



EUROPEAN COMMISSION

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**COMMISSION DECISION**

**of**

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

(ECHO/NPL/BUD/2010/01000)

## **COMMISSION DECISION**

**of**

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

(ECHO/NPL/BUD/2010/01000)

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 <sup>1</sup>, and in particular Article 2 and Article 15(3) thereof;

Whereas:

- (1) Nepal is emerging from 10 years of internal conflict that, according to estimates, has left 13 000 people dead, tens of thousands internally displaced and over 800 officially missing.
- (2) Although the conflict is now officially over, the country's institutions remain fragile and the political and security climate is still volatile, with new outbreaks of violence.
- (3) Most of the problems Nepal is facing are becoming more of a structural nature and the needs are progressively being covered by donors able to finance big development programmes. However, there are still many humanitarian needs which are unaddressed: Vital social services such as health, water and sanitation are still unavailable in the rural parts of the country most affected by the conflict. This decision will contribute to facilitating the transition in favour of longer term programmes.
- (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 18 months;
- (6) It is estimated that an amount of EUR 1,500,000 from budget article 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance

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<sup>1</sup> OJ L 163, 2.7.1996, p. 1.

to over 50,000 vulnerable people taking into account the available budget, other donors' contributions and other factors. The activities covered by this Decision may be financed in full in accordance with Article 253 of the Implementing Rules of the Financial Regulation;

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

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 1,500,000 for the financing of humanitarian actions in Nepal 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 the assistance to most vulnerable people living in remote districts of Nepal. The humanitarian actions shall be implemented in the pursuance of the following specific objective(s):

- To improve the situation of people with poor access to safe drinking water, sanitation and health

A total of EUR 1,500,000 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 October 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.

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<sup>2</sup> OJ L 248, 16.9.2002, p.1.

<sup>3</sup> OJ L 357, 31.12.2002, , p.1.

<sup>4</sup> Commission Decision of 5.3.2008, C/2008/773

### *Article 3*

1. In accordance with Article 253 of the Implementing Rules and having regard to the urgency of the action, the availability of other donors and other relevant operational circumstances, funds under this Decision may finance humanitarian actions in full.

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 53d of the Financial Regulation.

### *Article 4*

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

Done at Brussels,

*For the Commission*

*Peter Zangl, Director-General*



## **Humanitarian Aid Decision**

### **23 02 01**

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

Description: Assistance to most vulnerable people living in remote districts

Location of action: Nepal

Amount of Decision: EUR 1,500,000

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

### **Supporting document**

## **1 Humanitarian context, needs and risks**

### **1.1 Situation and context**

Nepal is emerging from 10 years of internal conflict that, according to estimates, has left 13 000 people dead, tens of thousands internally displaced and over 800 officially missing. Although the conflict is now officially over, the country's institutions remain fragile and the political and security climate is still volatile, with increasing outbreaks of violence and new armed groups emerging. Vital social services such as health, water and sanitation is still unavailable in the rural parts of the country most affected by the conflict while government officials are often unable to ensure a presence in communities due to the numerous security threats against them. In total 78,000 refugees expelled from Bhutan between 1990 and 1992 are still scattered across 7 different camps in Nepal and are totally dependent on international aid. Nepal is a country which is prone to recurrent natural disasters requiring humanitarian aid that the sole national and local institutions are unable to address.

According to the National Planning Commission (NPC) in its recent publication "Food Security Atlas of Nepal", the country will remain in food deficit in 'normal harvest' the next three to five years, if current production trend does not change.

Recent developments in Nepal show that four years after a peace agreement ended the decade-old Maoist insurgency in Nepal the army is locked in a fresh dispute with the former guerrillas with both sides vowing to recruit new blood. The Nepal Army triggered the new row by beginning a process to hire nearly 3,500 additional personnel, saying it was necessitated by retirements, resignations and casualties. The People's Liberation Army (PLA) of the Maoists retaliated immediately, announcing it would now recruit over 11,000 soldiers.

This situation has generated concern and the UNMIN (UN Mission in Nepal), the political agency in Nepal mandated with monitoring the PLA, issued a statement: "Recruitment by either the Nepal Army or the Maoist army constitutes a breach of the Comprehensive Peace Agreement and the Agreement on the Monitoring of the Management of Arms and Armies, which committed both parties not to recruit new people". The Nepali Army, however, maintains that fresh recruitment is being done to maintain the Army's strength and therefore does not violate the peace agreement.

Nepal remains without a government more than two months after Prime Minister Madhav Kumar Nepal resigned due to Maoist pressure. Since then, four rounds of elections to pick a new premier failed and doubts remain about the future. The protracted crisis has hit law and order, development projects and the task of writing a new constitution that has to be ready by May 2011.

## **1.2 Identified humanitarian needs**

### **Protection**

Thousands of people were displaced (Internally Displaced Persons - IDPs) during the ten years the conflict lasted. The figures vary enormously depending on the source (50 000 – 70 000, according to the IDP Working Group's estimates in 2010). In 2010 the ICRC (International Committee of the Red Cross) is reporting over 1,300 people whose conflict-related disappearance was reported by their families and who are still missing.

While the disposal of land mines should be completed by mid 2011 with an acceptable level of reliability, improvised explosive devices remain a significant threat as they are not properly mapped and stocks remain uncontrolled. Similarly, there is an increase in the number of incidents related to intentionally activated explosive devices, along with the increasing activity of illegal armed groups. Recent detailed figures are available in annex 5. The presence of abandoned and unexploded ordnances makes Nepalese civilians more vulnerable to explosions during the peace process as their freedom to move around increases. Another challenge is the difficulty of the re-integration of former Maoist fighters into the post-conflict society; for some, girls in particular, re-integration will pose additional challenges.

Bhutanese refugees also need protection notably because there are disagreements between them about the best way to proceed in the future: some would prefer to return to Bhutan, while others have already settled in third countries and yet others would rather stay in Nepal. Due to a different timeframe food assistance to the Bhutanese refugees is funded through another financing Decision. The non-food elements of the

assistance to and protection of the Bhutanese refugees is funded by a budget line managed by another Commission department.

## **Health**

Theoretically, health posts are linked to district hospitals, the highest-calibre medical institutions in the district, but, in reality, the system often does not work. There are 2 national referral hospitals based in Kathmandu and there are five regional hospitals with a theoretical capacity of 200 beds. The district hospitals control the Village Development Committee (VDC<sup>1</sup>) health centres. These centres represent the basic healthcare structures. However, regional hospitals in the Mid-West of the country are still hardly fulfilling their function and, to some extent, act as district hospitals only. Moreover, most are poorly maintained and lack both qualified staff and regular supplies.

Similar weaknesses are found in health centres, posts and sub-posts: lack of qualified and/or trained personnel, lack of medicine, dilapidated buildings. Pharmaceutical supplies are often exhausted during the first few months of the year, after which only diagnostic activities can take place. Non-respect of vaccination protocols, especially those relating to the cold chain, limits the positive effects of immunisation campaigns. Access to care for those living in remote areas is still limited both by political interference and by lack of transport infrastructure.

Other serious problems facing the healthcare system include the disproportionate concentration of medical facilities and personnel in urban areas and a strong aversion among doctors in particular to postings to rural areas, where living conditions are not up to urban standards. There are about 5 000 medical doctors in Nepal, most of whom work in Kathmandu.<sup>2</sup>

The scant medical data<sup>3</sup> available reveals worrying trends, especially regarding children and women, although many essential available data are as old as 2002 or 2004. The WHO's 2007 Nepal Country Profile contains some alarming figures.<sup>4</sup> Malnutrition remains a very serious concern, in particular in the hills, where over 30% of the estimated population live and where the transport infrastructure is virtually non-existent.<sup>5</sup>

To cope with food insecurity, men from the hill areas traditionally migrate on a seasonal basis to find employment in the lowlands of India.

## **Water and Sanitation**

Assessments by international partners show that access to drinking water and sanitation for local communities is a top priority. Most community drinking water systems constructed during the 1980s and 1990s are no longer in operation. During

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<sup>1</sup> The lowest level of government administration.

<sup>2</sup> World Health Organisation (WHO), 2004.

<sup>3</sup> The lack of data makes it impossible to assess and compare objectively suspected humanitarian emergencies in the country. Because of the conflict, systematic data collection and monitoring have often been compromised, generating invalid outdated figures (United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Concept note on coherent strategy and appeal for Transition Support in Nepal, 2007).

<sup>4</sup> See Annex 1 – Statistics.

<sup>5</sup> See Annex 1 – Statistics.

the conflict the authorities were unable to service many communities owing to budget restrictions and security constraints. Some water supply schemes were destroyed as part of military operations. Consequently, people have difficulty in gaining access to drinking water<sup>6</sup> and have no option other than to use rivers or irrigation channels, which are often polluted given the very poor awareness of hygiene and virtually no access to latrines, with the result that large numbers suffer from diarrhoea and other water-borne diseases,<sup>7</sup> which in turn exacerbate their malnutrition status. Drinking-water supply constraints are such that fetching water daily can take hours, allowing less time for other domestic tasks (including child care) and agricultural work.

### **Natural disasters**

Nepal is very prone to all kinds of natural disasters: earthquakes, floods, landslides and even bursting of natural dams formed by glacial lakes. Some major catastrophes are relatively well known, such as the bursting of the Koshi river dam on 18 August 2008, which brought serious flooding to Nepal and India, but many other smaller disasters are less well known but nonetheless contribute to making an already difficult humanitarian situation worse.

For specific data, see Annex 5.

### **1.3 Risk assessment and possible constraints**

The political situation remains unstable and frequent demonstrations, strikes and road blockades are to be expected. The situation will remain fragile at least until the formation of a new government and maybe until the adoption of the new Constitution expected in May 2011. This can lead to delayed completion of works due to lack of supplies. Also as mentioned before, recent developments show that the army is involved in a new dispute with the guerrillas. Moreover, the Maoists are not a homogenous group, and dissident factions, such as the instigators of the January 2007 Terai demonstrations and riots, also have the potential to cause serious disturbances.

Access to the target populations is a daily challenge, contributing in some cases to higher costs. The transport infrastructure in the target areas is rudimentary and outside the district capitals access is usually possible only by mule, sometimes only on foot. Social strife could worsen this situation. Also, the weather conditions can restrict accessibility to some areas. Furthermore, it is difficult to find qualified and motivated staff willing to spend several months in the most remote areas, supervising operations.

Taking these factors into consideration, grant agreements may need to be extended and/or suspended in case of major difficulties.

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<sup>6</sup> Only 73% of the Nepalese population have access to clean water and 39% to adequate sanitation; Source: WHO country profile 2007.

<sup>7</sup> The diarrhoea incident rate is 11 per 1 000 for children under five. Source: WHO country profile 2007.



## 2 Proposed DG ECHO response

Nepal is classified according to DG ECHO's (Directorate-General Humanitarian Aid and Civil Protection – ECHO) Global Needs Assessment (GNA) as a vulnerable country currently facing a crisis and is one of the world's poorest countries with a HDI (Human Development Index) of 144 out of 182 (UNDP 2009)

### Impact of previous humanitarian response

In 2009, humanitarian health care was provided for approximately 88,500 people living in the Mid-West and Far-West of the country. Moreover, 19,860 people benefited from the construction of water supply systems and latrines.

Food aid was distributed to 87,819 Bhutanese refugees still in the camps, accounting for one third of their food needs. DG ECHO also funded extra rations for the 2,304 most vulnerable refugees (malnourished children, elderly, sick and tuberculosis patients, as well as pregnant and lactating women).

The Commission continued to fund projects to prepare for natural disasters.

The overall needs described above include health, water and sanitation and victims of natural disasters. In 2010 and 2011, DG ECHO will continue to cover health; water, sanitation and hygiene (WASH); and also Disaster Risk Reduction (DRR).

Although acknowledging the serious food insecurity in Nepal, and the need to monitor evolving food needs, DG ECHO will not cover food security on the basis that DG ECHO's comparative advantage does not include addressing food needs resulting from chronic structural food insecurity.

As stated in the Humanitarian Food Assistance Communication, *"the Commission will not use humanitarian food assistance to address chronic food insecurity, except: where non- intervention poses immediate or imminent humanitarian risk of significant scale and severity"*.<sup>8</sup>

DG ECHO will focus on remote rural regions, often in mountainous areas. It is in these areas, more difficult to access and which suffer more from a lack of assistance, that operations funded by DG ECHO can bring greater value added. In the framework of the peace process DG ECHO is gradually phasing down its post-conflict assistance, in coordination with DG RELEX (European Commission Directorate-General for External Relations) and DG AIDCO (EuropeAid Cooperation Office). This financing Decision is expected to be the last one, in this context, and allow a smooth transition to other sources of funding.

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<sup>8</sup> *Idem*, quoting DG ECHO Staff Working Paper December 2009: DG ECHO's Position on Chronic Food Insecurity.

However, should the political situation deteriorate significantly and new spates of violence arise, or a major natural disaster happen, DG ECHO would consider providing humanitarian assistance.

In what concerns the Bhutanese refugees, DG ECHO has been liaising with DG RELEX and DG AIDCO to lobby for a comprehensive solution, harnessing the current democratic processes in Nepal and Bhutan and taking up third countries' offers to host a significant number of refugees. Almost two thirds of the refugees have, up to now, benefited from these re-settlement offers and the process is on-going, thus it is expected that the number of Bhutanese in the camps will continue to diminish, but as long as some refugees remain in the camps they will need humanitarian assistance and protection.

## **2.1 Rationale**

Even though DG ECHO is phasing-out from Nepal, considerable humanitarian needs remain unaddressed. The areas where these needs are more acute are Mugu, Kalikat, Rukum, Ropla and Darula, but other districts may also be targeted, always on a needs-based approach. Sectors included are WASH, health and DRR.

The May 2010 evaluation of DG ECHO's Action in Nepal stated that DG ECHO's action in Nepal between 2006-09 was well targeted, appropriate and had a positive impact on the beneficiaries' lives. DG ECHO's overall strategy was appropriate and consistent with its global objective. The Evaluation further confirms the presence of important humanitarian needs and recommends extending DG ECHO's presence in the field. Sectoral approaches were generally appropriate, effective and efficient in WASH, health and DRR, but the move towards development processes creates increasing challenges for partners working within DG ECHO's funding time scales. DIPECHO activities and the support to the Bhutanese refugee population were appropriate throughout the period 2006-09. For further information on the evaluation, please visit:

[http://www.delnpl.ec.europa.eu/en/humanitarian\\_aid/Nepal\\_Final\\_Report.pdf](http://www.delnpl.ec.europa.eu/en/humanitarian_aid/Nepal_Final_Report.pdf)

## **2.2 Objectives**

### **Principal objective:**

- Assistance to most vulnerable people living in remote districts of Nepal

### **Specific objectives:**

- To improve the situation of people with poor access to safe drinking water, sanitation and health.

## **2.3 Components**

- Water, Sanitation and Hygiene
- Health
- Preparation and response to disasters might be included as a cross cutting component

For more information, see annex 1

Expected number of beneficiaries: 50, 000

### **Specific objectives:**

- To improve the situation of people with poor access to safe drinking water, sanitation and health.

In order to meet the specific objective the level of health, hygiene and sanitation will be improved in accordance to the existing knowledge and practices in targeted communities. Availability of essential medical services and the correct use of water and sanitation facilities will be enhanced in remote areas. Beneficiaries will be able to better protect themselves from diseases via improved hygiene knowledge, skills and practice, and by understanding the use and maintenance of basic hygiene materials. Increased access to Reproductive Health services will include counselling to the most vulnerable communities through Mobile Health Clinics.

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

(See table 3 in annex)

Since DG ECHO opened an office in Nepal in December 2005, one of its main tasks has been to coordinate its activities with other donors and ensure close collaboration with the European Commission Delegation (DG ECHO is included in all relevant meetings organised by other Commission departments, such as the EC<sup>9</sup>-Nepal Joint Commission).

DG ECHO regularly liaises with the Inter-Agency Standing Committee (IASC), which is led by the UN Humanitarian/Resident Coordinator and drafted the Consolidated Appeal (CA) of 2005 as well as the Common Appeal for Transition Support in 2007 and 2008, all in line with DG ECHO's Global Plan analysis.

DG ECHO staff attends regular coordination meetings, such as the monthly UN/Donor meeting and the bi-monthly UNOCHA contact group meeting, and participate in the UNHCR/WFP Joint Assessment Mission (JAM) organised every two years.

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<sup>9</sup> European Commission.

DG ECHO attends the Basic Operating Guidelines (BOG) meetings, which provide a framework of good practice for humanitarian aid and development programmes. This close cooperation has enabled an agreement to be reached on financing assistance for the Bhutanese refugees: DG ECHO is funding food aid while DG AIDCO is funding non-food aid and protection, through the UNHCR. This DG AIDCO's programme for "International Protection and Assistance to Bhutanese Refugees in Nepal" covers the period between 1 January 2008 and 31 December 2010 (36 months).

DG ECHO is closely monitoring the implementation of other Commission projects and particularly those which will be funded by the Stability Instrument, aimed at supporting the peace process in Nepal, other instruments such as assistance to NSAs<sup>10</sup> and new programmes for which Nepal is eligible, such as: The European Instrument for Democracy and Human Rights; Invest in Human Resources; Migration and asylum; Environment.

Special attention will be given to the EUR 5.95 million project "support to the Nepalese Peace Trust Fund" (NPTF) financed under the Stability Instrument as this project includes *inter alia* a component for supporting conflict affected people. Moreover, the Commission's Food Facility instrument is financing EUR 21 million for Nepal. As this financing is implemented by two DG ECHO partners and agricultural inputs are likely to be distributed in the framework of both projects, the relevant Commission services are closely coordinating these actions.

## **2.5 Duration**

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

A 18 months duration is necessary because DG ECHO is phasing out from its post conflict operations in Nepal and therefore the implementing partners need a longer period to properly finalise their projects and/or to find alternative financing sources.

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

Expenditure under this Decision shall be eligible from 1 October 2010

Some operations of the previous global plan end before the month of September, which creates a gap for some potential partners who risk losing their staff if they cannot use them to prepare the next operations.

Start Date : 1 October 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.

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<sup>10</sup> Non State Actors.

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](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 Administrative Framework Agreement with the UN (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](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)**

**Annex 2: List of previous DG ECHO decisions**

**Annex 3: Overview table of the humanitarian donor contributions**

**Annex 4: Map**

**Annex 5 - Statistics on humanitarian situations**

### Annex 1 - Summary decision matrix

<b>Principal objective</b> Assistance to most vulnerable people living in remote districts of Nepal				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Main Activities</b>	<b>Potential partners<sup>11</sup></b>
To improve the situation of people with poor access to safe drinking water, sanitation and health	1,500,000	Mugu, Kalikot, Rolpa, Rukum and other districts	<ul style="list-style-type: none"> <li>- Technical assistance for water system design</li> <li>- Training of Water User Committees and Water Scheme Caretakers</li> <li>- Construction/repair of water systems</li> <li>- Support to the construction of household latrines</li> <li>- Provision of hygiene kits</li> <li>- Conduct hygiene training and promotion to community groups and their leaders</li> <li>- Conduct referral medical camps days in coordination with DHO (District Health Office) health workers at strategic locations</li> <li>- Provide referral medical treatment to highly selective emergencies and surgical treatment to obstetric/gynaecological and other prioritised cases in specialised institutions</li> <li>- Support to reproductive health</li> </ul>	<u>Direct centralised management</u> <ul style="list-style-type: none"> <li>- ADRA - DEU</li> <li>- DRC</li> <li>- MERLIN</li> <li>- MISSION OST - DNK</li> <li>- OXFAM - UK</li> </ul> <u>Joint management</u> <ul style="list-style-type: none"> <li>- UNFPA</li> </ul>
<b>TOTAL</b>	1,500,000			

<sup>11</sup> ADRA DEUTSCHLAND E.V.,DANSK FLYGTNINGEHJAEPL,MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR),MISSION OST,OXFAM (GB), UNITED NATIONS POPULATION FUND

## Annex 2 - List of previous DG ECHO decisions

List of previous DG ECHO operations in NEPAL				
Decision Number	Decision Type	2008 EUR	2009 EUR	2010 EUR
ECHO/-FA/BUD/2008/01000 (*)	Ad hoc	2,000,000		
ECHO/-FA/BUD/2008/02000 (*)	Ad hoc	466,000		
ECHO/-FA/BUD/2008/04000	Emergency	1,000,000		
ECHO/-SA/BUD/2008/02000 (*)	Emergency	1,389,359		
ECHO/NPL/BUD/2008/01000	Global Plan	4,500,000		
ECHO/DIP/BUD/2009/02000 (*)	Ad hoc		2,588,463	
ECHO/NPL/BUD/2009/01000	Global Plan		6,000,000	
ECHO/-FA/BUD/2010/01000 (1)	Ad hoc			1,500,000
	<b>Subtotal</b>	9,355,359	8,588,463	1,500,000
	<b>TOTAL</b>	19,443,822		

Date : 03/08/2010

Source : HOPE

(\*) decisions with more than one country

### (1) Decision in favour of Bhutanese refugees



***Annex 3 - Overview table of the humanitarian donor contributions***

<b>Donors in NEPAL over the last 12 months</b>			
<b>1. EU Member States (*)</b>		<b>2. European Commission</b>	
	EUR		EUR
Germany	2,610,000	DG ECHO	1,500,000
Ireland	79,998		
<b>Subtotal</b>	2,689,998	<b>Subtotal</b>	1,500,000
<b>TOTAL</b>	4,189,998		

Date : 03/08/2010

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

Empty cells : no information or no contribution.

Other contributions from DFID (Department for International Development), World Bank, Asian Development Bank, USAID and other Member States but no figures specific to the humanitarian aid are available

## *Annex 4 – Map*



## *Annex 5 - Statistics on humanitarian situations*

Nepal has a GNA (Global Needs Assessment by DG ECHO) of 2 (vulnerability and crisis index)

Nepal is the poorest country in South Asia. Almost 90% of its 27.1 million inhabitants live in rural areas, and about 32 % of them are below the poverty line.<sup>12</sup>

The national mortality rate for children under five is 51 per 1 000 live births and maternal deaths are estimated at 830 deaths per 100, 000 births. Only 19% of deliveries are attended by trained health providers. The infant mortality rate is 41 per 1 000 live births and 14.3% of newborns have a low birth weight, which leaves them prone to illness and death in infancy.<sup>13</sup>

A recent demographic and health survey<sup>14</sup> found that just under 39% of children below the age of five are underweight, 50% are stunted and 13% are acutely malnourished (above 10%, acute malnutrition is usually considered an "emergency"). The food security indicator shows 20.6%/alarming. Population without sustainable access to an improved drinking source is 17.55%.<sup>15</sup> In the Far West of the country, malnutrition affects 15% of the population. According to UNICEF,<sup>16</sup> of the 150 000 children under five in the Karnali area, 30-40% will be at high risk unless they receive comprehensive therapeutic care to treat severe malnutrition. According to the WFP,<sup>17</sup> 39 districts are food-deficient and 60% of rural households are unable to produce enough food to meet their basic needs.

<sup>12</sup> Source: UNDP – 2009 Human Development Index (HDI) rank : 144 out of 182.

<sup>13</sup> WHO 2008.

<sup>14</sup> United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 2008.

<sup>15</sup> HDR 2008/2009

<sup>16</sup> United Nations Children Fund.

<sup>17</sup> United Nations World Food Programme.

## General

- Human Development Index rank : 144 / 182 (source Human Development report 2009/UNDP)
- GDP per capita value is USD1, 550 while the average in South Asia is USD 2,897 (source Human Development report 2008/UNDP)
- Per capita income of USD 290(CHAP Nepal 2009)
- Human Poverty Index % : 32.1 (source Human Development Report 2009/UNDP)
- 30.9% of population below poverty line (Human Development Report 2009/UNDP)
- Adult literacy rate > 15 years : 56.5% (Human Development report 2009/UNDP)

## Health

- Mortality rate for under fives (per 1000 live births) : 61 (source CHAP 2009) OK
- More than 90% of birth are delivered at home in rural area (Central Bureau of Statistics , 2008)
- 20 physicians per 100,000 populations (WHO country profile 2007))
- Life expectancy at birth is 62.6 (source Human Development report 2008/UNDP)
- There is 98.6% Measles vaccination coverage among one year olds (WHO, 2006)

## Mines & IEDs

- **1 Jan - 15 August 2010**
  - Casualties from Victim-Activated Explosions: Total Casualties: 30, where 13 were children including 8 boys and 5 girls. Consequences: All were injured
  - Casualties from Intentional Explosions: Total Casualties: 21, where all 4 children were girls. Consequences: All were injured
- **Jan-Dec 2009**
  - Casualties from Victim Activated Explosions: Total Casualties: 70 (where 38 were children including 30 boys and 8 girls; 9 of them were killed). Consequences: 16 out of 70 were killed.
  - Casualties from Intentional Explosions: Total Casualties: 84 (where 10 were children including 6 boys and 4 girls; 2 of them were killed). Consequences: 10 out of 84 were killed.

## Natural Disasters

The table below provides a clear picture of the extent of damages related to natural disasters.

**Disaster Losses in Nepal during 1971-2006 (37 Years)**

S.N.	Events	Death	Injury	Peoples affected	Buildings destroyed	Buildings damaged	Land loss(Ha)	Livestock death	Reported Direct Loss (Million NRs.)
1	DROUGHT	1	-	1,512	-	-	329,332	-	10
2	EARTHQUAKE	873	6,842	4,539	33,710	63	-	2,257	72.8337
3	EPIDEMIC	15,529	37,773	323,896	-	-	1	78	0
4	FIRE	1,081	735	218,128	62,634	2,762	352	113,922	6,244
5	FLOOD	2,864	349	3,315,781	70,115	1,041	196,955	31,117	3,713
6	FOREST FIRE	24	13	10,718	1,698	18	3,173	82	1,031
7	LANDSLIDE	3,899	1,188	480,069	16,799	1,209	21,797	9,046	835
8	OTHER	2,385	2,670	360,725	3,917	388	290,323	79,935	2,030
<b>TOTAL</b>		<b>26,656</b>	<b>49,570</b>	<b>4,715,828</b>	<b>188,875</b>	<b>5,482</b>	<b>841,954</b>	<b>236,459</b>	<b>13,885</b>

Source: NSET, 2008