

COMMISSION DECISION
of
on the financing of humanitarian operations from the general budget of the European Communities in Western Africa¹

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 aid², and in particular Articles 2, 4 and 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, and in the Sahel zones of Benin, Côte d'Ivoire, Guinea Conakry, Nigeria and Togo.
- (2) The population of the Sahel is exposed to cyclic and increasingly frequent external shocks such as rise of basic commodities prices, drought, 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) 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;
- (6) An assessment of the humanitarian needs has led to the conclusion that humanitarian aid operations should be financed by the Community for a period of 15 months;
- (7) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field;
- (8) It is estimated that an amount of EUR 5,000,000 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 For the purposes of this decision, the Western Africa countries involved are Burkina Faso, Chad, Mali, Mauritania and Niger and the Sahel zones of Benin, Côte d'Ivoire, Guinea Conakry, Nigeria and Togo.

² OJ L 163, 2.7.1996, p. 1-6
ECHO-WF/BUD/2008/02000

- (9) In accordance with Article 17(3) of Council Reg. (EC) N° 1257/96 of 20 June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 7 March 2008.
- (10) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002³, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002⁴ and Article 15 of the internal rules on the implementation of the general budget of the European Communities⁵;

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 5,000,000 for humanitarian aid operations to provide humanitarian aid for vulnerable populations at risk in the Sahel region of West Africa by using line 23 02 01 of the 2008 general budget of the European Communities.
2. In accordance with Articles 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 children under 5 years and lactating and pregnant women;
 - To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations.

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

Article 2

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the specific objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision.

Article 3

1. The duration for the implementation of this Decision shall be for a maximum period of 15 months, starting on 1 April 2008.

3. OJ L 248 16.9.2002, p.1. Regulation as last amended by Regulation (EC, Euratom) No 1995/2006, OJ L 390 of 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.

4. 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.

5. Commission Decision of 21.2.2007, C/2007/513
ECHO-WF/BUD/2008/02000

2. Expenditure under this Decision shall be eligible from 1 April 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 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 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 5

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

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

| Principal objective: To provide humanitarian assistance and relief to people affected by longer-lasting crises in the Sahel Region of West Africa | |
|--|--|
| 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 children under 5 years and lactating and pregnant women | 4,850,000 |
| To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations | 150,000 |
| TOTAL | 5,000,000 |



Humanitarian Aid Decision

23 02 01

Title: Humanitarian aid for vulnerable populations at risk in the Sahel region of West Africa

Location of operation: Western Africa

Amount of Decision: EUR 5,000,000

Decision reference number: ECHO/-WF/BUD/2008/02000

Explanatory Memorandum

1. Rationale, needs and target population.

1.1. Rationale:

Following the Niger and Mali nutritional crises in 2005 and 2006, the Western Sahel continued to be highlighted as a priority in the DG ECHO⁶ work programmes for both 2007 and 2008. While emergency levels of acute prevalence of under-nutrition in all targeted countries justify the continued engagement of humanitarian aid, the complex and multi-sector nature of the causes of under-nutrition in the Sahel require a coordinated aid approach combining humanitarian and development aid in a LRRD⁷ strategy. The ex-ante evaluation study on the causes of vulnerability and malnutrition in the Sahel⁸ commissioned by DG ECHO in 2006 confirmed the relevance of this approach and emphasized the need to mainstream humanitarian objectives into the development agenda. The need for close coordination and complementarity between humanitarian and development aid objectives is especially obvious in international attempts to assist the countries of the Sahel to achieve the Millennium Development Goals (MDG). It is useful to recall that the first MDG is to reduce hunger and the fourth MDG is to reduce infant mortality.

⁶ Directorate General for Humanitarian aid - ECHO

⁷ Linking Relief, Rehabilitation and Development: Communication from the Commission to the Council and the European Parliament COM (2001) 153 final

⁸ 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

Considerable extra efforts have therefore been made by humanitarian actors in the Sahel over the past 3 years to work closely with their development colleagues to improve joint planning and the implementation of articulated aid strategies to achieve a long term and sustainable reduction in malnutrition rates and infant mortality rates. Regular dialogue has led to a much greater shared analysis of the underlying complex multi-stressor causes of the massive malnutrition rates in the Sahel and of the mix of aid instruments that are needed. These include classical emergency responses to nutritional crises (health, water and food) and livelihood protection as well as advocacy for changes in attitudes to improve infant feeding practices and female illiteracy rates. Long-term budget support to build up the capacity of local government services and health systems to prevent and treat malnutrition in a sustainable way is an essential part of this.

One result has been a greater focus in the 10th European Development Fund Country Strategy Papers for the Sahel on the need to include nutritional security as a strategic objective in the National Indicative Programmes.

After approval by the Humanitarian Aid Committee (HAC) in March 2007, DG ECHO launched a 20 month Sahel Global Plan in May 2007 with the specific objective of contributing to efforts to reduce acute malnutrition and mortality of the most vulnerable population in 5 countries in the Sahel Region⁹, in particular children under 5 years and lactating and pregnant women. The management of the EUR 15,000,000 allocated to this Global Plan was done in conjunction with the additional EUR 10,000,000 allocated to the Sahel from the First 2007 Food Aid Decision¹⁰. The full commitment of this total of EUR 25,000,000 to DG ECHO partners fighting to combat malnutrition in the Sahel will be completed shortly. Funded projects include an innovative mix of response and advocacy initiatives using the lessons learned from the 2005 Niger crisis but also new approaches and formulae to deal with therapeutic feeding programmes and the treatment of moderately malnourished children to reduce the risk of stunting and wasting if they fall into the severely malnourished category.

There has been a tremendous response from DG ECHO partners to the availability of funds to combat malnutrition in the Sahel. Over 100 concept papers and draft projects have been received vastly exceeding the funding possibilities available. Another important consequence as mentioned before has been the considerable increase in debate in humanitarian and development circles about new approaches to tackle malnutrition in a sustainable way. There is no doubt that DG ECHO funded projects in Niger have contributed in an important way to the lowering of the Global Acute Malnutrition (GAM) rate from over 15% in 2005 to slightly over 10% in 2007.

The objective of this financial Decision for EUR 5,000,000 is to complement and top up the 2007 Sahel Global plan. A further EUR 5,000,000 has also been allocated from the 2008 DG ECHO Global Food Aid Decision for the Sahel. The particular humanitarian challenges in Chad have meant that separate funding Decisions have been made for the most vulnerable population there.

The Sahel zone is the geographical zone running largely between the 10th – 18th North parallel crossing Africa from Cap Verde in the West to Sudan in the East. It is a region characterized by a cyclical pattern of low rain fall (250 – 450 mm/year) during a few months

⁹ Mauritania, Mali, Burkina Faso, Niger, Chad

¹⁰ ECHO/-FA/BUD/2007/01000 – EUR 135 million from 1 January, 2007 for a 24 month duration.
ECHO/-WF/BUD/2008/02000

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 Western Sahel in particular 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 Index¹¹. Three quarters of its populations live in rural areas and rely mainly on subsistence agriculture. Even in good years, cereal production barely keeps up with the high population growth¹² and increasing urbanization. Pastoralist and agro-pastoralist communities have experienced a systematic depletion of their assets (land, cattle) and natural resources (water and pasture). Frequent and recurring external shocks (drought, locusts, spill-over of unrest from neighbouring countries) aggravate the already precarious nutritional status of the most vulnerable population, damaging their coping mechanisms and preventing their recovery before they are again exposed to risk. Poor governance and a lack of resources have hampered improvement of the overall development indicators.

The problem of extreme undernutrition 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 has been made to date in actually implementing the effective overall comprehensive governmental strategy that was developed to deal with the problem. The current DG ECHO Sahel strategy already shows that innovative nutritional treatment programmes and improved access to basic health care are effective in reducing undernutrition and mortality of infants. Equally, positive impacts have already been noted from operations to protect and restore livelihoods and short-term food security and other actions that effectively strengthen the coping mechanisms of the most vulnerable.

1.2 Identified needs

Global Acute Malnutrition (GAM) rates in the Western Sahel countries exceed on average the 10% emergency threshold as a trigger for emergency response¹³. In some regions of the Sahel, GAM rates above 20% are reported. Malnutrition is associated with nearly 60% of all child mortality¹⁴, child mortality in the Western Sahel being one of the highest in the world.

| Sahel Countries | Total population ¹⁵ | Population < 5 y | (%) GAM ¹⁶ | (%) SAM | Children suffering GAM | Children suffering SAM |
|---------------------------------------|--------------------------------|------------------|-----------------------|---------|------------------------|------------------------|
| Burkina Faso (DHS ¹⁷ 2003) | 13 002 000 | 2 560 000 | 18.7 | 5.0 | 478 720 | 128 000 |

¹¹ Burkina Faso, Chad, Guinea Bissau, Mali, Mauritania and Niger. UNDP 2006 Human Development Report.

¹² 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 compared to 8.6 for the population of the African continent in the same period.

¹³ 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.

¹⁴ WHO (Bull 2000, 78 (10)).

¹⁵ Source of the population figures: The state of the world's children 2005, estimated population figures in 2003

¹⁶ GAM: Global Acute Malnutrition; SAM: Severe Acute Malnutrition.

¹⁷ 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.

| | | | | | | |
|------------------------------------|------------|-----------|------|-----|---------|--------|
| Chad (DHS 2004) | 8 598 000 | 1 646 600 | 13.5 | 3.1 | 222 291 | 51 045 |
| Mali (DHS 2006) | 13 007 000 | 2 581 000 | 13.3 | 3.0 | 343 273 | 77 430 |
| Mauritania (DHS 2001) | 2 893 000 | 499 000 | 12.8 | 3.3 | 63 872 | 16 467 |
| Niger (MICS 2006) ¹⁸ | 11 972 000 | 2 549 000 | 10.3 | 1.5 | 262 547 | 38 235 |

| Sahel regions of neighbouring countries | Total population ¹⁹ | Population < 5 y | (%) GAM ²⁰ | (%) SAM | Children suffering GAM | Children suffering SAM |
|---|-----------------------------------|---------------------|--------------------------|------------|------------------------------|------------------------------|
| N Togo (MICS 2006) | 1 096 019 | 208 242 | 22.6 | 8.1 | 56 552 | 16 363 |
| N Cote d'Ivoire (MICS 2006) | 3 091 556 | 608 113 | 11.8 | 2.3 | 69 581 | 13 649 |
| N Nigeria ²¹ (DHS 2003) | 59 540 041 | 11 312 608 | 12.0 | 3.3 | 1 335 657 | 375 633 |
| N Guinea (DHS 2005) | 3 200 597 | 640 119 | 11.3 | 2.4 | 68 489 | 14 613 |
| N Benin (DHS 2006) | 1 997 470 | 379 519 | 12.8 | 5.1 | 48 608 | 19 438 |
| SAHEL | 118 397 683 | 22 931 478 | | | 2 969 590 | 750 873 |

The nutritional emergency in Niger in 2005 exposed the extent of the size and nature of the "silent crisis" that is the nutritional situation in the Sahel. UNICEF estimates that half of the 600,000 children under the age of 5 that die every year in the Sahel do so from malnutrition and malnutrition related causes. To this Tsunami level death toll of 300,000 should be added the countless tens of thousands stunted and wasted by severe malnutrition in early childhood thus depriving them of the chance to develop fully as adults with consequent impact on their opportunity to improve their lives and on the knock-on impact on their children, born into deprived and marginal households. These are largely preventable deaths. The economic cost of malnutrition is an obstacle to development and a massive burden on the finances on Sahel governments. This is clearly not just a humanitarian tragedy requiring a rapid and effective response but a massive development challenge requiring comprehensive and well articulated policies and resources allocation to strengthen local capacity and achieve a sustainable reduction in malnutrition rates and make food security a reality.

Malnutrition – the problem:

DG ECHO's strong advocacy for a coordinated and articulated LRRD approach to tackling undernutrition in the Sahel has been collaborated in the January 2008 publication by the Lancet of a major series of articles on maternal and child undernutrition. Maternal and child undernutrition is reported to be the underlying cause of 3.5 million deaths worldwide and 35% of the disease burden affecting children younger than 5 years of age. Globally, 55 million (10%) of children under 5 are wasted (having too low a weight for their height). An

¹⁸ Niger MICS 2000: GAM Prevalence 14.1 %, SAM prevalence 3.2%.

¹⁹ Source of the population figures: DHS surveys desegregated figures.

²⁰ GAM and SAM are averaged by population figures.

²¹ Population figures extrapolated from 1991 census and 2006 census.

additional 19 million children in the world are *severely* wasted, that is in need of urgent lifesaving actions including therapeutic feeding²².

Malnutrition is linked to a number of factors, such as: inadequate caring practices for children, lack of appropriate complementary foods for young infants, generalised food insecurity rooted in poverty, poor access to adequate health care, water and sanitation services and lack of hygiene. Malnourished children have a lowered resistance to infection and 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 2 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 and micronutrients deny infants basic nutrients from a very early age. This aggravates the fact that many infants are already exposed to undernutrition 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 malnourishment²³. By the time children reach their second birthday, if undernourished they may suffer from irreversible physical and cognitive damage, impacting on their future health, economic well-being and welfare. The continuing very high mortality and disease burden resulting from nutrition-related factors make a compelling case for urgent implementation of proven interventions²⁴.

Lessons learned from this crisis and similar other situations (such as in eastern and southern Africa) are already being applied. These include the use of the new formulae for ready to use therapeutic foods, especially "PlumpyNut", to effectively treat severe acute malnutrition (SAM) and the successful search for similar new nutritional products and strategies to treat moderately malnourished children. The treatment of the latter group has a significant impact on the reduction of overall acute malnutrition as it prevents children from slipping into a severely malnourished condition, thus drastically improving their survival chances.

Aggravating factors

The Sahel population 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, very limited 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 and adequate sanitation.

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.

²² Maternal and child undernutrition: global and regional exposures and health consequences. LANCET series, January 2008.

²³ Maternal and child under nutrition, LANCET series, January 2008

²⁴ Maternal and child nutrition, LANCET series, January 2008.

Originating as a result of lessons learned from the failure to identify famine due to insufficient cereal production in the 1970's, food security information continues to be gathered and early warning systems have been developed in each country and on a regional level²⁵ since many years in the Western Sahel. But the translation of information to shared accurate analysis and timely effective action and resource allocation by decisions makers always remained a challenge. The fact that the availability of staple foods is only one of many factors behind undernutrition challenged such analyses even more. The conceptual shift from food-production to undernutrition and the development of more comprehensive ways to analyse and respond to undernutrition, taking all the main underlying causes into account, is now starting to take place in several countries of the Western Sahel although the road ahead is still a long one. Nevertheless, some lessons from other parts of the African continent can already be applied, such as the use of livelihoods analysis as a more effective way to link food-security to undernutrition concerns.

Much of the assistance concerning undernutrition so far has been reactive per definition. When children are undernourished, it is already too late and treatment is the only option left. It is therefore imperative to put an increasing emphasis on a pro-active approach to help communities better understand and fight undernutrition and make more effective choices in case of new calamities.

1.3 Target population and regions concerned:

Target populations

The main intended beneficiaries are the most vulnerable populations and in particular the estimated 3 million acutely malnourished children under 5 years of age and the estimated 600,000 pregnant or lactating women suffering from undernutrition in the countries concerned.

Countries

Burkina Faso, Chad, Mali, Mauritania, and Niger and the Sahel zones of Benin, Côte d'Ivoire, Guinea Conakry, Nigeria and Togo are the countries and regions in the Sahel that are most affected by acute under-nutrition. Priority will be given to the highest risk countries.

1.4 Risk assessment and possible constraints

This year may generate another major external shock. The recent sharp price rises for staple foods on local, regional and on the world markets as well as the steep increase in fuel prices will impact negatively on the livelihoods and coping capacity of the most vulnerable populations in the Sahel. The 2007/2008 agricultural campaign experienced erratic rainfall and led to reported production shortfalls in some areas of the Sahel and especially in some of the Sahel regions of neighbouring countries. Many observers are concerned that the forthcoming lean period ("periode de soudure") will be difficult for many vulnerable households in the Sahel. There is also the risk of a spill-over of instability from Guinea or an aggravation of the situation in Northern Niger. Should a new price drive nutritional crisis

²⁵ 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.

erupt in the Sahel this year, DG ECHO will request additional funds to respond to the emergency humanitarian needs.

As always, also this decision assumes the continued active cooperation of the governments concerned and the other donors and institutions to ensure the effectiveness of the proposed actions.

2 - Objectives and components of the humanitarian intervention proposed:

2.1 - Objectives

Principal objective:

- To provide humanitarian assistance and relief to people affected by longer-lasting crises in the Sahel Region of West Africa.

Specific objectives:

- To contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular children under 5 years and lactating and pregnant women
- To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations

2.2 - Components:

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

1. Improving the knowledge baseline 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 livelihood 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 proposed countries of the Western Sahel to encourage the mainstreaming of humanitarian objectives into long-term development planning in the Sahel (LRRD).

It is expected that in this Decision as for the overall Sahel Global plan that the vast bulk of expenditure take place under the second pillar, thus ensuring that that most of the funds are used to the direct benefit of the most vulnerable people.

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. 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 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 action

Response to needs: DG ECHO will continue to 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 will be encouraged. Measures to strengthen household coping mechanism through livelihood protection will be supported. The inter-linkage between healthcare, water, sanitation, hygiene, nutrition and livelihood protection will be promoted. Improved coordination between nutritional care providers and the public health structures and professionals is essential.

Risk reduction: Measures to improve local capacity in high risk communities to foresee and manage external shocks will be assisted through mitigation and preparedness activities such as contingency planning and community based early warning systems.

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. Key target groups are government authorities, civil society and development partners. A major focus will be on initiatives to improve understanding of the policies and actions required to achieve the Millennium Development Goals (MDG's) 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.

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
- Encouragement of regional approaches
- Support and promotion of the replication and scaling-up of pilot intervention
- Reduce the vulnerability to external shock through mitigation actions which aim at increasing the community resilience
- Foster the link between health, food security and the water, hygiene and sanitation sectors
- Systematically promote better health access to children under five years, pregnant and lactating mothers.
- Actively promote an LRRD approach in close collaboration with the EC Delegations in the countries concerned.

Technical assistance on the field

The overall field management and supervision of the field implementation of DG ECHO's work in the Sahel will be done through the DG ECHO West Africa Regional Support Office (RSO) based in Dakar, Senegal. To facilitate this work and to ensure close field monitoring of funded activities and coordination with the EC delegations in the countries most concerned, DG ECHO will continue to reinforce its field presence in the Sahel region through the opening of local liaison offices for the RSO located in the Commission Delegations. One such office has already been established in the EC Niger Delegation in Niamey and a further office is foreseen in Ouagadougou, Burkina Faso. The need to open further offices in other Sahel delegations will be assessed on an ad-hoc basis as a function of the number of funded projects in each country, the overall workload in monitoring the humanitarian situation and the LRRD needs when working with development partners. These local offices with local staff working under the supervision of the RSO experts 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. In Chad, the existing DG ECHO country office will continue to support Sahel decision funded activities there

3 - Duration expected for actions in the proposed Decision:

The duration period for the implementation of this Decision will be **15 months** from 1 April 2008. Humanitarian operations funded by this Decision must be implemented within this period. The start of the operations will take place in April 2008. Expenditure under this Decision shall be eligible from 1 April 2008.

A 15 month duration period is planned to allow operations to be completed from the DG ECHO 2007 Sahel Global Plan or even to be started and continue where necessary to June 2009. This also allows time for the completion of a real time evaluation of the effectiveness of the Sahel Global Plan and a needs assessment to establish the grounds for further work in the Sahel. It is already clear that the progress made so far will need a further period of consolidation to ensure no slippage backwards and that the extent and depth of the underlying nutritional crisis as well as the worries about a price driven crisis in 2008 provide justification for consideration of a second Sahel Global Plan in 2009/2010.

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 BENIN/BURKINA FASO/COTE D'IVOIRE/GUINEA/MALI/MAURITANIA/NIGER/NIGERIA/CHAD/TOGO

| Decision Number | Decision Type | 2006 | 2007 | 2008 |
|-------------------------|--------------------|-------------------|-------------------|----------|
| | | EUR | EUR | EUR |
| ECHO/CIV/BUD/2006/01000 | Non Emergency | 5,200,000 | | |
| ECHO/GIN/BUD/2006/01000 | Non Emergency | 1,500,000 | | |
| ECHO/GIN/BUD/2007/01000 | Non Emergency | | 2,000,000 | |
| ECHO/NER/BUD/2006/01000 | Non Emergency | 2,000,000 | | |
| ECHO/NER/BUD/2006/02000 | Non Emergency | 10,000,000 | | |
| ECHO/TCD/BUD/2006/01000 | Global Plan | 13,500,000 | | |
| ECHO/TCD/EDF/2006/02000 | Non Emergency | 1,000,000 | | |
| ECHO/TCD/BUD/2007/01000 | Global Plan | | 15,000,000 | |
| ECHO/TCD/EDF/2007/01000 | Non Emergency | | 5,500,000 | |
| ECHO/-WF/BUD/2007/01000 | Global Plan | | 15,000,000 | |
| ECHO/-FA/BUD/2007/01000 | Global Plan | | 10,000,000 | |
| ECHO/-WF/BUD/2007/02000 | Emergency | | 2,000,000 | |
| | Subtotal | 33,200,000 | 49,500,000 | 0 |
| | Grand Total | 82,700,000 | | |

Dated : 30 January 2008

Source : HOPE

| 6.2. - Budget breakdown by specific objectives | | | | |
|---|---|--|--|--|
| Principal objective: <i>To provide humanitarian assistance and relief to people affected by longer-lasting crises in the Sahel Region of West Africa</i> | | | | |
| Specific objectives | Allocated amount by specific objective (EUR) | Geographical area of operation | Activities | Potential partners²⁶ |
| Specific objective 1: To contribute to the reduction of acute malnutrition and mortality of the most vulnerable population and in particular children under 5 years and lactating and pregnant women | 4,850,000 | Burkina Faso, Chad, Mali, Mauritania, Niger, and the Sahel regions of Togo, Nigeria, Benin, Cote d'Ivoire and Guinea | Multi sector operations to reduce malnutrition and mortality | ACF, ACH, BEL RED CROSS, FRA RED CROSS, FIN RED CROSS, ESP RED CROSS, UK RED CROSS, SWE RED CROSS, FAO, IFRC-FICR, MDM – F, MSF-F, MSF-CH, MSF-B, MSF-LUX, MSF-H, SC UK, UNICEF, WFP-PAM, WHO, HELP D, BBC WORLDSERVICE TRUST, ISLAMIC RELIEF, TSF, ICRC-CICR, CARITAS |
| Specific objective 2: to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations | 150,000 | Burkina Faso, Niger, Mauritania. | Technical assistance | |
| TOTAL: | 5,000,000 | | | |

²⁶ ACCION CONTRA EL HAMBRE, (ESP), ACTION CONTRE LA FAIM, (FR), ARTSEN ZONDER GRENZEN (NLD), BELGISCHE RODE KRUIS/CROIX ROUGE DE BELGIQUE, (BEL), CROIX-ROUGE FRANCAISE, FINNISH RED CROSS, SPANISH RED CROSS, BRITISH RED CROSS, SWEDISH RED CROSS, FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, MEDECINS DU MONDE, MEDECINS SANS FRONTIERES (F), MEDECINS SANS FRONTIERES (LUX), MEDECINS SANS FRONTIERES - SUISSE (CH), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN NEDERLAND (NL), THE SAVE THE CHILDREN FUND (UK), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, WORLD FOOD PROGRAM, WORLD HEALTH ORGANISATION- ORGANISATION MONDIALE DE LA SANTE, HELP DEUTSCHLAND, BBC WORLDSERVICE TRUST, ISLAMIC RELIEF (UK), TELCOMS SANS FRONTIERES (F), COMITE INTERNATIONAL DE LA CROIX ROUGE (CICR-ICRC), CARITAS (F).

7 - Evaluation 6.2. - Budget breakdown by specific objectives

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 (by 30 January 2008) | 257,100,000. |
| Available remaining | 228,995,000. |
| Total amount of this Decision | 5,000,000 |

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.