EUROPEAN COMMISSION

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COMMISSION DECISION

of […]

on the approval and financing of a Global Plan for humanitarian Actions in Ethiopia from the general budget of the European Union

(ECHO/ETH/BUD/2010/01000)

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THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid[1], and in particular Article 2 and Article 15(3) thereof;

Whereas:

(1) Ethiopia is facing a humanitarian crisis for the third consecutive year. The overall poor performance of *belg* rains (short rainy season from February to April) in 2009; followed by below average performance of *meher rains (*long rainy season from June to September) in many areas of Ethiopia have further deteriorated the food security situation. Accordingly, the findings of the multi-agency assessment conducted in November/December 2009 and subsequent monitoring results indicate that approximately 5.2 million people require relief food assistance in 2010;

(2) The total net relief food requirement from January to December 2010 and non-food needs for the first six months amounts to approximately EUR 200 million. The bulk of these needs will be net food requirement, including nutrition needs, but there is also the necessity to respond to non-food needs of identified beneficiaries in the health and nutrition, water and sanitation and agriculture sectors;

(3) As the scale and complexity of the humanitarian crisis is such that it is likely to continue, it is necessary to adopt a Global Plan to provide a coherent framework for the implementation of humanitarian Actions;

(4) To reach populations in need, humanitarian aid should be channelled through Non-Governmental Organisations (NGOs) and International Organisations including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralised management or by joint management;

(5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the European Union for a period of 15 months;

(6) It is estimated that an amount of EUR 15,000,000 (EUR 5,000,000 from budget article 23 02 01 and EUR 10,000,000 from budget article 23 02 02) of the general budget of the European Union is necessary to provide humanitarian assistance to over 5.2

[1] OJ L 163, 2.7.1996, p. 1.

million persons, taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Global Plan should be co-financed, the Authorising Officer, in accordance with Article 253 of the Implementing Rules of the Financial Regulation, may agree to the full financing of Actions;

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

(8) In accordance with Article 17(2) of Council Regulation (EC) No.1257/96 of 20 June 1996, the Humanitarian Aid Committee gave a favourable opinion on 27 May 2010.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a 2010 Global Plan for the financing of humanitarian Actions in Ethiopia for a total amount of EUR 15,000,000 (EUR 5,000,000 from budget article 23 02 01 and EUR 10,000,000 from budget article 23 02 02) of the 2010 general budget of the European Union.

2. In accordance with Article 2 of Council Regulation No.1257/96, the principal objective of this Decision is "to provide protection and assistance to vulnerable people affected by natural and man made disasters in Ethiopia". The humanitarian Actions shall be implemented in the pursuance of the following specific objectives:

   – To improve the humanitarian situation of disasters affected population through the provision of multi-sectoral assistance.

   A total of EUR 5,000,000 from budget article 23 02 01 is allocated to this specific objective.

   – To provide appropriate and adequate food assistance to the disaster affected population, including food aid, nutrition and short-term food security.

   A total of EUR 10,000,000 from budget article 23 02 02 is allocated to this specific objective.

Article 2

1. The period for the implementation of the Actions financed under this Global Plan shall start on 1 June 2010 and shall run for 15 months. Eligible expenditure shall be committed during the implementing period of the Decision.

2. If the implementation of individual Actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into

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2 OJ L 248, 16.9.2002, p.1.
3 OJ L 357, 31.12.2002, , p.1.
4 Commission Decision of 5.3.2008, C/2008/773

account in the implementing period of the Global Plan in respect of the Action suspended.

3. In accordance with the contractual provisions ruling the Agreements financed under this Global Plan, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.

4. The Authorising Officer may, where this is justified by the humanitarian situation, extend the duration of the Global Plan for a maximum of 6 months provided that the total duration of the Global Plan does not exceed 18 months, in accordance with Article 90.4 of the Implementing Rules of the Financial Regulation.

Article 3

1. As a general rule, Actions funded by this Global Plan should be co-financed.

   The Authorising Officer, in accordance with Article 253 of the Implementing Rules, may agree to the full financing of Actions when this will be necessary to achieve the objectives of this Global Plan and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.

2. Actions supported by this Global Plan will be implemented either by non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No 1257/96 or International organisations.

3. The Commission shall implement the budget:

   * either by direct centralised management, with Non-Governmental Organisations;

   * or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the EU/UN Financial Administrative Framework Agreement (FAFA) and which were subject to the four pillar assessment in line with Article 53d 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

Humanitarian Aid Decision

23 02 01 and 23 02 02

Title: Commission decision on the financing of humanitarian actions in Ethiopia from the general budget of the European Union

Description: Humanitarian assistance to people affected by climatic, public health hazards and conflict in Ethiopia

Location of Action: Ethiopia

Amount of Decision: EUR 15,000,000

Decision reference number: ECHO/ETH/BUD/2010/01000

Supporting document

1 Humanitarian context, needs and risks

1.1. Situation and context

The Federal Democratic Republic of Ethiopia has a land area of 1,126,829 square km. and has nine Regional States and two city Administrations. It is the second country in population number and the tenth in land area in Africa. It is located in the Horn of Africa, a region marred by conflict, climatic hazards, corruption and instability. The level of infrastructural development is low and the economy is by and large agrarian, utilising traditional and poor technology. Ethiopia is one of the countries classified under "Low Human Development" and ranks 171 out of 182 countries of the world[1]. Though Ethiopia showed a steady improvement under the Human Development Indicator (HDI) between 1995 and 2007, which rose by 3.13 percent annually (i.e., from 0.308 to 0.414), poverty is pervasive and a large share of the population remains vulnerable to various shocks. According to the Human Development Report 2007/2008, the percentage of the population living on less than USD 1 a day was 23 percent and less than USD 2 a day was 77.8 percent.

[1] UNDP, *Human Development Report 2009 – Overcoming barriers: Human Mobility and Development*, 2009, New York.

The country is considered to be one of the 43 fragile states[2] of the world according to the Organization for Economic Cooperation and Development (OECD). In 2008, Ethiopia received 9.4 percent of the total Official Development Assistance of the OECD provided to fragile states, and stands at the second highest after Afghanistan and followed by Iraq.

According to the World Development Report 2009, the population of Ethiopia is 79,000,000 people with an average annual growth rate of 2.6 percent. Close to 44 percent of the overall population are children below the age of 14. The largest segment of the population (i.e., 84 percent) in Ethiopia relies on rain-fed agriculture. This mode of agricultural production system is highly susceptible to seasonal variations and weather conditions. In 2009, the rains showed a below normal amount, late onset, early cessation and poor distribution.

Ethiopia is prone to both natural and man-induced disasters and for many years it has disrupted the lives of the people. Flooding, drought, communicable diseases, poor health care, animal diseases, and resource-based ethnic conflicts are the main humanitarian risks affecting millions of people leading to displacement, morbidity, mortality and loss of livelihood. Food insecurity in Ethiopia is linked to the pattern of rainfall, land degradation, population density, weak infrastructure development and an inappropriate agricultural policy framework.

Fragile rural livelihoods

Some 80 percent of the population live in rural areas, mainly in the highlands, where an estimated 50 percent of the land is degraded. Some 18 million people – 23 percent of the population – live below the poverty line. Climate change and environmental degradation increase the risk of harvest failure from weather-related shocks. Continued population growth increases the pressure on the land with 37 percent of farming households cultivating less than 0.5 hectares and 87 percent less than 2 hectares.

The major threat anticipated in the crop sub-sector, in 2010, is the critical seed shortage associated with crop failure during production seasons in affected areas. The continuation of agricultural activities, particularly crop production, will depend on the provision of seed to farming households affected by the drought.

Animal health services coverage is generally poor due to shortage of budget and lack of capacity; diseases such as the *Peste des Petits Ruminants* (PPR) are hyper-endemic. This has resulted in a marked change in herd size and composition, particularly in pastoral communities of Afar, Somali, Borena and the lowlands of Bale. The herds are smaller in size and the cattle population in particular has significantly dwindled. Signs of the replacement of the cattle population by camels are observed in better off households. The same is happening in the poorer households and the replacement in this case is by goats. In general, depletion of assets is noted. Diminished availability of milk and milk products - staple sources of a pastoral diet and especially important in feeding children - has followed. Shortages of animal feed are also another critical problem observed or highly likely to occur in some drought affected parts of the country.

[2] According to the OECD DAC guideline, fragile states are those failing to provide basic services to poor people because they are unwilling or unable to do so.

The cycle of drought has increased and the gap between successive droughts is diminishing. Being a country heavily relying on rain-fed subsistence agriculture and with low resilience to shocks, Ethiopia has become increasingly vulnerable to drought. In Somali Region and lowland Oromia, more than four consecutive droughts have occurred reducing household assets.

Epidemics

Major health risks are posed by the inadequacy of safe water availability, poor sanitation and hygiene practices exacerbated by overcrowding, especially in the densely populated peri-urban suburbs and slums. The impact of these risk factors is further increased by population movements/internal migrations that converge at destinations for religious festivals where pilgrims drink and share water from unsafe sources.

The spread of Cholera / Acute Watery Diarrhoea (AWD) epidemics has also been observed along the lines of movement of migrant labourers to areas such as Afar, part of Amhara, Oromiya and Tigray regions where private investment farms are operating.

Cholera / AWD has been a significant public health problem, with recurrent epidemics of cholera occurring in the country. Officially the last cholera outbreak was reported in 2004, however, subsequently the country has experienced major outbreaks of cholera which has been reported as "*Acute Watery Diarrhoea"*; 2006 (51,201 cases, 556 deaths), 2007 (49,551 cases, 675 deaths), 2008 (3,870 cases, 23 deaths) in 2009 (31,253 cases and 436 deaths) in 192 districts out of 734, where the case fatality ratio is 1.4%. Ethiopia experienced eight times more cholera cases than in 2008. In spite of previous and ongoing responses to these recurrent cholera outbreaks, glaring gaps exist in the capacity of the country's health system and its ability to detect, effectively respond and contain the disease.

There were also 6,751 measles cases confirmed by the Federal Ministry of Health (FMoH), which receives World Health Organisation (WHO) technical, financial and logistical support, during the period 2006 to 2009. In 2009 alone, a total of 52 outbreaks recording 4,512 suspected measles cases and 1,732 confirmed cases in 43 districts were reported.

In addition, Ethiopia is situated in a major meningitis belt. The incidence of meningitis increases with the start of the dry season from October onwards. Meningitis outbreaks were reported in Amhara Region in July 2009 killing 18 people and infecting 63.

As re-emergence of Cholera / AWD epidemics is mostly associated with the start of rainfall seasons and flooding, preparedness in terms of the availability of health kits, drugs and medical supplies as well as psychosocial support and strengthening of regular health services for the vulnerable population is essential. Besides, other basic Non-Food Items (NFIs) such as sheltering, water provision and medical support will have to be rapidly brought to the affected communities.

High malnutrition rates

Ethiopia faces widespread and unacceptably high levels of acute malnutrition. According to the 2005 Demographic Health Survey (DHS 2005)[3], the prevalence of wasting (weight for height) is 10.5 percent, which stands above the threshold for defining a nutrition alert

[3] Demographic and Health survey is carried out every 5 years and the 2005 DHS is the last that was carried out.

according to international standards. Long term indicators show one of the worst situations in Africa regarding the nutritional status of the population (Ethiopia presents the highest rates on the continent): effectively, stunting (height for age) is 47 percent and underweight (weight for age) stands at 38 percent, according to the 2005 DHS. Ethiopia has approximately 13,000,000 children under the age of five. This means that over 1,300,000 million children are wasted and approximately 5,000,000 are underweight every given year.

In 2009, the response in the Short-term Health and Nutrition Sector mainly focused on the management of Severe Acute Malnutrition (SAM) in the drought affected areas. During the same period, Southern Nations, Nationalities and Peoples Regions (SNNPR), Oromiya, Amhara, Tigray, Afar and Somali regions experienced mixed levels of malnutrition rates due to the food security situation. A total of 528 hotspot Woredas from six regions prone to malnutrition were identified for response and about 61 percent of the Woredas have either a Therapeutic Feeding Program (TFP) or both TFP and Targeted Supplementary Feeding (TSF).

From July to December 2009, reports from 27 standard nutrition surveys conducted in pastoralist and agricultural areas of the country indicated that Global Acute Malnutrition (GAM) ranged from 4.9 percent to 21.7 percent and severe acute malnutrition ranged from 0.0 to 2.0 percent. More than half of the surveys indicated a serious/critical nutritional situation. The Humanitarian Requirement Document for 2010 stipulates an estimated 1,000,000 beneficiaries of moderate acute malnutrition under the Targeted Supplementary Feeding Programme in 167 Woredas. Moreover, 106,457 children with severe acute malnutrition require treatment. In the first six months of 2010, the World Food Program (WFP) has planned to provide supplementary feeding (TSF) to 500,000 children under five and pregnant and lactating women. WFP has been forced to temporarily cut TSF rations by half for the first quarter of 2010 because of critical resource shortfalls.

Acute vulnerability

The poor segment of the population relies increasingly on markets, purchasing 30 percent or more of their food requirements. Food markets in Ethiopia continue to face problems of integration, risk management, and access to finance. This has led to high levels of food price inflation in 2008 and 2009 as the market responds to increasing demand but continued inefficiencies in the marketing chain. The efforts to combat food insecurity have also been setback by two successive global economic shocks and drought in 2008 and 2009, resulting in soaring food prices, asset depletion and reduced access to food among the rural and urban poor. From November 2009, staple food prices increased slightly, but remain below the peak of 2008 prices. As a result communities shifted to adverse coping strategies, such as migration and selling firewood, charcoal, and more livestock for survival.

Each year, a large number of people become at risk of acute food insecurity resulting from shocks. The national food relief programme provides food and non-food assistance to those suffering from transitory food insecurity resulting from shocks. In 2008 at the peak of the crisis about 6,400,000 people received relief assistance. In 2009, the caseload was 4,900,000 people at the beginning of the year following *Meher* harvest failure in some areas, and has risen to about 6,200,000 following a poor *Belg* harvest in July 2009 translate these items. It stands now at 5,200,000 according to the Humanitarian Requirement Document for 2010 published in January 2010.

About 8,000,000 people are considered chronically food insecure and are provided with multi-annual predictable transfers (mix of food and cash) through the national Productive Safety Net Programme (PSNP). The assistance aims to protect them from acute food insecurity and allow them to participate in productive activities that will build more resilient livelihoods.

Internal conflict, IDPs and refugees

For over two decades Ethiopia has been hosting refugees from neighbouring countries. As of December 2009, Ethiopia hosted 122,200 refugees from Somalia (48.26 percent of overall refugee population), Eritrea (29.58 percent) and Sudan (19.34 percent) in addition to small groups of other nationalities. They are hosted in eight camps: Somali refugees in four camps located in Somali Region, Eritrean refugees in two camps located in Tigray and Afar regions and Sudanese refugees in two camps located in Gambella and Benishangul Gumuz Regions. In addition, 3,000 refugees from Kenya are living in two refugee sites in southern Ethiopia.

The official position of the Government is that it does not recognise the presence of IDPs in the country. However, according to the International Displacement Monitoring Centre (IDMC), there are 200,000 – 400,000 IDPs in the country. According to OCHA displaced populations report of October 2009, there were 200,000 – 300,000 IDPs in September 2009.

Conflicts in Ethiopia can be divided into two differing types: those that are long term, such as the conflict in the Ogaden, which are more political, and those that are natural resource - and ethnic - based, which increase when competition over resources increases. Internal displacements are highly related to conflicts arising from competitions over limited resources, changes in administrative boundaries, natural disasters and cattle-raids.

Impact of previous humanitarian response

In 2009, the number of people officially recognised to be in need of food assistance started with 4.9 million, which increased to 5.3 million in May and then 6.2 million in October, according to the different versions of the Humanitarian Requirement Documents. Human suffering and loss of life was averted because of the actions taken before the situation went out of control. Even if there have been challenges related to limited resource availability and access, nothing went to the situation that can be stated as famine. Even if it is difficult to state that there have been visible impacts of the humanitarian actions undertaken, the results obtained are acceptable and the Directorate-General for Humanitarian Aid's (DG ECHO) role in providing financial as well as technical assistance to the actions has been instrumental.

The humanitarian crisis in Ethiopia has a complex nature where acute needs are highly linked with chronic problems, which are mostly structural in nature. Therefore streamlining DG ECHO’s response in line with its mandate requires caution. To improve the effectiveness and efficiency of responses in this context, a multi-sector approach that ensures not only speedy recovery of those affected but also that strengthens community resilience is vital. Care will be taken not to end up dealing with chronic problems that are agendas for development interventions. However, in countries like Ethiopia where the coping strategies are greatly depleted and vulnerability is enormous, multifaceted approach in dealing with humanitarian crisis and linking humanitarian actions with long term development programmes must be pursued.

Coordination

Donors come under the *Development Assistance Group (*DAG*)* in Ethiopia to coordinate activities under their assistance.

The Disaster Risk Management and Food Security Sector (DRMFSS) of the Ministry of Agriculture and Rural Development is responsible for coordinating all food aid related activities in the county and the Federal Ministry of Health (FMoH) is responsible for nutrition and health. There is sector coordination on nutrition, health, agriculture, water and sanitation at various levels in the country including at Federal, Regional and Zonal level. Activities are coordinated by regular task force meetings.

1.2 Identified humanitarian needs

Food Assistance

Due to the above mentioned factors, livelihood and coping mechanisms in Ethiopia are very much eroded and a large part of the population is highly vulnerable and in crucial need of food assistance.

Food security has however improved in the short term. Yet in the medium term a deteriorating food security situation is envisioned as Ethiopia moves towards the peak of the hungry season (i.e., August/September) due to the below normal, late onset and early cessation of rains of the *Belg* and *Meher* seasons of 2009 and subsequent crop failures. Accordingly, the Monitoring Agricultural Resources Bulletin (MARS)[4] has indicated a probable 10 percent production reduction in 2009 in the country compared to the level in 2008. The effect is mainly seen with maize[5] and sorghum. The 2009 *Meher* harvest is majorly consumed in 2010 and production prospects in the *Meher* of 2009 is the major determinant factor on the food security situation in 2010 and plays an important role in the food security outlook. Reinforcing the prediction, the Famine Early Warning System Network (FEWSNET) reports showed food security situation in general will be worse than in 2009 and humanitarian assistance needs are expected to be high. However, contrary to the findings detailed earlier, recent information obtained from the Government indicates an increase of 3.4 percent annual production from the level of 2008 ref. Furthermore, recent independent reports indicate early rains, possibly providing a good outlook if they continue through the *Belg* season of 2010. The most affected areas identified are eastern marginal cropping areas in Tigray, Amhara, and Oromiya, pastoral areas of Afar and northern and south-eastern Somali, Gambella Regions, and most low-lying areas of southern and central SNNPR.

Short term food assistance is required for 5.2 million people from January to December 2010 in ten regional states of the country. Accordingly, the total net emergency food requirements from January to December 2010 and non-food needs for the first six months of 2010 amounts to about EUR 200 million[6].

[4] EC-Joint Research Centre - Monitoring Agricultural Resources Bulletin, *Crop Monitoring in Ethiopia December 2009,* Vol. 04 - 2009

[5] Maize is the most consumed crop by the poor

[6] Source: Joint Government and Partners' Document, *Humanitarian Requirement Document – 2010,* January 2010.

Agriculture

Farmers and agro pastoralists lost their seeds and other agricultural inputs such as fertilisers in the below normal *Belg* and delayed and below normal *Meher* seasons. Revitalisation of their livelihood and improvement in food security is highly dependant on provisional agricultural inputs.

Therefore, seeds, agricultural tools and other agricultural inputs need to be provided based on the planting seasons of the respective target areas including *Belg* planting (March/April) and *Meher* season planting (June until August). The planting of long cycle crops such as maize and sorghum is to be accomplished using the upcoming *Belg* rains. The planting time in the agro-pastoral areas of southern Ethiopia is from mid-March (*Gana* rains) and October (*Hagaya* rains).

Livestock

Providing support to the animal health service delivery system, maintaining productivity and minimising loss of direct livestock assets is imperative in the prevention or reduction of the effects of disease outbreaks and disasters. Short-term livestock feeding maintains and protects core breeding stock, provides the opportunity to supply concentrates and grass/hay, as well as to maintain milk production.

Short-term commercial de-stocking or removal of at risk animals from recurrent drought prone areas should be conducted before an animal's body condition completely deteriorates. Such interventions are nowadays identified as the most important as it helps to minimise loss and allows livestock owners to earn cash from the sale of otherwise dying animals affected by drought. The saved cash is supposed to improve the purchasing power of pastoralists/ agro-pastoralists and enable them to meet their immediate food and other basic needs, consequently protecting them from depleting their assets and engaging in negative coping strategies. The cash generated through this intervention also helps pastoralists to re-stock and hence more quickly recover on their own, when conditions return to normal. Additionally, de-stocking enables reduced pressure and competition over scarce pasture and water resources, thus allowing better maintenance and protection of remaining breeding stock.

Health

Nutrition

For 2010, the prevalence of SAM is projected at 1.8 percent and that of moderate acute malnutrition at 11.4 percent[7]. It is envisaged that nutritional screening through the Enhanced Outreach Strategy (EOS) will be conducted for 6.7 million children between 6 and 59 months and 1.4 million malnourished people are expected to be referred to Therapeutic and Supplementary Feeding Programmes[8]. However, it is important to note that gaining access to start and run nutritional programmes and carryout nutritional surveys have become difficult. The problem varies across the Regions. At present the most difficult is considered to be SNNP Region. The January 2010 Humanitarian Requirements Document states*" The FMoH*

[7] Source: Joint Government and Partners' Document, *Humanitarian Requirement Document – 2010,* January 2010.
[8] *Ibid.*

plans to provide essential therapeutic food and routine drugs to the 106,457 severely malnourished children, improve access to therapeutic feeding through continued rolling out of the Outreach Therapeutic Programme (*OTP) services to health post levels, provision of care at referral Therapeutic Feeding Units (TFUs) for complicated cases, and improve the quality of care provided by the health facilities through joint supportive supervision."* If this approach is strictly followed, the space for short-term nutrition interventions by humanitarian agencies might be considerably reduced.

For moderate malnourished children and pregnant and lactating women, there is a need for carrying out supplementary feeding programme both by NGOs and WFP. In the first six months of 2010, WFP planned to provide Targeted Supplementary Feeding (TSF) to 500,000 children under five and pregnant and lactating women. WFP has been forced to temporarily cut TSF rations by half for the first quarter of 2010 because of critical resource shortfalls and late confirmation of donor contributions. Some 325,000 children are moderately malnourished and a total of 150,650 pregnant and lactating women are currently receiving a one and a half-month food ration rather than a three-month ration. To avoid the risk of a further decline of the nutritional status of malnourished children and pregnant and lactating women as well as the risk of child mortality due to complications resulting from severe acute malnutrition, it is critical to ensure that those identified as moderately malnourished have access to adequate supplementary feeding. Resources are thus urgently required to allow a resumption of full assistance during the approaching hunger gap period.

Primary health care

The primary health service coverage, according to the FMoH, is 89.6 percent in 2007/2008[9]. Infant mortality as measured by the probability of dying between birth and age 1 per 1000 live births is 75; and under five mortality as measured by probability of dying by age 5 per 1000 live births is 119, according to a 2007 data[10]. Maternal mortality is 673 per 100,000[11] deliveries. Life expectancy at birth is 51.8[12] years. Preventable ailments and nutritional deficiencies as causes of poor health status of Ethiopia are high even by Sub-Saharan Africa standards. 60 – 80 percent of health problems in the country are accounted for by infectious and communicable diseases. According to the Ministry of Health, the full immunisation coverage for children under the age of 1 year is 62.6 percent[13]. The same source provides that the birth attended by skilled health personnel is 20.3 percent. The density of physician to patient is 0.03, a nurse to patient is 0.21 per 1,000 people and midwife to patient is 0.01 per 1,000. The health service utilization rate is 0.32.

The per capita health expenditure of the country is USD 26[14] in 2006 as measured by the purchasing power parity (i.e., which is about 3.9 percent of the GDP).

[9] Federal Ministry of Health – planning and programming department, *Health and Health Related Indicators,* 2007/2008.
[10] WHO, *World Health Statistics,* 2009
[11] Federal Ministry of Health – planning and programming department, *Health and Health Related Indicators,* 2006/2007.
[12] UNDP, *World Development Report 2007/2008 – fighting climatic change: human solidarity in a divided world,* 2007, New York.
[13] Federal Ministry of Health – planning and programming department, *Health and Health Related Indicators,* 2007/2008.
[14] WHO, *World Health Statistics,* 2009

Epidemic outbreaks

Considerable potential for outbreaks of Cholera (Acute Water Diarrhoea - AWD) in 2010 are foreseen owing to the high number of cases and dispersion of the disease in 2009, and the unusual rainfall pattern observed recently (January and February). After two years of drought and consequent malnutrition in many parts of the country, and the erosion of people's assets over this period, there is a clear and very high risk of Cholera (AWD) and malnutrition combining in some households and may have devastating consequences.

As of 7th February 2010, 347 Cholera (AWD) cases and 6 deaths from 10 districts in Oromiya and SNNRP regions were reported. According to the Oromiya (Regional Health Bureau (RHB), outbreaks[15] have started occurring already in 39 Woredas in 6 zones of the region. A total of 53 CTCs and Oral Rehydration points were established for case management since January 2010. It is feared that the outbreak will further spread to other high risk Woredas neighbouring Borena zone, particularly Guji zone in Oromiya region, Liben zone of Somali region and Gideo, South Omo and Konso special Woreda of SNNPR. This confirms the rapidly evolving nature of the current cholera outbreaks and calls for urgent preparedness, preventive and response interventions in place to prevent and control, so as to minimize the effects of the outbreak. In addition, at the same time initiating preparedness measures to fore stall any possible outbreaks during the forth coming rainy season and celebrations/commemorations of religious events is considered a priority.

Measles outbreaks were reported from 6 Woredas in Sidama zone, 2 Woredas from Bench Maji, Daworo zones and Konso S/Woreda and Hawassa City Administration, of SNNPR since January 2010. So far more than 1,600 cases were reported from SNNPR alone. Based on previous experiences, it is estimated that outbreaks may further spread to other places, particularly in areas with high levels of acute malnutrition and where routine immunization coverage is low. This situation is alarming and requires integrated efforts to save children's lives.

Water, sanitation and hygiene

Water shortages are critical in parts of Afar, Somali and Oromiya Regional States. In 2009 approximately 2,300,000 people were addressed in order to avert human sufferings caused by shortages of water. According to UNICEF, access to improved water sources is 31 percent and sanitation is 18 percent. In addition, water quality is a serious issue as contamination with animal dung and human excreta are common. Consequently, susceptibility to water-borne diseases such as diarrhoea and dysentery, water-washed diseases such as trachoma and scabies, water-based diseases such as *schistosomiasis*, and water-related insect vectors including malaria are endemic. In Ethiopia, UNICEF further explains, estimated three-quarters of the health problems of children and communicable diseases originate from the environment. Besides, the level of awareness in relation to hygiene practices is extremely low.

The situation of cholera (AWD) is now cyclical and endemic. Therefore, sustaining provision of water treatment solutions together with the quick dissemination of clear, straightforward hygiene promotion messages would help in containing the spread of the disease. At community level, the need for operation and maintenance systems remains to be enhanced.

[15] Total number of cases not yet official.

Protection, Refugees and IDPs

The conflict in Somali Regional State and Gambella, and the access constraint to the affected population have made the local people increasingly vulnerable to human rights violations from the various warring groups.

The number of Internally Displaced People (IDPs) in Ethiopia is difficult to determine. However, there have been reports of people displaced by conflict in Somali and Oromiya Regions. Moreover, the refugee and Internally Displaced People situation boosted the need for protection services by humanitarian actors particularly ICRC and UNHCR. However, given that ICRC has not been allowed back in Somali Region after it was expelled in July 2007, protection activities have been left unattended and the need for advocacy and lobby by the humanitarian community remains vital. In the context of Ethiopia protection is considered one of the high priority sectors in the humanitarian response portfolio; however, it has the least possibility to be engaged actively.

The Horn of Africa is one of the hotspots of cross-boarder population movements from native country ripped by conflict. Somalia has not had a functional Government for the last two decades and different factions have been fighting with each other, destabilizing the sub region. The effects not only resonated in neighbouring countries but also even in countries out of the Region by creating an environment that became a fertile breading ground for global terrorism and the worsening piracy problem in the Gulf of Eden. As a consequence, people flock across the border to Ethiopia and other countries in the Region. According to the UNHCR there are significant number of refugee Somali population in Ethiopia where UNHCR and the Government have opened three refugee camps in Sheder, Aw-Barre and Dollo Ado hosting over 44,000 people. A continuous flow of asylum seekers are also arriving from Eritrea and a new refugee camp is being opened in May'aini. Opening of more camps are also expected at Asyta and Berhale for Eritrean Afars. Even if there are refugees from South Sudan in Gambella and Beneshangul Gumuz, repatriation efforts are facing problems because of the tension in South Sudan. UNHCR is keeping a planning figure of 102,620 refugees and asylum seekers for 2010 in Ethiopia.

Disaster Risk Reduction

Climatic hazards mainly drought and flooding are the common disasters and risk factors in Ethiopia. The cycle of drought has increased and the period between successive droughts is diminishing. Being a country heavily relaying on rain-fed subsistence agriculture and with low resilience to shocks, Ethiopia has become increasingly vulnerable to drought. In Somali Region and lowland Oromia, more than four consecutive droughts have occurred reducing assets of the households. People in Gambella, Somali in Gode area, Afar along the Awash river, in some parts of Amhara and Oromiya are frequently affected by floods. As re-emergence of epidemic is mostly associated with the start of rainfall seasons and flooding, preparedness in terms of health surveillance, climate monitoring and forecasts are needed together with the communication of early warning systems information to communities. Additional preparedness and mitigation measures such as the availability of health kits, drugs and medical supplies; or such as the strengthening of the capacity of regular health services to provide adequate support to the vulnerable population in times of disaster are also needed to increase the coping capacity of the population potentially affected by disasters and reduce their vulnerability. Besides, other basic Non-Food Items (NFIs) such as sheltering, water

provision and medical support need to be made available on a timely basis to the affected communities.

The Ethiopian Government is in the process of enacting a Disaster Risk Management (DRM) Policy that is supposed to give more space to DRM projects. Whereas the priority given to DRM policy is considered appropriate, space for the implementation of humanitarian aid actions must not be constrained as a result. Mainstreaming of DRR aspects into short-term operations would be effective only if humanitarian partners could implement short-term response programmes.

The level of vulnerability and exposure to the hazards mentioned makes that any shock becomes a disaster. Therefore, DG ECHO strategy in Ethiopia will mainstream Disaster Risk Reduction and climatic risk management into the humanitarian programmes that will be financed under this decision.

1.3 Risk assessment and possible constraints

Below normal level of rainfall, poor distribution, and late onset and early cessation may result in crop failure seriously affecting the food supply system of the country. Insufficient rains would result in pasture and water scarcity particularly in the pastoralist lowland areas. This may further extend the duration of the nutrition and food security related problems. Therefore, proper rainfall is the precondition for improvement in the overall food security status in the country.

Parliamentary elections are scheduled for May 2010. The last election experience in 2005 indicates possible mass disobedience even if on a lesser scale. It is important to realise that access problems due to security might be created as the election approaches and the aftermath of the election should also be carefully considered.

The Societies and Charities' Law, critised for limiting the role of NGOs and enhanced control over their activities, was ratified in October 2009 and is now effective. So far the Charities and Societies Agency established according to the law has not been seen to put too much pressure on the NGO community. However, things might change as the provision of the law gives the possibility to disrupt activities of any humanitarian agency.

Ethiopia is high in the agenda when it comes to malnutrition and humanitarian agencies including the UN, NGOs and the Red Cross were involved in addressing those affected. The Government has taken a different approach, implementing the OTP rollout strategy whereby severely acutely malnourished children would get treatment in nearby health posts. This move has been observed to have an element of fully replacing the humanitarian NGOs role in nutritional response programmes. That would have a serious consequence particularly on the NGOs if they are not able to conduct the classic nutritional responses, which these programmes in the past have substantially contributed to and were effective in averting human suffering and loss of life. In terms of long term strategy OTP rollout is considered appropriate as far as the caseloads are few. However, during times of large scale nutritional crisis, the health infrastructures will be overwhelmed as they lack the human resources, the material preparedness and the logistics. Even if the OTP rollout is considered important, the role of humanitarian agencies and their capacity to respond to nutritional crises needs to be maintained.

Insecurity

Security in Somali Regional State is seriously battered and it is extremely difficult for humanitarian actors to operate. There are different factions engaged including the Ogaden National Liberation Front (ONLF), al-Shabab and other smaller groups. Abduction and arbitrary detentions have been reported by international human rights organisations. The Ogaden Region in particular has more constraints as the Ethiopian Defence Forces are active and access to the field is intermittent. This has a potential to affect the implementation of humanitarian activities in the area as well as restricting mobility. Recent reports from Gambella indicate a deteriorating security situation owing to the tensions in South Sudan, as well as increased inter-clan conflict in the area. Moreover, in some parts of Oromiya and Afar, sporadic conflicts and skirmishes are reported.

2 Proposed DG ECHO response

2.1 Rationale

This decision will be further supplemented and coordinated with the Regional Drought Decision, the period of which is expected to extend through 2011, which builds the resilience of pastoralist communities living in drought prone areas of the country. In 2010, EUR 20,000,000 will be allocated to the Horn of Africa countries for this Decision.

Other complementary actions may be undertaken with other financing instruments such as the Epidemics or Small Scale Disasters decisions if need be.

2.2 Objectives

Principal objective: To provide protection and assistance to vulnerable people affected by natural and man made disasters in Ethiopia.

Specific objective 1: To improve the humanitarian situation of disasters affected population through the provision of multi-sectoral assistance.

Specific objective 2: To provide appropriate and adequate food assistance to disaster affected population, including food aid, nutrition and short-term food security.

2.3 Components

Components for Specific objective 1:

Health

- To support the treatment and recovery of people affected by Acute Watery Diarrhoea, measles, meningitis and other potential outbreaks
- To support mobile health teams and existing health services in order to facilitate primary health care access in underserved, conflict and disaster affected communities to reduce the incidence of morbidity and mortality
- To mainstream preventive as well as curative interventions against identified public health threats

- To support nutritional programmes in children under 5 and pregnant and lactating women

Water and Sanitation

- To support communities in drought/flood affected areas for improved access to safe water
- To support people directly affected by cholera – for preparedness as well as containment measures
- Support latrine construction with technologies replicable by the community

Nutrition and short-term livelihood support

- To support nutritional programmes in children under 5 and pregnant and lactating women
- To provide agricultural input to farmers affected by climatic or market factors in order to enable them restart production, as well as assistance to pastoralists in the prevention of livestock diseases and support livestock de-stocking.

Disaster Risk Reduction

- To support the integration of lessons learnt and good practices identified from the drought risk reduction actions supported by DG ECHO in the greater Horn of Africa Region into humanitarian response programmes;
- To increase awareness of partners and local communities on disaster risk reduction and climate change adaptation;
- To support risk assessment and risk mapping at local level, support existing early warning systems to become more effective at local level, particularly on hazard monitoring and the communication of climate forecast to local communities;
- To support small scale mitigation measures and preparedness measures, such as community action plans, contingency planning, stock piling, reinforcing communities managed disaster risk reduction and climate risk management strategies/approach.

Protection and assistance to refugees and IDPs

- Other interventions in the field of protection (i.e. support to prisoners of wars or promotion of International Humanitarian Law) or specifically targeting refugees and IDPs might be funded by this decision according to the situation.

Components for Specific objective 2:

Food Assistance

- To provide short-term food assistance to people affected by food shortages as a result of climatic factors and conflicts
- To provide short-term food security to communities affected by climatic or market factors who are unable to maintain or recover their level of production related to agriculture and livestock
- To support nutritional programmes in children under 5 and pregnant and lactating women

Short-term food security

- To provide agricultural input to affected farmers and agro-pastoralists in order to enable them restart production,
- To provide assistance in the prevention of livestock diseases and support livestock off take.

2.4 Complementarity and coordination with other EU services, donors and institutions

(See Table 3 in Annex)

DG ECHO Ethiopia has been coordinating with the EU Delegation and in close collaboration especially with the Rural Development and Food Security Section. The Humanitarian Donors Coordination Group has been consolidated in the last year in which DG ECHO plays a key role. Among the humanitarian donors there are the Office of U.S. Foreign Disaster Assistance (OFDA), the UK Department For International Development (DFID), the Dutch Embassy and the Humanitarian Response Fund (HRF) of OCHA. In the Humanitarian Donors Coordination Group the humanitarian situation in the country is discussed and how individual donor agency inputs should be used. Attempts are made to avoid double funding and geographic overlap. The implementation capacity of potential partners is also discussed.

2.5 Duration

The duration for the implementation of this Decision shall be 15 months. Partners have often to face, for different reasons, delays in the implementation of their interventions. Therefore, even if in most cases the humanitarian operations funded by this decision are 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 Actions funded by this Decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 1 June 2010.

Start Date: 1 June 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 Actions.

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.

3 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 Actions financed by the Union in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent Actions." 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/policies/evaluation/introduction_en.htm.

4 Management Issues

Humanitarian aid Actions funded by the Commission are implemented by NGOs and the Red Cross National Societies on the basis of Framework Partnership Agreements (FPA), by Specialised Agencies of the Member States and by United Nations agencies based on the EU/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/about/actors/partners_en.htm.

For NGOs, Specialised Agencies of the Member States, Red Cross National Societies and International Organisations not complying with the requirements set up in the Financial Regulation applicable to the general budget of the European Union for joint management, actions will be managed by direct centralised management.

For International Organisations identified as potential partners for implementing the Decision, actions will be managed under joint management.

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.

5 Annexes

Annex 1- Summary decision matrix (table)

Principal objective: *To provide protection and assistance to vulnerable people affected by natural and man made disasters in Ethiopia.*				
Specific objectives	**Allocated amount by specific objective (EUR)**	**Geographical area of operation**	**Activities**	**Potential partners**[16]
Specific objective 1: To improve the humanitarian situation of disasters affected population through the provision of multi-sectoral assistance.	5,000,000	Nationwide, with a focus on Somali, Oromiya, particularly the southern part of Tigray, Gambella, Afar and SNNP	Health, water and sanitation, nutrition, short-term livelihood support, disaster risk reduction, protection, assistance to refugees and IDPs	<u>Direct centralised management</u> - ACF - FRA - CARE - UK - CARITAS - DEU - CONCERN WORLDWIDE - GERMAN AGRO ACTION - GOAL - INTERMON - IRC - UK - MDM - FRA - MERLIN - MSF - BEL - MSF - ESP - MSF - FRA - MSF - NLD - OXFAM - UK - SAVE THE CHILDREN - UK - WORLD VISION – UK <u>Joint management</u>

[16] ACTION CONTRE LA FAIM, (FR), ARTSEN ZONDER GRENZEN (NLD), CARE INTERNATIONAL UK, COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CONCERN WORLDWIDE, (IRL), DEUTSCHE WELTHUNGERHILFE e.V., DEUTSCHER CARITASVERBAND e.V, (DEU), FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, GOAL, (IRL), INTERMON OXFAM, (E), International Rescue Committee UK, MEDECINS DU MONDE, MEDECINS SANS FRONTIERES (FR), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), MEDICOS SIN FRONTERAS, (E), OXFAM (GB), THE SAVE THE CHILDREN FUND (GBR), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, WORLD FOOD PROGRAM, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE, WORLD VISION - UK

				- FAO - ICRC-CICR - IFRC-FICR - OCHA - UNICEF - WFP-PAM - WHO
Specific objective 2: To provide appropriate and adequate food assistance, including food aid, nutrition and short-term food security	10,000,000	Nationwide, with a focus on Somali, Oromiya, particularly the southern part, Tigray, eastern Amhara, Gambella, Afar and SNNP	Food aid, nutrition and short-term food security, including provision of agricultural inputs and animal health treatments	<u>Direct centralised management</u> - ACF - FRA - CARE - UK - CARITAS - DEU - CONCERN WORLDWIDE - GERMAN AGRO ACTION - GOAL - INTERMON - IRC - UK - MDM - FRA - MERLIN - MSF - BEL - MSF - ESP - MSF - FRA - MSF - NLD - OXFAM - UK - SAVE THE CHILDREN - UK - WORLD VISION - UK <u>Joint management</u> - FAO - ICRC-CICR - IFRC-FICR - OCHA - UNICEF - WFP-PAM - WHO
TOTAL:	15,000,000			

Annex 2 - List of previous DG ECHO decisions

			2007		2008		2009	
Decision Number		Decision Type	EUR		EUR		EUR	
ECHO/-FA/BUD/2007/01000 (*)		Non Emergency	15,000,000					
ECHO/ETH/BUD/2007/01000		Non Emergency	5,000,000					
ECHO/-FA/BUD/2008/01000 (*)		Non Emergency			13,402,987			
ECHO/-FA/BUD/2008/02000 (*)		Non Emergency			6,000,000			
ECHO/-FA/BUD/2008/03000 (*)		Emergency			15,927,324			
ECHO/-HF/BUD/2008/01000 (*)		Non Emergency			8,321,664			
ECHO/ETH/BUD/2008/01000		Non Emergency			4,000,000			
ECHO/-FA/BUD/2009/01000 (*)		Non Emergency					10,000,000	
ECHO/-HF/BUD/2009/01000 (*)		Non Emergency					3,483,850	
ECHO/-HF/BUD/2009/02000 (*)		Non Emergency					25,000,000	
ECHO/ETH/BUD/2009/01000		Non Emergency					6,000,000	
ECHO/ETH/EDF/2009/01000		Emergency					10,000,000	
		Subtotal	20,000,000		47,651,975		54,483,850	
		Grand Total			122,135,825			
Dated : 01 March 2010								
Source : HOPE								

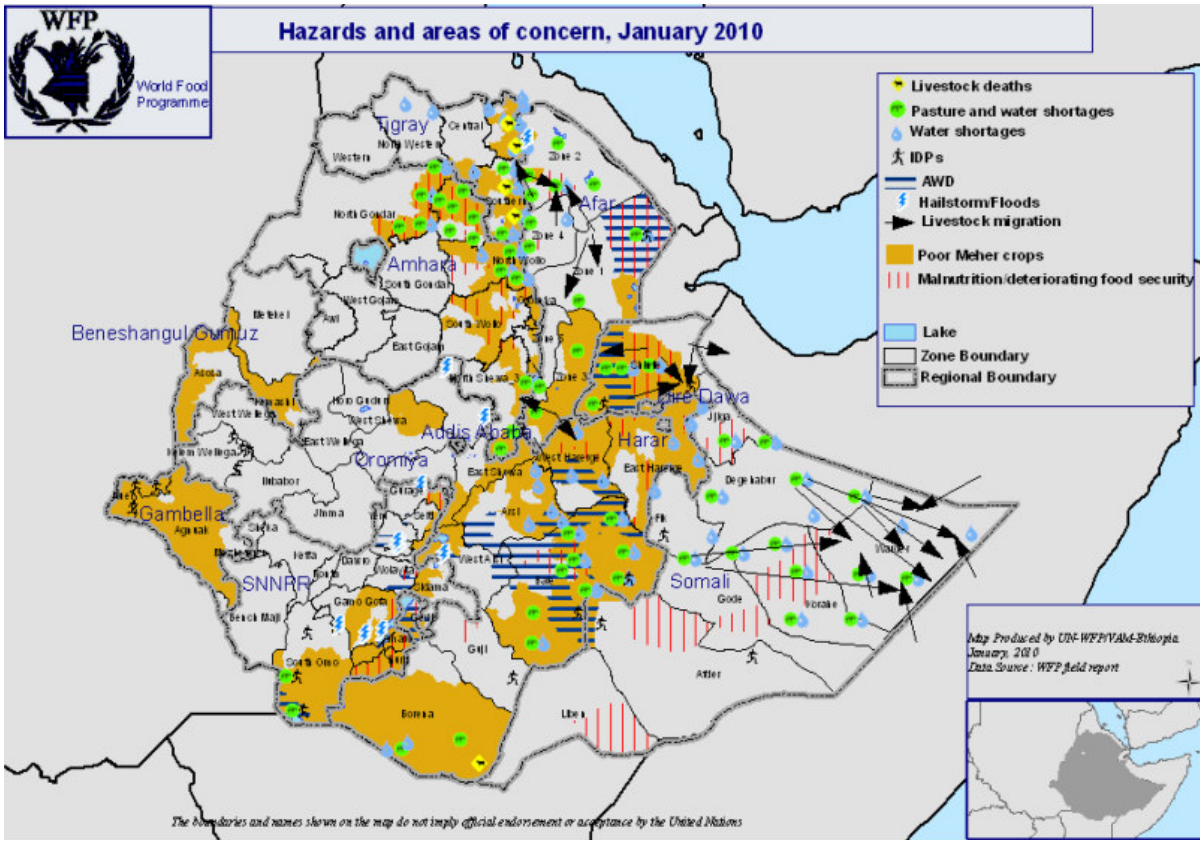
Annex 3 - Overview table of the humanitarian donor contributions

Donors in ETHIOPIA the last 12 months

1. EU Members States (*)	EUR	2. European Commission	EUR	3. Others	EUR
Austria	880,000	DG ECHO	54,483,850		
Belgium	2,250,000	Other services			
Bulgaria					
Cyprus					
Czech republic	200,000				
Denmark	8,991,583				
Estonia					
Finland	1,300,000				
France	1,250,000				
Germany	2,045,000				
Greece	450,000				
Hungary					
Ireland	875,232				
Italy	1,974,000				
Latvia					
Lithuania					
Luxemburg	105,000				
Malta					
Netherlands	12,000,000				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	7,253,146				
United kingdom					
Subtotal	39,573,961	Subtotal	54,483,850	Subtotal	0
		Grand total	94,057,811		

Dated : 01 March 2010
(*) 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.

Annex 4 – Map of Ethiopia



Annex 5 - Statistics on humanitarian situations

Vulnerability and Crisis index

GNA 2009-2010	**Vulnerability Index (VI)**											**Crisis Index (CI)**			
Countries - GNA 2009-10	**score**	aver.	HDI	HPI-1	**HDI/HPI**	R+I+r	**R+I+r / 2**	U5UW	U5M	**U5**	**Health + Inequality**	**C/ND/R**	***Conflict***	***ND***	***Ref+IDP***
Djibouti	**3**	*2.25*	2	2	**2**	4	**2**	3	3	**3**	2	3	0	3	**0**
Eritrea	**2**	*2.13*	3	2	**2.5**	2	**1**	3	2	**2.5**	2.5	2	0	2	**0**
Ethiopia	**3**	*2.31*	3	3	**3**	2	**1**	3	3	**3**	2.3	3	3	3	**0**
Kenya	**3**	*2.25*	2	2	**2**	4	**2**	3	3	**3**	2	3	2	3	**2.0**
Somalia	**3**	*2.88*	x	3	**3**	6	**3**	3	3	**3**	2	2.5	3	3	**3**
Sudan	**3**	*2.63*	2	2	**2**	6	**3**	3	3	**3**	2	2.5	3	3	**3**
Uganda	**3**	*2.56*	2	2	**2**	5	**2.5**	3	3	**3**	3	2.8	0	2	**3**

HDI: Human Development Indicator
HPI: Human Poverty Indicator
R+I+r: Refugees/IDPs/Returnees - formatting