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**COMMISSION DECISION**

**of [...]**

**on the financing of humanitarian actions in Liberia from the 10th European  
Development Fund (EDF)**

(ECHO/LBR/EDF/2010/01000)

## COMMISSION DECISION

of [...]

### on the financing of humanitarian actions in Liberia from the 10th European Development Fund (EDF)

(ECHO/LBR/EDF/2010/01000)

THE EUROPEAN COMMISSION,

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

Having regard to the ACP-EC Partnership Agreement signed in Cotonou on 23 June 2000,<sup>1</sup> and in particular Article 72 thereof,

Having regard to Council Regulation (EC) No 617/2007 of 14 May 2007 on the implementation of the 10th European Development Fund under the ACP-EC Partnership Agreement,<sup>2</sup> and in particular Articles 5.4 and 8 thereof.

Whereas:

- (1) Fourteen years of armed conflict in Liberia have left 250,000 people dead, almost the entire infrastructure destroyed, and have led to large-scale displacement both internally and to neighbouring countries and further afield;
- (2) Basic services, such as health, water/sanitation and shelter, have virtually collapsed as a result;
- (3) Health indicators in Liberia remain alarming with maternal mortality estimated at 994/100,000 live births and children under five mortality rate at 110/1000 live births;
- (4) Liberia is still dependent on assistance in the provision of basic health services;
- (5) The European Union has funded humanitarian operations in the health sector of Liberia throughout the crisis and post crisis years;
- (6) Liberia's allocation for long-term programmable development operations (A-envelope from the 10<sup>th</sup> EDF) support to the National Health Plan will ensure the funding of health structures currently supported through the European Union's humanitarian funds;
- (7) It is however still necessary to ensure further humanitarian support of the health sector until the 10<sup>th</sup> EDF A-envelope funding comes on stream in the context of linking relief, rehabilitation and development (LRRD) in order to preserve the health structures and maintain service delivery to vulnerable people;
- (8) To reach populations in need, aid should be channelled through non-governmental organisations or international organisations, including United Nations (UN) agencies.

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<sup>1</sup> OJ L 317 of 15.12.2000, p.3.

<sup>2</sup> OJ L152 of 13.06.2007, p.1.

Therefore, the European Commission should implement the budget by direct centralised management or by joint management;

- (9) 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 12 months;
- (10) The use of the 10th European Development Fund is necessary as all the funds for ACP countries in the general budget are entirely allocated.
- (11) It is estimated that an amount of EUR 2,950,000 from Liberia's allocation for Unforeseen Needs (B-envelope) of the 10th European Development Fund is necessary to provide humanitarian assistance to about 500,000 vulnerable people affected by the humanitarian crisis in Liberia. Although as a general rule actions funded by this Decision should be co-financed, the Authorising Officer, in accordance with Article 103.3 of the Financial Regulation applicable to the 10th EDF<sup>3</sup>, together with Article 253 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Union<sup>4</sup>, may agree to the full financing of actions;
- (12) The Commission will inform the EDF Committee within one month of the adoption of the Decision, in conformity with Article 8 of the Council Regulation (EC) No 617/2007.

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 2,950,000 from the 10th European Development Fund for humanitarian aid actions in Liberia.
2. In accordance with Article 72 of the ACP-EC Partnership Agreement, the principal objective of this Decision is to provide the necessary assistance and relief in the framework of LRRD to people affected by the humanitarian crisis in Liberia. The humanitarian aid actions shall be implemented in the pursuance of the following specific objective:
  - - To reduce mortality and morbidity among vulnerable people through the provision of basic health services.

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 1 September 2010 and shall run for 12 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.

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<sup>3</sup> OJ L 78 of 19.03.2008, p.1.

<sup>4</sup> OJ L 357 of 31.12.2002, p.1.

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.
4. The Authorising Officer may, where this is justified by the humanitarian situation, extend the duration of the Decision for a maximum of 6 months provided that the total duration of the Decision does not exceed 18 months.

#### *Article 3*

1. As a general rule, actions funded by this Decision should be co-financed.  
The Authorising Officer by delegation, in accordance with Article 103.3 of the Financial Regulation applicable to the 10th EDF, together with Article 253 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Union, 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.
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 Financial Administrative Framework Agreement with the UN (FAFA) and which were subject to the four pillar assessment in line with Article 29 of the Financial Regulation applicable to the 10th EDF.

#### *Article 4*

The Decision shall take effect on the date of its adoption.

Done at Brussels,

*For the Commission*

[...]

*Member of the Commission*



## **Humanitarian Aid Decision F10 (FED 10)**

Title: Commission Decision on the financing of humanitarian actions in Liberia from the 10th European Development Fund

Description: Humanitarian aid in the framework of the linking relief, rehabilitation and development (LRRD) process in Liberia

Location of Action: Liberia

Amount of Decision: EUR 2,950,000

Decision reference number: ECHO/LBR/EDF/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 dead, almost the entire infrastructure destroyed, and have led to 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 stabilised, localised inter-ethnic property and land disputes, and tensions in Ivory Coast and Guinea continue to threaten a fragile peace. The United Nations Mission in Liberia's (UNMIL) 10,000 strong peace-keeping forces have been providing security throughout the country since 2003.

On 15 September 2009, its mandate was extended until 30 September 2010 and the number of military and police personnel reduced to 8,000 troops. UNMIL has planned to disengage in 2012, after the Presidential elections which should take place in 2011.

Major challenges faced by the Government include maintaining peace and security after the 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 USD 1 per day, whilst 11.3% of the population is highly vulnerable and 38% moderately vulnerable to food insecurity.<sup>1</sup> Liberia also suffers from a high incidence of disease (malaria, cholera) and high under-5 child and maternal mortality rates. Although primary health care has been largely re-established, hospital infrastructure remains in a poor state.

The reconstruction and rehabilitation of basic services remains very slow, especially because of the low capacity of the different line ministries. If the Government is not seen to be delivering, its support could quickly dissipate with a potential for political instability, increased risk of coup attempts, and inter-ethnic violence.

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.

The 10<sup>th</sup> EDF envelope for Liberia for long-term programmable development operations (A-Envelope) support to the National Health Plan will continue funding health structures currently supported by the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO).

As the implementation of actions funded by the 10<sup>th</sup> EDF A-envelope have been experiencing some delays, this funding Decision aims to preserve the health structures and maintain service delivery to vulnerable people, until such a time that the 10<sup>th</sup> EDF A-envelope funds come on stream in the context of linking relief, rehabilitation and development (LRRD).

## 1.2 Identified humanitarian needs

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

The humanitarian needs in the health sector can best be summarised as follows:

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

- Infant **mortality rate** is currently (2007)<sup>2</sup> estimated at 71/1000 live births, **under five mortality** rate at 110/1000 live births.
- 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 stable 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 sero-prevalence study in 2007, the prevalence of AIDS in urban areas is 2.8% and in rural areas 0.8%.

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<sup>1</sup> Household Food security and Nutritional surveillance, November, December 2009, GoL, FAO, UNICEF, WFP

<sup>2</sup> Liberia Demographic and Health Survey 2007, Liberia Institute of Statistics and Geo-Information Services

- **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 1000.
- **Risk of epidemic diseases:**
- **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.
- **Lassa Fever:** high risk, endemic, 6-7 cases/month in Lofa, Nimba, Bong counties with a peak in the dry season. There are two hospitals, one in Saclepea, one in Pheebe, with isolation ward for management of cases.
- **Yellow fever:** low risk: In 2009, over 2,000,000 people were vaccinated in a country wide vaccination campaign. YF is included in routine expanded programme of immunisation (EPI).
- **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, and a vaccination campaign has been planned (which will be extended to the whole country later).
  
- **Paediatric care in Monrovia:** in June 2010, two private hospitals (run by Médecins Sans Frontières (MSF)) will be definitively closed in Monrovia. Each year over 15,000 children are admitted to these hospitals. The capacity should be taken over by the MOHSW, but they have no funds currently available to finance the running costs of two wards to be newly opened (Redemption hospital and another to be defined).

### 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 downsizing of the UNMIL troops and police force may be accompanied by a risk of greater insecurity.

Recent developments in neighbouring Guinea and Ivory Coast especially present a particular 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 Ivory Coast constitutes another destabilising factor for the entire region.

Another main constraint is the very poor quality of the road network, which renders intra-country travel difficult. This situation is even more complicated during the rainy season, when it is not unusual to see large parts of rural Liberia cut off.

Despite some successes of the LRRD 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.

## **2 Proposed DG ECHO response**

### **2.1 Rationale**

Health indicators in Liberia remain alarming with maternal mortality estimated at 994/100,000 live births and children under five mortality rate at 110/1000 live births.

The Commission's DG ECHO has and will continue to concentrate on tackling the most urgent and life threatening needs. Although humanitarian aid can provide some of the answers, the recently accelerated LRRD process should continue.

The 10<sup>th</sup> EDF (A-Envelope) support to the National Health Plan will take over the funding of health structures currently supported by DG ECHO. Due to delays in the implementation of projects funded from this Envelope, there will be a funding gap of a few months. Past experience has shown that such funding gaps are detrimental to the functioning of the health structures.

The current humanitarian aid Decision for Liberia (ECHO/LBR/BUD/2010/01000) which has been programmed did not include funding for health structures as it was believed that these would be covered by funding from the 10th EDF A envelope in the context of LRRD. As it now appears that there are delays in the implementation of actions funded by this envelope, it is necessary to cover the health structures in the present Decision which is funded from the 10th EDF B-envelope.

In order not to jeopardise the LRRD process in the health sector and in order to preserve the previously supported health structures and maintain service delivery to vulnerable people, the Commission's DG ECHO will continue its current support with this Decision until the 10<sup>th</sup> EDF (A-envelope) assistance to the National Health Plan has been secured.

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

### **2.2 Objectives**

- Principal objective:

To provide the necessary assistance and relief in the framework of LRRD to people affected by the humanitarian crisis in Liberia

- Specific objective:

To reduce mortality and morbidity among vulnerable people through the provision of basic health services.

### **2.3 Components**

In the context of the support to health structures:

- Provision of preventive and curative primary and secondary health care until the LRRD process is completed;
- Reduce incidence of common infectious diseases and vaccine-preventable diseases.

- Contribute to the prevention, control and treatment of malaria and other diseases.
- Reduce morbidity and mortality by malnutrition through curative care as well as improved awareness on causes of malnutrition.
- Improve maternal and child health through ante- and post natal care.

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

The coordination of humanitarian assistance has thus far been led by the Humanitarian Coordination Section of UNMIL. However, this section has now been dissolved and has been integrated into other services of UNMIL. Coordination is now organised through the different line ministries. This situation has, however, been somewhat problematic for the water, sanitation and hygiene (WASH) sector due to the fact that responsibility is shared among several Ministries.

DG ECHO is coordinating closely with the development cooperation services of the European Commission to link interventions with long-term programmes in the framework of the 10<sup>th</sup> EDF. All food security projects have been phased out, and most are now funded from the Food Security Thematic Programme (FSTP) or Food Facility managed by the EU Delegation in Liberia/the Commission's Europe Aid Office. Management of acute and chronic malnutrition will be financed for the next two years through the B Envelope of the 10<sup>th</sup> EDF. Finally, DG ECHO's partners active in the WASH sector will apply for funds from the recently launched Water Facility managed by the EU Delegation/ Commission's Europe Aid Office.

The 10<sup>th</sup> EDF (A-envelope) support to the National Health Plan should start at the end of 2010 and will focus on health facilities presently supported by DG ECHO.

## **2.5 Duration**

The duration of the implementation of this Decision shall be 12 months. Humanitarian Actions funded by this Decision must be implemented within this period.

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

Start Date: 1 September 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 itself the right to terminate the Agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the Action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

### **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 under :

[http://ec.europa.eu/echo/policies/evaluation/introduction\\_en.htm](http://ec.europa.eu/echo/policies/evaluation/introduction_en.htm) .

### **4 Management Issues**

Humanitarian aid actions funded by the European Union 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 Financial and Administrative Framework Agreement (FAFA) with the UN in conformity with Article 103.3 of the Financial Regulation applicable to the 10th EDF, together with Article 163 of the Implementing Rules of the Financial Regulation applicable to the general budget of the European Union. These Framework Agreements define the criteria for attributing grant agreements and contribution agreements and may be found at

[http://ec.europa.eu/echo/about/actors/partners\\_en.htm](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)*

<b>Principal objective</b> To provide the necessary assistance and relief in the framework of LRRD to people affected by the humanitarian crisis in Liberia				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>3</sup></b>
To reduce mortality and morbidity among vulnerable people through the provision of basic health services.	2,950,000	Liberia	<ul style="list-style-type: none"> <li>- Provision of preventive and curative primary and secondary health care until the LRRD process is completed;</li> <li>- Reduce incidence of common infectious diseases and vaccine-preventable diseases.</li> <li>- Contribute to the prevention, control and treatment of malaria and other diseases.</li> <li>- Reduce morbidity and mortality by malnutrition through curative care as well as improved awareness on causes of malnutrition.</li> <li>- Improve maternal and child health through ante- and post natal care.</li> </ul>	<u>Direct centralised management</u> - IRC - UK - MDM - FRA - MERLIN - PMU INTERLIFE - SAVE THE CHILDREN - UK <u>Joint management</u> - UNICEF
<b>TOTAL</b>	2,950,000			

<sup>3</sup> International Rescue Committee UK, MEDECINS DU MONDE, MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), PMU INTERLIFE/PINGST FFS, THE SAVE THE CHILDREN FUND (GBR), UNICEF



**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	2,000,000				
Greece					
Hungary					
Ireland	2,358,231				
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain					
Sweden	13,980				
United kingdom					
<b>Subtotal</b>	<b>4,372,211</b>	<b>Subtotal</b>	<b>43,057,084</b>	<b>Subtotal</b>	<b>0</b>
		<b>Grand total</b>	<b>47,929,295</b>		

Date : 06/05/2010


(\*) Source : DG ECHO 14 Points reports. <https://webgate.ec.europa.eu/hac>

Empty cells : no information or no contribution.

*Annex 4- Liberia Map*



*Annex 5- Statistics on humanitarian situation*

Vulnerability and Crisis index											
 <p>EUROPEAN COMMISSION Humanitarian Aid</p>								<b>Crisis Index (CI)</b>			
<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
<b>Liberia</b>	<b>3</b>	2	1.5	3	2	3	2.5	0	0	0	0
<b>Guinea</b>	<b>3</b>	3	1	3	2	3	2.5	0	0	0	0
<b>Cote d'Ivoire</b>	<b>3</b>	3	2.5	3	2	3	2.5	<b>3</b>	0	0	3
<b>Sierra Leone</b>	<b>3</b>	3	1	3	2	3	2.8	0	0	0	0

