom					
Subtotal	16,088,899	Subtotal	35,000,000	Subtotal	0
		Grand total	51,088,899		

Dated : 03 October 2007

(*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>
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 7,200,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To support vulnerable populations suffering the effects of drought and socio- economic deterioration</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners⁹
Specific objective 1: To assist emergency food aid, nutrition, water and sanitation and emergency food security operations to vulnerable groups	5,200,000	National, focus on southern drought-affected regions	Nutritional support, including accurate tracking of emergency needs through nutritional monitoring and surveillance, with particular attention to existing structures ; Supplementary food inputs, including to HIV sufferers on ARV treatment ; Food aid ; Agricultural assistance as an exit strategy for the food aid interventions ; Water and sanitation interventions in support of nutritional activities ;	- ACF - CARE – UK - FAO - GAA - ICRC - OXFAM GB - PLAN International - SC(UK) - UNICEF - WFP-PAM - WORLD VISION – NL - WORLD VISION - UK

⁹ ACTION CONTRE LA FAIM, (FR), ARTSEN ZONDER GRENZEN (NLD), CARE INTERNATIONAL UK , CONCERN WORLDWIDE, (IRL), DEUTSCHE WELTHUNGERHILFE, INTERNATIONAL MEDICAL CORPS (UK), OXFAM (UK), PLAN INTERNATIONAL (UK), STICHTING WORLD VISION (NL), THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE SAVE THE CHILDREN FUND (GBR), UNICEF, UNITED NATIONS FOOD AND AGRICULTURE ORGANISATION, WORLD FOOD PROGRAMME, WORLD HEALTH ORGANISATION, WORLD VISION (UK)

Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners ¹⁰
Specific objective 2: To assist emergency primary health and epidemic interventions	2,000,000	National	Provision of essential medicines, such as ringer lactate, oral rehydration salts, antibiotics; Provision of essential relief items, such as blankets and water containers ; Provision of hygiene and disinfectant items ; Chlorination of water sources ; Provision of clean and/or chlorinated water; Provision of emergency access to sanitation ; Community emergency education, information, dissemination (EID), social mobilisation ; Hygiene education ; Epidemiological surveillance and case management; Vaccination campaigns.	- FAO - ICRC - IMC-UK - MSF-H - UNICEF - WHO
TOTAL:	7,200,000			

¹⁰ ACTION CONTRE LA FAIM, (FR), ARTSEN ZONDER GRENZEN (NLD), CARE INTERNATIONAL UK , CONCERN WORLDWIDE, (IRL), DEUTSCHE WELTHUNGERHILFE, INTERNATIONAL MEDICAL CORPS (UK), OXFAM (UK), PLAN INTERNATIONAL (UK), STICHTING WORLD VISION (NL), THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE SAVE THE CHILDREN FUND (GBR), UNICEF, UNITED NATIONS FOOD AND AGRICULTURE ORGANISATION, WORLD FOOD PROGRAMME, WORLD HEALTH ORGANISATION, WORLD VISION (UK)

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 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. MANAGEMENT ISSUES

Humanitarian aid actions funded by the Commission are implemented by NGOs, Specialised Agencies of the Member States, 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.