



EUROPEAN COMMISSION

Brussels xx.xx.2010
C (2010) XXX final

COMMISSION DECISION

of

**on the financing of humanitarian actions in Liberia from the general budget of the
European Union**

(ECHO/LBR/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 aid¹, and in particular Articles 2 and 15(3) thereof,

Whereas:

- (1) Fourteen years of armed conflict in Liberia have left 250,000 people killed, almost the entire infrastructure destroyed, and large-scale displacement both internally and to neighbouring countries and further afield;
- (2) Basic services such as health, water/sanitation and shelter have been depleted by years of fighting and looting across the whole country;
- (3) 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;
- (4) 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 18 months;
- (5) It is estimated that an amount of EUR 7,000,000 from budget article 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 500,000 vulnerable people, taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Decision 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;
- (6) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002², Article 90 of the detailed rules for the implementation of the Financial Regulation determined by

¹ OJ L 163, 2.7.1996, p. 1.

² OJ L 248, 16.9.2002, p.1.

Regulation (EC, Euratom) No 2342/2002³, and Article 15 of the internal rules on the implementation of the general budget of the European Union⁴;

- (7) 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 **3 June 2010**.

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 7,000,000 for the financing of humanitarian Actions in Liberia from budget article 23 02 01 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 the necessary assistance and relief to people affected by the humanitarian crisis in Liberia. The humanitarian Actions shall be implemented in the pursuance of the following specific objective:
 - To reduce mortality and morbidity among vulnerable people by providing humanitarian assistance.

The full amount of this Decision is allocated to this specific objective.

Article 2

1. The period for the implementation of the Actions financed under this Decision shall start on 1st July 2010 and shall run for 18 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 account in the implementing period of the Decision in respect of the Action suspended.
3. In accordance with the contractual provisions ruling the Agreements financed under this Decision, 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.

Article 3

1. As a general rule, Actions funded by this Decision 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 Decision and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.

³ OJ L 357, 31.12.2002, , p.1.

⁴ Commission Decision of 5.3.2008, C/2008/773

2. Actions supported by this Decision 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

Title: Commission decision on the financing of humanitarian actions in Liberia from the general budget of the EU

Description: Humanitarian assistance to people affected by the humanitarian crisis in Liberia

Location of Action: Liberia

Amount of Decision: EUR 7,000,000

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

Supporting document

1 Humanitarian context, needs and risks

1.1 Situation and context

Fourteen years of armed conflict in Liberia have left 250,000 people killed, almost the entire infrastructure destroyed, and large-scale displacement both internally and to neighbouring countries and further afield.

Following national elections, the government of President Ellen Johnson-Sirleaf was installed in early 2006. Although the overall security situation has been stabilised, localised inter-ethnic property and land disputes, and tensions in Côte d'Ivoire, and Guinea continue to threaten a fragile peace. United Nations Mission in Liberia (UNMIL), through its peacekeeping forces has provided security throughout the country since 2003.

Among the major challenges that the government faces are maintaining peace and security after withdrawal of UNMIL peacekeeping forces, tackling corruption, reducing the high level of unemployment (estimated at 80% in 2007), and continuing to reconstruct the country's infrastructure. Nearly three quarters of the population live below the poverty line of USD1 per day. 11.3% of the population is highly vulnerable and 38% moderately vulnerable to food

insecurity.¹ Liberia also suffers from high incidence of diseases (malaria, cholera) and high under-5 years and maternal mortality rates. Although primary health care has been largely re-established, the hospital infrastructure remains in a poor state.

Reconstruction and rehabilitation of basic services remain very slow, especially because of the low capacity of the different line ministries. If the government is not seen to be delivering, public support could quickly dissipate leading to political instability, increased risk for coup attempts, and inter-ethnic violence.

On 15th September 2009, the mandate of the 10,000-strong UNMIL peace force was extended until 30th September 2010. The number of military and police component personnel has been reduced to 8,000 troops. UNMIL has planned to leave in 2012 after the presidential elections of 2011.

The Ministry of Health and Social Welfare (MOHSW) has made progress in improving the health situation. However, they expressed a huge concern for the ability to take on certain services currently provided by NGOs to the health sector, for the years 2010-2011. This concerns especially paediatric services in Monrovia, as two private paediatric hospitals will close in June 2010 (representing 70% of paediatric beds in Monrovia, and 16,000 paediatric admissions/year).

Although a shift is going on from humanitarian to development funding, humanitarian gaps remain. Liberia still requires humanitarian assistance and support until the Government has the capacity to take over from international agencies in a linking relief, rehabilitation and development (LRRD) context.

1.2 Identified humanitarian needs

The total population of Liberia is estimated at 3,489,000 (preliminary census figures 2008)², of which 1,144,806 (32%) are in Montserrado county (Monrovia).

The humanitarian needs can be best summarised as follows:

Health

The few health indicators available in Liberia convey an alarming health status:

- Infant **mortality rate** is currently (2007) estimated at 71/1000 live births, **under five mortality rate** at 110/1000 live births, in fact a halving of the 1992-1996 mortality rates.
- In 2007, the **maternal mortality ratio** was estimated by the MOHSW at 994/100,000 live births, one of the highest in the world.
- **Malaria:** Liberia is a malaria endemic country, and the disease has been the leading cause of morbidity and mortality, accounting for 40 % of out-patient attendances and 18 % of in-patient deaths.
- **AIDS:** according to a seroprevalence study in 2007, the prevalence of AIDS in urban areas is 2.8% and in rural areas 0.8%.³

¹ Liberia Household, Food Security and Nutrition Surveillance, conducted November 2009, Government of Liberia with the support of UN (FAO, UNICEF, WFP).

² Government of Liberia.

³ Liberia Demographic and Health Survey 2007, Liberia Institute of Statistics and Geo-Information Services (LISGIS).

- **Acute respiratory infections (ARI):** prevalence among children 0-59 months has been estimated at 25 % in 2005.
- **Tuberculosis:** prevalence is currently estimated at 4 per 1,000.
- **Risk for epidemic diseases:**
 - o **Cholera:** high risk, endemic, from 2003-2007, every year around 2,000 cases, 90% of which in Montserrado County. In 2009, an average of 100 cases monthly in Monrovia.
 - o **Lassa Fever:** high risk, endemic, 6-7 cases/month in Lofa, Nimba, Bong counties with a peak in the dry season. Two hospitals with isolation ward for management of cases (Saclepea, Pheebe).
 - o **Yellow fever:** Low risk, in 2009, over 2,000,000 people have been vaccinated in a country wide vaccination campaign. YF is included in routine expanded programme on immunisation (EPI).
 - o **Measles:** medium to low risk, during an EPI survey at the end of 2009, it was found that the coverage of measles was only 60%. At present, there is a major outbreak in Monrovia, a vaccination campaign has been planned (which will be extended to the whole country later).
 - o Delay in the detection of outbreaks and inadequate preparedness and response aggravates the impact of epidemic diseases, leading to increased numbers of cases, increased duration of epidemics, excess mortality and the potential for spread to other areas. Therefore, emergency preparedness and response mechanisms are of paramount importance.
- **Paediatric care in Monrovia:** in June 2010, two private hospitals (run by Médecins Sans Frontières (MSF)) will be definitely closed in Monrovia. Each year over 15,000 children are admitted in these hospitals. The capacity should be taken over by the MOHSW, but they have no funds available at present to finance the running costs of two new to open wards (Redemption hospital and another to be defined).

Malnutrition/Food Security

The results of the most recent national nutritional survey (April 2009) conducted by United Nations World Food Programme (WFP)/ United Nations Children's Fund (UNICEF) indicate that approximately 6.2 % of children under five are wasted and 25.5 % are stunted. These nutrition rates are not considered as alarming, but the situation remains fragile due to the poor health, sanitation and food security indicators. The management of malnutrition is now being integrated in the health care services throughout Liberia.

Through the envelope B of the 10th European Development Fund (EDF), UNICEF and WFP will receive funds for the management of acute malnutrition and the prevention of chronic malnutrition for the next two years. However these funds do not cover all needs, especially for the moderately malnourished children, and will not cover for any increases in caseload due to epidemics (measles) or increased food insecurity.

According to the 2009 Liberia Household, Food Security and Nutrition Surveillance report, 11.3 % of the population is considered to be food insecure and 38% are highly vulnerable to food insecurity. The chronic food insecurity is related to geographical isolation, limited market access, poor infrastructure and chronic poverty. Transitory food insecurity, related to the fact that households are rebuilding their livelihoods after the war, has the potential to recover fully over the next two to three years.

Water and Sanitation

According to the Liberia Census report from July 2008, 72 % of the urban population has access to an "improved source" of drinking water compared to 52% of the rural population.

However, quality of the water is assumed to be poor due to potential contamination during transport and storage. Access to improved sanitation is lower than for water, 49 % of urban populations have access to sanitation while the rural coverage is estimated at only 7 %. The suburbs of Greater Monrovia are prone to cholera outbreaks during the rainy season, especially when localised floods occur.

Current water and sanitation sector activities are not well organised or coordinated, and the capacity for planning, implementing, and evaluating water, sanitation and hygiene interventions is low. The governance framework is fragmented with roles and responsibilities split among at least 4 ministries and agencies. However, at the end of 2009 a National Water Supply and Sanitation Policy was approved by the Government. The launch of the policy is planned 2010 with the creation of a national board which will oversee policy and strategy. Eventually, the creation of a Ministry of Water and Environment has been foreseen.

1.3 Risk assessment and possible constraints

A stable political and economic setting is an essential pre-condition for a steady recovery process in Liberia. In this context, the gradual down-sizing of the UNMIL troops and police force may pose the risk of greater insecurity.

Despite some successes of the transition process, any failure to secure and continue activities for development could fuel further economic deterioration and civil discontent especially in view of the upcoming presidential elections of 2011.

Especially recent developments in neighbouring Guinea, and Côte d'Ivoire represent a risk to Liberia's stability. The unstable political situation in Guinea requires close monitoring, and the continuing power struggle leading up to the long awaited presidential election in Côte d'Ivoire constitutes another destabilising factor for the entire region.

One of the main hurdles is the very poor quality of the road network in the country which renders intra-country travel difficult. This situation is even more complicated during the rainy season where it is not rare to see large parts of rural Liberia cut off. The most affected counties are Lofa and Gbarpolu Counties (in the northwest) and Grand Kru, Maryland, River Gee and Sinoe Counties (in the south/east). As a consequence, many communities in Liberia are underserved. This issue has been highlighted in several reports and rehabilitation of infrastructure is forming the core of development donors' strategy in Liberia.

2 Proposed DG ECHO response

2.1 Rationale

The Directorate General for Humanitarian Aid of the European Commission (DG ECHO) has and will continue to concentrate on the most urgent and life threatening needs that other funding mechanisms cannot deal with, or that are not present to deal with such needs. Although humanitarian aid can provide some of the answers, the recently accelerated transition process should continue. These efforts should be anchored in the various national strategies developed by the Government of Liberia. Their translations into both national work plans and transition plans should enable better prioritisation and programming of the scarce financial resources to be made available in the foreseeable future. Boosting development efforts and reinforcing coordination mechanisms will be paramount for a successful transition process.

The selection of operations will be made on the basis of criteria such as: (a) significant humanitarian needs for healthcare, nutrition, water, and sanitation; (b) regions with high population density; (c) inclusion of interventions from other donors who have already been identified.

This assistance is expected to benefit directly or indirectly around 500,000 beneficiaries.

The strategy proposed under this decision is consistent with the overall DG ECHO strategic priorities in two ways:

Humanitarian needs:

Liberia is amongst the neediest countries in the world, be it measured by the Global Needs Assessment (GNA) score (GNA 2009-10 score 3), or in avoidable mortality.

Linking Relief, Rehabilitation and Development (LRRD):

DG ECHO's reduction of humanitarian funds will be in the spirit of LRRD. As longer term development funds gradually become available for sectors such as health, nutrition, and water and sanitation, the need to maintain short-term humanitarian funding will be reduced. This is expected to happen over the next 24 months.

Significant outputs reached in 2009:

- DG ECHO's focus on health has contributed to both reducing morbidity and mortality. In this context, the rehabilitation and running of 53 **health** facilities have been supported: 49 primary health care centres (PHC), and 4 hospitals. This ensured access to basic health services to around 650,000 direct beneficiaries in nine out of 15 counties of Liberia: Lofa, Nimba, Bong, Bomi, Gbarpolu, Margibi, Grand Kru, Maryland, and Sinoe.
- One of the other priorities to improve health is the access to safe potable water and improved sanitary conditions. To reduce the risk for waterborne diseases DG ECHO is supporting the improvements of water sanitation and hygiene services for 140,000 beneficiaries in 10 different counties.
- In greater Monrovia support has been given to a nutritional programme for severely (300/month) and moderately (800/month) malnourished children during the year 2009.

2.2 Objectives

Principal objective: To provide the necessary assistance and relief to people affected by the humanitarian crisis in Liberia.

Specific objective: To reduce mortality and morbidity among vulnerable people by providing humanitarian assistance

2.3 Components

Activities linked to specific objective 1:

- Provision of preventive and curative primary and secondary health care until the LRRD process is completed;

- Improvement of maternal and child health through ante- and post- natal care and support to paediatric services;
- Provision of access to safe water and sanitation;
- Promotion of hygiene practices;
- Establishment and enhancement of emergency preparedness and response mechanisms in the sector of health.
- Treatment of acute and moderately malnourished children in response to occurring nutritional urgent needs.

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

(See table 3 in annex)

The coordination of humanitarian assistance has been led by the Humanitarian Coordination Section (HCS) of UNMIL. However, the HCS has been dissolved and is now integrated into other services of UNMIL. Coordination is now organised through the different line ministries. For the WASH sector, this has proven difficult due to the split responsibility over different ministries.

DG ECHO is coordinating closely with the development aid services of the Commission to link prior DG ECHO supported interventions with programmes with long-term goals in the framework of the implementation of the 10th European Development Fund (EDF). All food security projects by DG ECHO have been phased out, and most are now funded under the Food Security Thematic Programme (FSTP) or Food Facility. The 10th EDF support to the National Health Plan will start at the end of 2010 and will focus on health facilities presently supported by DG ECHO. Management of acute and chronic malnutrition will be financed for the next two years through the Envelope B of the 10th EDF. Finally, DG ECHO's partners active in the WASH sector will apply for funds of the recently launched Water Facility.

2.5 Duration

The duration for the implementation of this Decision shall be 18 months.

The 18 months duration is justified in the framework of LRRD, as most of the operations which will be financed under this decision are meant to be taken over either by Government institutions or by other European Commission long-term-aid instruments.

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

Expenditure under this Decision shall be eligible from 1st July 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 the necessary assistance and relief to people affected by the humanitarian crisis in Liberia				
Specific objectives	Allocated amount (EUR)	Geographical area of operation	Activities proposed	Expected outputs / indicators	Potential partners⁴
Specific objective 1: To reduce mortality and morbidity among vulnerable people by providing humanitarian assistance.	7,000,000	Liberia	<ul style="list-style-type: none"> • Provision of preventive and curative primary and secondary health care until the LRRD process is completed. • Improvement of maternal and child health through ante- and post natal care and support to paediatric services. • Provision of access to safe water and sanitation; • Promotion of hygiene practices; • Establishment and enhancement of emergency preparedness and response mechanisms in the sector of health. • Treatment of acute and malnourished children (according to need) 	<ul style="list-style-type: none"> • Estimated number of direct beneficiaries: 500,000 • Functioning of the primary health care system and key referral services (morbidity and mortality reduced); • Increased ante-and post- natal coverage and number of safe deliveries; • Vulnerability to malnutrition is reduced • Improvement of access to clean water, sanitation facilities and hygiene (to decrease waterborne diseases); • Working personnel trained for different activities; • Reduction of vulnerability to food insecurity and restart of agricultural system (food dependence is reduced); • Emergency preparedness and response mechanisms established. • Morbidity and mortality of malnourished children is reduced. 	<u>Direct centralised management</u> ACF – FRA; CONCERN WORLDWIDE; DRC; GERMAN AGRO ACTION; IRC – UK; MDM – FRA; MERLIN; MSF – BEL; OXFAM – UK; PMU INTERLIFE; SAVE THE CHILDREN – UK; SOLIDARITES; TEARFUND – UK; ZOA <u>Joint management ICRC-</u> CICR; UNICEF;- WFP- PAM; WHO
Risk assessment	Any deterioration of the political and economic situation in neighbouring countries. – Degradation of road infrastructures during rainy seasons makes access and implementation of humanitarian operations difficult – Lack of post crisis aid support limits the impact of humanitarian assistance and the effect on development – Lack of genuine commitment of the Government in fighting corruption and in resolving the main root of the conflict (access to natural resources) compromises all efforts toward development- Increasing criminality compromises the fragile security situation.				
Assumptions	Stability and security in Liberia is maintained –Stability in the region is maintained.– Long term commitment of international community - Efforts leading to good governance and to national reconciliation.				
Total cost	7,000,000				

⁴ ACTION CONTRE LA FAIM (FR), ADVENTIST DEVELOPMENT AND RELIEF AGENCY – DENMARK, CONCERN WORLDWIDE, (IRL), DANS FLYGTNINGEJAEPL. DEUTSCHE WELTHUNGERHILFE/ GERMAN AGRO ACTION, (DEU), COMITE INTERNATION DE LA CROIX-ROUGE (CICR), INTERNATIONAL RESCUE COMMITTEE UK, MEDECINS DU MONDE, MEDECINS SANS FRONTIERES BELGIQUE, MEDECINS SANS FRONTIERS (CHE), OXFAM (GB), PMU INTERLIFE/PINGST FFS, THE SAVE THE CHILDREN FUND (GBR), SOLIDARITES (FR), TEARFUND (GBR), UNITED NATIONS CHILDREN'S FUND, WORLD FOOD PROGRAMME, WORLD HEALTH ORGANISATION, ZOA VLUCHTLINGENZORG

Annex 3- Overview table of the humanitarian donor contributions

Donors in LIBERIA the last 12 months

1. EU Members States (*)		2. European Commission			
	EUR		EUR		
Austria		DG ECHO	12,000,000		
Belgium		Other services	31,557,084		
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France					
Germany	2,500,000				
Greece					
Hungary					
Ireland	2,358,231				
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	13,980				
United kingdom					
Subtotal	4,872,211	Subtotal	43,557,084	Subtotal	0
		Grand total	48,429,295		

Dated : 12 February 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- Liberia Map



Annex 5- Statistics on humanitarian situation

Vulnerability and Crisis index											
EUROPEAN COMMISSION  Humanitarian Aid								Crisis Index (CI)			
<i>Countries - GNA 2009-10</i>	score	HDI/HPI	R+l+r / 2	U5	HMT	Phis.	Health + Inequality	C/ND/R	Co	ND	Ref+IDP
Liberia	3	2	1.5	3	2	3	2.5	0	0	0	0
Guinea	3	3	1	3	2	3	2.5	0	0	0	0
Cote d'Ivoire	3	3	2.5	3	2	3	2.5	3	0	0	3
Sierra Leone	3	3	1	3	2	3	2.8	0	0	0	0