

EN

EN

EN



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels,
C(2008) XXX final

Draft

COMMISSION DECISION

of [...]

**on the financing of humanitarian operations from the general budget of the European
Communities in Eritrea
(ECHO/ERI/BUD/2008/01000)**

Draft

COMMISSION DECISION

of

**on the financing of humanitarian operations from the general budget of the European Communities in Eritrea
(ECHO/ERI/BUD/2008/01000)**

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, Articles 2 and 15(2) thereof,

Whereas:

- (1) The most vulnerable population of Eritrea is affected by a continuous deterioration of living conditions caused by livelihood insecurity, climatic hazards and conflicts, and a multi-sector humanitarian assistance is required in order to mitigate the negative impact of these factors;
- (2) Up to 500,000 people are now estimated to face emergency levels of need for health, nutrition, water and sanitation, protection, livelihood support and Internally Displaced Persons (IDP) assistance;
- (3) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;
- (4) It is estimated that an amount of EUR 4,000,000 is necessary to provide humanitarian assistance to over 500,000 people, taking into account the available budget, other donors' contributions and other factors;
- (5) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) 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;
- (6) In accordance with Article 17 (3) of Regulation (EC) No.1257/96, the Humanitarian Aid Committee gave a favourable opinion on 9 June 2008.

¹ J- OJ L 163, 2.7.1996, p. 1-6

² 2- OJ L 248, 16.9.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) No 1995/2006, OJ L 390, 30.12.2006, p.1 and by Regulation (EC, Euratom) No 1525/2007 of 17 December 2007, OJ L 343 of 27.12.2007, p. 9.

³ 3-OJ L 357, 31.12.2002, , p.1 Regulation as last amended by Commission Regulation (EC Euratom) No. 478/2007, OJ L 111 of 28.4.2007, P. 13

⁴ 4-Commission Decision of 5.3.2008, C/2008/773

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 4,000,000 for humanitarian aid operations to assist the victims of livelihood insecurity, climatic hazards and conflicts in Eritrea by using line 23 02 01 of the 2008 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 objective:
 - To provide humanitarian aid in different sectors, including health, nutrition, water and sanitation, protection, livelihood and Internally Displaced Persons (IDP), in order to reduce the impact on the most affected Eritrean population of a decline in livelihoods, climatic hazards and conflicts

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 15 months, starting on 1 June 2008.
2. Expenditure under this Decision shall be eligible from 1 June 2008.
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 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 account of 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 4

This Decision will take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

**Humanitarian Aid Decision
23 02 01**

Title: **Humanitarian aid to assist the victims of livelihood insecurity, climatic hazards and conflicts in Eritrea**

Location of operation: **Eritrea**

Amount of Decision: **EUR 4,000,000**

Decision reference number: **ECHO/ERI/BUD/2008/01000**

Explanatory Memorandum

1 - Rationale needs and target population.

1.1. - Rationale:

Eritrea is currently facing challenges posed by years of chronic drought, desertification, poor infrastructures and continued insecurity along the border with Ethiopia. With this Decision DG ECHO⁵'s interventions will seek to address the immediate acute needs for the most vulnerable Eritrean population through its few partners present in the country, in the following sectors of intervention: health, nutrition, water and sanitation, protection, livelihood and Internally Displaced Persons (IDP).

A Decision was recently adopted by the Commission, entitled "Regional Drought Decision (RDD) for the Greater Horn of Africa" amounting to EUR 30,000,000. That Decision has different objectives and is complementary to the one presented here. Eritrea is included in that regional Decision to a very limited extent with few projects presently under consideration. As much as feasible, water and sanitation, as well as livestock projects will be supported by the RDD, which explains the reduced budget of this Decision (EUR 4,000,000) compared to the one of the previous year (EUR 6,000,000).

With a population of approximately 4,000,000, including an estimated 1,500,000 semi-nomadic or agro-pastoralists, Eritrea is located in one of the driest part of Africa and suffers from repeated shortfall of rains. The country has been frequently affected by severe droughts.

⁵ Directorate General for Humanitarian Aid - ECHO

As a result of the adverse climatic conditions and the economic decline, the population is facing a deteriorating humanitarian situation.

The economic and social situation in Eritrea is not improving in 2008. The six year long unresolved border dispute with Ethiopia, has led to the continual decline in many sectors: livelihoods, health, food security, causing poverty. The no war - no peace situation with its southern neighbour means that thousands of able-bodied men and women and other national resources are tied up for national defence purposes, thus restricting the scope and efficiency of domestic production and efforts to mitigate the adverse impact of the humanitarian situation.

According to the Government of Eritrea, about 60% of its total cereal needs are produced in good years; this figure drops to 25% in poor years. Due to lack of rain and manpower the country is forced to cover a large part of its cereal requirements through commercial imports and food assistance. Following a multi-annual drought spell, Eritrea enjoyed a couple of consecutive good years in terms of rain. Despite benefiting from precipitations above average, Eritrea will not be able to cover its annual national food consumption needs, estimated at between 500/600,000 MT. According to the Food and Agriculture Organisation (FAO), a locust infestation in the region still poses a threat this year. Scientists are increasingly mentioning the risk of this part of the world re-entering into a drought cycle because of an El Niña weather effect. Although these meteorological analyses are not fully reliable, prospects for 2008 are gloomy and early signs of a this new drought cycle have already been noticed in some parts of the Horn of Africa and could also affect Eritrea in the short-term.

In April 2006, the Government of Eritrea introduced a new food security policy that called for monetisation of all food aid in order to finance a cash-for-work programme. Consequently, all in-country food aid was compulsorily integrated in the new policy, including European Commission (EC) and World Food Programme (WFP) resources. WFP has not been operational in Eritrea since the unresolved dispute that followed the introduction of the new policy. In this very uncertain and unclear context, also DG ECHO is not envisaging any Food Aid assistance in 2008 in Eritrea.

The Government departure from the Common Crop Assessment approach conducted in collaboration with WFP and FAO is limiting access to crucial information on food security. No external nutritional survey has been carried out for the last two years. As a matter of fact, reliable information and data on the humanitarian status of the population is scarce and increasingly difficult to obtain. Nevertheless, the current EC-funded humanitarian projects' reports undoubtedly confirm that the humanitarian needs of large segments of the population have not been reduced recently and that most of the indicators of 2006 and 2007 have not significantly changed.

From a humanitarian point of view, the immediate consequences of the deteriorated situation primarily affect the health and nutritional status of the most vulnerable populations. Economic difficulties have led to worrying humanitarian indicators. The children under-five Global Acute Malnutrition (GAM) rate has been increasing since 2001, reaching more than 15% in several regions of Eritrea, far above any emergency threshold. The level of malnutrition among non-pregnant women ranges from 35% to 54%.

There is a structural lack of water resources, and the agro-pastoralist sector remains in a constantly precarious state, barely ever entering a recovery phase. Both the penury and poor quality of water, consequences of successive years of drought, insufficient and unbalanced distribution of rains, lack of water points and poor maintenance, are directly responsible for the worrying water-borne disease morbidity rates commonly found in rural areas. The average

monthly incidence of diarrhoea is above 10,000 per 100,000. Outbreaks of diarrhoea and dysentery are often reported.

Infant and under-five mortality rates are estimated at 50 and 78 respectively per 1,000 live births. Only 26% of women deliver in health facilities. The current Maternal Mortality Ratio is among the highest worldwide estimated by the specialised United Nations agencies⁶ at 630 per 100,000 live births, reaching 1,000 per 100,000 in North Red Sea (NRS) and South Red Sea (SRS) regions. The health system suffers from a severe lack of qualified staff, equipment and medicines.

The livelihood of the majority of households is very precarious. The pastoralist communities are naturally very dependant on livestock and have been affected by a depletion of their herds. Many farming households lack manpower, tools and inputs. Thousands of IDP have recently been resettled and are still vulnerable. An estimated remaining population of 11,000 IDP is still waiting for a solution to their plight.

Ethiopian civilians residing in Eritrea, a few remaining prisoners of war and other detainees require protection assistance.

1.2. - Identified needs:

Health

Despite the constraints, the recent interventions by both UNICEF and WHO have raised the immunisation coverage to over 80%. Efforts have to be maintained to consolidate encouraging results.

The current health information system has improved, but further progress is required to make it efficient and fast enough to trigger responses when needed.

Sizable populations have no access to health facilities and need outreach services. Support to basic primary health care, preventing meningitis and other epidemics, notably within the vulnerable groups of the population, are highly recommended actions to prevent morbidity rates from increasing beyond minimum levels.

UN agencies working closely with the Ministry of Health seem to enjoy a constructive relationship with the authorities and to be able to develop and implement relatively large scale public health and nutrition programmes. The UNICEF nutrition programme in Eritrea is successful but needs to be expanded and reinforced. WHO is addressing the needs of specific communities, often pastoralists, with the provision of outreach services.

Nutrition

No nutrition survey has been carried out for the last couple of years. However, surveys conducted from 2001 to 2006 clearly show a trend of continuous deterioration of the under five nutritional status. Nutrition surveys undertaken between May 2005 and February 2006 indicated alarming (GAM) rates in Gash-Barka (21%), NRS (15.2%) and Anseba (15%) regions. In SRS Maekel and Debub regions the situation is very worrying with GAM rates of

⁶ World Health Organisation (WHO), United Nations Funds for Populations Activities (UNFPA) and United Nations Children's Funds (UNICEF)

respectively 12.2%, 11.1% and 10.9%. Although it has not been recently measured, all signs indicate that the GAM rate is above the widely accepted emergency threshold of 10% in all regions of Eritrea and that the number of severely malnourished children is high. From June to September 2007, the 39 UNICEF supported Therapeutic Feeding Centres admitted more than 1,000 children. During this same short period of 4 months, more than 15,700 children were admitted in the Supplementary Feeding Programme. UNICEF, in partnership with the Ministry of Health, is expanding its nutrition programme in order to increase the coverage and thus respond to the identified acute needs. Aggravating factors, such as poor food security, poor health and poor access to water and sanitation renders the situation disquieting. Seasonal variations are reported with an increased number of malnourished children during the hungry season, from May to August. Micronutrient deficiencies in iodine (25%) and iron (34%) affect the health of an already weak under five population.

Nutrition Therapeutic Care Programmes, both at community level and health facility based, have been strengthened but need to be reinforced further. Targeted supplementary feeding activities need to continue in selected regions. Large scale vitamin A supplementation campaigns are required.

Water and sanitation

Almost half of the rural population continues to suffer from a major problem of water shortages. In most parts of the country, water supply is far below any standards, in terms of proximity, quantity and quality. Recurrent droughts have dried up surface water sources and the underground water tables have dropped, creating a difficult chronic situation that even a couple of years of good rains cannot improve significantly.

There is tremendous pressure on the existing water sources. Women and children walk on average 5 to 8 km to collect what in most cases amounts to an insufficient quantity of water for household use. Water is often unsafe, collected from unprotected and contaminated sources. Due to a lack of sanitation, even protected sources are often contaminated. Having exhausted their coping strategies, many rural populations are resorting to detrimental practices. The impact of this lack of safe water is exacerbated by very poor rural sanitation and hygiene practices. A country-wide assessment conducted at the end of 2006 established the rural water supply coverage with improved drinking water sources at 58% and rural sanitation coverage below 1.5%. About 52% of rural villages collect water from unprotected sources. The average consumption of water is far below the recommended minimum of 15 litres per person per day. More than 100 villages are dependent on water trucking. Only half of the schools and an estimated 63% of the health centres have a water supply system.

Water supply operations are needed as the water table recedes during the driest months. Water tankering from perennial points, deepening and improving wells and water points, building water retention and conservation schemes will provide relief and better quality water to the affected populations and increase the ground water recharge.

The lack of safe, adequate water coupled with poor sanitation results in high rates of diarrhoeal diseases, compounding the already alarming widespread malnutrition status of the affected population. Diarrhoeal diseases account for 19% of all deaths in children under 5 years old and are the second highest cause of mortality, after acute respiratory infections, according to UNICEF. The average monthly incidence of diarrhoea is above 10,000 per 100,000. Outbreaks of diarrhoea and dysentery are often mentioned, with a couple of confirmed cholera outbreaks reported in 2007.

Protection

Ethiopian civilians residing in Eritrea are estimated at approximately 10,000. This population alongside a small number of remaining prisoners of war and other detainees require protection assistance.

Livelihood and IDP

Protracted shortages of rainfall and lack of pasture and water for livestock have forced farmers and pastoralists to sell their animals, adding to the decline of household income. Herd depletion is a common trend in the country with no real favourable period for recovery and herd rejuvenation. Many households do not have the required manpower, tools and input to effectively use the limited available arable land. The agricultural productivity of many households is dependant on external support, especially for communities that have been heavily affected by the conflict with Ethiopia and have not yet fully recovered (IDP, resettled IDP and returnees). Due to the conflict with Ethiopia and the current mobilisation, the proportion of single female headed households has reached over 50% in many regions. Almost 21,000 IDP were returned or resettled in 2007. Their livelihood situation is precarious and they still need to be supported. The remaining 11,000 IDP should be resettled during the current year and they will require multi-sector assistance, including Non-Food Item distributions.

Agricultural support to the vulnerable families is required. Tractor ploughing has been a tremendous help to many people and remains necessary in limited parts of the country. Micro-irrigation schemes, with for example, the use of foot pumps, boost the production and need to be expanded. Veterinary assistance is crucial for a population that relies heavily on livestock so animal health features relatively high in the intervention priorities. Soil and water conservation activities need to be mainstreamed and the improved stoves coverage needs to be increased.

The continuing stalemate on the border issue between Eritrea and Ethiopia is still generating potential for the resumption of hostilities. In January 2008, the UN Security Council renewed the United Nations' Mission to Ethiopia and Eritrea (UNNEMEE) mandate for six months. The mission is facing fuel restrictions amongst other challenges in Eritrea. The 1,700 peacekeepers are acting as a buffer between two neighbours that have both dangerously amassed troops on their borders. The risk of a resumption of hostilities is difficult to estimate since the political developments in the region remain quite unpredictable. A renewal of military activities between Ethiopia and Eritrea would certainly lead to large displacements of population within and outside the country, causing more humanitarian needs.

1.3. - Target population and regions concerned:

Direct beneficiaries: approximately 500,000.

The target populations foreseen would be the targeted rural populations nationwide, including Anseba, Debub, Gash-Barka, Maekel, North and South Red Sea regions.

1.4. - Risk assessment and possible constraints:

In the current tense regional context, it is likely that the outlook will be grim.

Despite international diplomatic efforts, the risk of resumption of hostilities between Eritrea and Ethiopia is still possible. Moreover, the almost total isolation the country is currently facing is likely to continue and directly affect the population, in rural as well as urban areas. If the conflict resumes, movement possibilities for humanitarian actors might be drastically reduced in the country.

Following two years of good rains, Eritrea could enter another drought spell at any time. The population coping capacity is eroded so a reduction of the precipitations could have a significant impact on the food security of the population. Considering the current state of the economy, it is unlikely that the gap will be entirely met with commercial imports. With very little food aid being imported, due to the Government current monetisation policy, the already fragile food security situation could deteriorate dramatically.

Shortages of food, drugs, diesel, raw materials, to cite but a few, are likely to continue and increase due in part to the lack of hard currency in Eritrea.

The limited number of government-authorised partners in the country is a constraining factor on the implementation of programmes. The humanitarian space in Eritrea is shrinking, partly due to the Government policies on self-reliance. A focus from emergency to recovery interventions could affect the delivery of essential humanitarian assistance. Although it should not be the case, humanitarian interventions could be perceived as opposed to recovery ones by the Government. An NGO can be asked at any moment to suspend the operation, to move to another region or leave the country and the work of a UN agency can also be suddenly halted at any time. The number of international NGO operational in the country has dropped from 37 in 2005 to 9 presently.

Administrative hurdles are increasing for NGO. Each NGO is allowed to maintain only one expatriate in the country and national staff capacities are low due to conscription to the defence ministry's structures which is *de facto* reducing the capacities at every level. Monitoring capacity, both for the implementing partners and the donors, is limited by the imposed restriction of movements within the country, with the system of travel permits to be granted by the authorities before any movement and the limited numbers of visits allowed for each project. Consequently, any DG ECHO intervention is restricted to an *ad hoc* approach based on access for partners to assess and respond to the acute needs.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives:

Principal objective:

- To strengthen the resilience of most vulnerable populations of Eritrea to livelihood insecurity, climatic hazards and conflicts

Specific objective:

- To provide humanitarian aid in different sectors, including health, nutrition, water and sanitation, protection, livelihood and Internally Displaced Persons (IDP), in order to reduce the impact on the most affected Eritrean population of a decline in livelihoods, climatic hazards and conflicts

2.2. - Components:

Linking Relief, Rehabilitation and Development (LRRD) approach, synergies will be promoted with the EC Delegation and / or other development donors so that a continuation and consolidation of the achieved results through the provision of humanitarian aid could be ensured. For instance, water facility interventions run by the EC Delegation have been closely coordinated with DG ECHO-funded water and sanitation interventions implemented by some NGO. The 10th European Development Fund (EDF) foresees an A-envelope of EUR 122,000,000 for Eritrea, of which an important part would be allocated to the improvement of the long-term food security situation of the country.

Health: Medical problems are in many cases the causes or consequences of malnutrition and thus are intertwined. Essential, minimal medical coverage is needed to address high malnutrition in the country. Support to and reinforcement of existing health structures in delivering primary health care (including mother and child health care) in the most deficient areas, will significantly contribute to the achievement of the expected objectives. Moreover, the development of outreach services will also facilitate the assistance of the nomadic and semi-nomadic part of the Eritrean population. Epidemics' outbreak prevention and response activities are strong components in the strategy to increase the health coverage of the populations.

Nutrition: Therapeutic care programmes, both at community level and health facility based should be reinforced and expanded. Targeted supplementary feeding activities should continue in selected regions. As the nature and causes of malnutrition are presently better known, the proposed response should address the needs in direct line with the roots of the problem, acknowledging the chronic component of the situation.

Water and sanitation: In most cases existing water points will be repaired or improved to increase yields and quality through deepening wells, or improving pumping equipment. Water conservation and retention schemes will be essential and complement components to water points in order to maximize the benefits of any rainfalls. Interventions would be in addition and complementary to ongoing government responses, rather than as a substitute due to the scale of present needs. Moreover, any possible water and sanitation intervention funded under this Decision will be complementary to the strategy developed in the frame of the Regional Drought Decision.

Protection: This element includes assistance to Ethiopians living in Eritrea, a few remaining prisoners of war and other detainees linked to the conflict. It will be provided by ICRC as a mandated agency to provide the required aid.

Livelihood and IDP: Targeted agricultural support is required. Animal health needs to be supported, included through the provision of veterinary interventions, so as to avoid or mitigate epizootic trends. This component also foresees the provision and renewal of shelter and non-food items to the IDP communities, the reinstallation support to the recently resettled

populations - notably with basic community services in health and water sectors - and targeted extra assistance to the most vulnerable households within these communities.

3 - Duration expected for actions in the proposed Decision:

The duration for the implementation of this Decision shall be **15 months**. Eritrea is placed in a difficult context where partners could face delays in the implementation of projects, notably due to administrative obstacles. Even if the humanitarian operations funded by this decision are supposed to be implemented within a period of 12 months, a decision with a longer life-span will guarantee more flexibility in terms of implementation of projects.

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

Expenditure under this Decision shall be eligible from 1 June 2008.

Start Date: 1 June 2008

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves itself the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

4 - Previous interventions/Decisions of the Commission within the context of the current crisis

List of previous DG ECHO operations in ERITREA

Decision Number	Decision Type	2006 EUR	2007 EUR	2008 EUR
ECHO/ERI/BUD/2006/01000	Non Emergency	6,000,000		
ECHO/ERI/BUD/2007/01000	Non Emergency		6,000,000	
Subtotal		6,000,000	6,000,000	0
Grand Total		12,000,000		

Dated : 26/02/2008
 Source : HOPE

5 - Overview of donors' contributions

Donors in ERITREA the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others (**)	
	EUR		EUR		EUR
Austria		DG ECHO	6,000,000	USA	1,539,324
Belgium		Other services		UNICEF	238,478
Bulgaria				CERF	1,500,453
Cyprus				Norway	694,952
Czech republic					
Denmark	536,913				
Estonia					
Finland	300,000				
France					
Germany	138,500				
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	1,000,350				
Poland					
Portugal					
Romania					
Slovakia					
Slovenia					
Spain					
Sweden	91,024				
United kingdom	2,148,600				
Subtotal	4,215,387	Subtotal	6,000,000	Subtotal	2,622,797
		Grand total	12,838,184		

Dated : 26 February 2008

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

(**) Source: Financial Tracking System

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 this Decision: EUR 4,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To strengthen the resilience of most vulnerable populations of Eritrea to livelihood insecurity, climatic hazards and conflicts</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners⁷
Specific objective 1: <ul style="list-style-type: none"> To provide humanitarian aid in different sectors, including health, nutrition, water and sanitation, protection, livelihood and Internally Displaced Persons (IDP), in order to reduce the impact on the most affected Eritrean population of a decline in livelihoods, climatic hazards and conflicts 	4,000,000	Nationwide	Health, nutrition, water and sanitation. protection, livelihood and IDP	- ICRC-CICR - MDM - FRA - UNICEF - WHO
TOTAL:	4,000,000			

⁷ COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), MEDECINS DU MONDE, UNICEF, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

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 2008	486,095,000
Supplementary Budgets	-
Transfers	-
Total Available Credits	486,095,000
Total executed to date (05/03/2008)	311,600,000
Available remaining	174,495,000
Total amount of this Decision	4,000,000

9. MANAGEMENT ISSUES

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

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