



EUROPEAN COMMISSION

Brussels
C(2010) XXX final

COMMISSION DECISION

of

on the financing of emergency humanitarian actions in Southeast Asia from the general budget of the European Union

(ECHO/-XA/BUD/2010/02000)

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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 Article 2(a) and Article 13 thereof;

Whereas:

- (1) The Mekong region of Southeast Asia is currently facing a wide spread outbreak of acute watery diarrhoea with cases of laboratory confirmed cholera. The current outbreak is considered to be the most significant since 1999;
- (2) In Thailand, cholera has affected the southern part, the north – including the refugee camps along the Thai-Myanmar border in Tak province, the northeast, and partly the Central Region. In Cambodia, acute watery diarrhoea has been reported nationwide with more than 81,000 cases in addition to laboratory-confirmed cholera cases. On 22 July, the Ministry of Public Health of the Lao People's Democratic Republic (PDR) and the World Health Organization declared a cholera outbreak in the southern province of Attapeu;
- (3) According to the Directorate-General for Humanitarian Aid and Civil Protection - ECHO assessment missions and information collected by partners and Ministries of Health, the following are needed imminently to save lives and to contain the outbreak: clean drinking water, oral rehydration salts, sanitation facilities, cleaning of water sources, set up of emergency water supply systems and awareness campaigns in refugee camps and rural areas;
- (4) To reach populations in need, humanitarian aid should be channelled through non-governmental organisations and international organisations including United Nations (UN) agencies. Therefore the European Commission should implement the budget by direct centralised management and by joint management;
- (5) Humanitarian aid actions financed by this Decision should be of a maximum duration of 6 months;
- (6) For the purposes of this Decision the Southeast Asia countries involved are Thailand, Lao PDR and Cambodia;
- (7) It is estimated that an amount of EUR 1,000,000 from budget article 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance

¹ 1- OJ L 163, 2.7.1996, p. 1.

to over 80,000 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;

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

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 1,000,000 for the financing of emergency humanitarian actions in Southeast Asia from budget article 23 02 01 of the 2010 general budget of the European Union.
2. In accordance with Article 2(a) of Council Regulation No.1257/96, the principal objective of this Decision is to save and preserve lives by providing humanitarian assistance to people affected by the cholera outbreak in the refugee camps along the Thai-Myanmar border, in Lao PDR and in Cambodia. The humanitarian actions shall be implemented in the pursuance of the following specific objective:
 - Contribute to improved hygiene and health conditions through studies, provision of safe drinking water, sanitation and health care for people in the refugee camps along the Thai-Myanmar border, in Lao PDR and Cambodia.

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 22 July 2010. Expenditure under this Decision shall be eligible from the same date. The duration of individual humanitarian aid actions financed under this Decision shall be limited to a maximum of six months.
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.

² 2- OJ L 248, 16.9.2002, p.1.

³ 3- OJ L 357, 31.12.2002, , p.1.

⁴ 4- Commission Decision of 5.3.2008, C/2008/773

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. 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 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 shall take effect on the date of its adoption.

Done at Brussels,

For the Commission
Peter Zangl
Director-General



Emergency Humanitarian Aid Decision **23 02 01**

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

Description: Emergency humanitarian assistance to people affected by the cholera outbreak in Southeast Asia

Location of action: Southeast Asia

Amount of Decision: EUR 1,000,000

Decision reference number: ECHO/-XA/BUD/2010/02000

Supporting document

1 Humanitarian context, needs and risks

1.1 Situation and context

The Mekong region is currently facing a wide spread outbreak of acute watery diarrhoea (AWD) with cases of laboratory-confirmed cholera. While cholera is endemic in the region, the current outbreak is considered to be the most significant since 1999.

In Thailand, cholera has affected the Southern part, the North – including the refugee camps along the Thai-Myanmar border in Tak province, the North East, and partly the Central Region. In June, the Ministry of Public Health (MoPH) declared a cholera outbreak after reports of 982 infected and five deaths in the past six months in Pattani, Songkhla and Tak provinces. In Mae La refugee camp, the largest of the nine refugee camps along the Thai-Myanmar border, the number of cholera cases has increased as of 5 of August to 437 (305 confirmed and 132 carriers) even if no fatalities have been reported so far. The weekly infection rate in week 27 represented 21% of the population, above the normal average of 10-15%, and the highest since the onset of the outbreak. The cause for the cholera outbreak most likely came from outside the camp and has spread through contaminated private wells and pit latrines. The

immediate laboratory testing and diagnosis of *Vibrio Cholerae* led to a quick and relevant response to the outbreak.

In Cambodia, AWD has been reported nationwide with more than 81,000 cases in addition to laboratory confirmed cholera cases. The government has not yet formally declared a cholera outbreak, despite many cases testing positive with *Vibrio Cholerae*. According to the Provincial Health Department, as of 5 August, the Northeast province of Rattanakiri, bordering Attapeu province in Laos, is most affected with a total of 1,947 AWD cases reported and 38 deaths in seven out of nine districts. As of 5 August 2010, 524 cases of cholera have been confirmed in 20 provinces with 55-65 deaths. Almost all of the affected provinces have an AWD rate at 50-100% higher than in previous year. Sensitivity tests to drugs have been done, as well as cholera testing; mass prophylaxis of certain clusters has been done with relevant medication. Case management has been provided to those arriving at health facilities.

On 22 July, the Ministry of Public Health of the Lao PDR and the World Health Organization (WHO) declared in a joint press release a cholera outbreak in the Southern Province of Attapeu. As of 10 August, 200 AWD cases and 4 deaths have been reported based on data provided by the National Centre for Laboratory and Epidemiology. The source of the outbreak is likely to be contaminated food and water, as initial findings found that infected people shared under-cooked food and alcohol mixed with un-boiled water during a ceremony. Media reports and reports from partner NGOs suggest that cholera may be spreading into neighbouring provinces such as Sekong and Champasak. A major risk factor is the Xedon River, which originates in Sekong province and passes through Attapeu and flows onto Champasak.

1.2 Identified humanitarian needs

According to the assessment missions carried out by DG ECHO (Directorate-General Humanitarian Aid and Civil Protection – ECHO) experts in the field and information collected by WHO, UNICEF, NGOs, Ministries and Provincial Departments of Health as well as EU Delegations, the following imminent needs to save lives and to contain the outbreak have been identified: clean drinking water, Oral Rehydration Salts, sanitation facilities, cleaning of water sources, set up of emergency water supply systems and awareness campaigns in refugee camps and rural areas.

Thailand (Refugee Camps)

The population dense environment in Mae La camp poses a high risk for epidemics (43,000 inhabitants squeezed on an area 4.5 km long and 0.5 km wide).

Water is provided to the camp through a public distribution system, 20 small private distribution systems, public and private wells. Solidarités (which is managing water and sanitation in the camp) is chlorinating the water of the public distribution system and the public wells on a daily basis, serving 80% of the camp population. Water quality tests have shown that the water of the public distribution system and of the public wells is of good drinking quality. There are 300 private wells in the camp. Water tests done in randomly selected wells showed cholera contamination. The households served by the private system pay a fee of 300 bahts (EUR 7) /month but there is no quality control. Only some providers chlorinate the water. Contamination

at household level is likely due to the low number of tap water containers available. The sanitation system consists mainly of pit latrines, which are a source of contamination. No chlorination of latrines is currently provided.

The most urgent needs that have been identified include: health/hygiene promotion, soap distribution, safe water supply at household level. An assessment on environmental health issues is vital to prepare a strategy in order to effectively prevent and effectively respond to future cholera and other outbreaks. Chlorination of all cholera sources and dislodgement of full latrines is essential. The Government has been requested to provide additional land for waste disposal.

Lao PDR

In Attapeu province there is one government hospital with 20 beds. Only three out of seven health centres are functional. The government has set up emergency treatment centres in primary schools. The number of trained health staff is not sufficient to respond to the emergency. Funds are lacking at provincial level and there is not enough medicine available at provincial and district level.

Health/hygiene awareness is very low among the population, as they are mostly ethnic groups who have not been reached by government sponsored hygiene campaigns. There is no chlorination of water taking place at the catchments or the distribution points. Water treatment is currently taking place at household level only, either through boiling or with chlorine tablets.

The identified most urgent needs include: chlorine distribution (200kg powder and 100,000 tablets per village for 3 months) supply of medicines/ hospital equipment, soap distribution, hand washing facilities in schools/health centres, health/hygiene awareness (particularly for ethnic minorities outreach) and surveillance system training for health staff.

Cambodia

Health facilities in remote areas such as the Rattanakiri province are not adequately staffed with experienced personnel and essential medical supplies are not sufficiently available. Moreover lack of financial resources is hampering a proper response to the outbreak.

The identified most urgent needs include: supplies of Oral Rehydration Salts and intravenous fluid for case management, chlorination of water sources/ water treatment, safe water storage facilities at household level, distribution of soap, health and hygiene education at household level, support for emergency referrals, training of village health workers and public health staff, improved surveillance system, emergency latrines and water supply systems in public facilities.

1.3 Risk assessment and possible constraints

In the refugee camp the delivery of assistance has been set up, while in Lao PDR and Cambodia it has been difficult due to the remoteness of villages. The onset of the rainy season in those countries has made access, especially in Lao PDR and northern Cambodia (Rattanakiri), extremely difficult. Health facilities in remote areas are not

adequately staffed with experienced personnel and essential medical supplies are not sufficiently available. Lack of financial resources, particularly in Lao PDR and Cambodia is hampering a proper response to the outbreak from the local authorities. An additional constraint in Lao PDR concerns the lengthy procedures to obtain a Memorandum of Understanding for partners to operate in new areas (up to three months) In view of these circumstances DG ECHO will only work with experienced partners already on the ground in the affected region.

2 Proposed DG ECHO response

2.1 Rationale

DG ECHO proposes to complement the Governments, the UN and the international NGOs' efforts to contain the outbreak of cholera in the most affected areas of Thailand, Lao PDR and Cambodia. While the local authorities and central Governments are responding, the overall health structures and capacities are limited and overstretched. Main responses so far include the provision of drinking water treatment (chlorination), medicines, surveillance and infection control and some health training at community level.

There are still urgent unmet needs identified during the recent assessment missions carried out by DG ECHO experts in the field, notably in terms of safe water supply, prevention of water recontamination, distribution of soap, chlorine tablets and powder for latrines, small scale rehabilitation of sanitation facilities.

Due to harmful cultural habits (e.g. eating raw meat and mixing alcohol with un-boiled water during ceremonies), hygiene education and awareness raising activities deserve specific attention.

2.2 Objectives

- Principal objective: To save and preserve lives by providing humanitarian assistance to people affected by the cholera outbreak in the refugee camps along the Thai-Myanmar border, in Lao PDR and Cambodia.

- Specific objective: Contribute to improved hygiene and health conditions through studies, provision of safe drinking water, sanitation and health care for people in the refugee camps along the Thai-Myanmar border, in Lao PDR and Cambodia.

2.3 Components

- Provision of ORS and intravenous fluid and other medical material and support needed for proper case management through Cholera Treatment Centers
- Soap and chlorine distribution
- Support for emergency referrals in rural areas
- Rehabilitation and upgrading of sanitation facilities (in schools and health facilities) in rural areas.
- Hygiene education and awareness campaigns.
- Training activities for village health workers and public health staff
- Establishment of emergency water supply systems (gravity system, water collection)
- Environmental assessment in the refugee camp

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

Please see Annex 3 concerning European Union Member State donors.

DG ECHO is a major donor to the refugee camps in Thailand with an ongoing health project. This project has been adjusted to also include cholera response. Funding under the Aid to Uprooted People budget is provided for wash activities in the camps, an important aspect of disease control. In Lao PDR Asian Development Bank, Health Unlimited, Red Cross, UNICEF, World Bank and WHO have been providing in-kind, financial and/or technical support to assist the Government. In Cambodia WHO is the main partner of the MoPH in providing technical support. Health Unlimited has been supporting the Rattanakiri Provincial Health Department's response while CARE Germany and IOM - International Organization for Migration have started some activities to assist the government through their ongoing projects. MSF - Médecins Sans Frontières has undertaken assessments in eight affected provinces. A mobile cholera treatment centre is available if needed.

DG ECHO will continue to coordinate closely with the European Commission's external relations services to address the long-term health and water/sanitation situation in the affected countries.

2.5 Duration

The duration of humanitarian aid actions shall be 6 months.

Expenditure under this Decision shall be eligible from 22 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 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

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 save and preserve lives by providing humanitarian assistance to people affected by the cholera outbreak in the refugee camps along the Thai-Myanmar border, in Lao PDR and Cambodia.				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹
Contribute to improved hygiene and health conditions through studies, provision of safe drinking water, sanitation and health care for people in the refugee camps along the Thai-Myanmar border, in Lao PDR and Cambodia.	1,000,000	Refugee camps along the Thai-Myanmar border Lao PDR Cambodia	Water, Sanitation, Health, Hygiene promotion, Studies	<u>Direct centralised management</u> - CARE - DEU - HEALTH UNLIMITED <u>Joint management</u> - WHO
Contingency reserve	0			
TOTAL	1,000,000			

¹ CARE INTERNATIONAL DEUTSCHLAND E.V. (DEU), Health Limited (Trading as) WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

Annex 3 - Overview table of the humanitarian donor contributions

Donors in CAMBODIA*LAO PDR*THAILAND over the last 12 months			
1. EU Member States (*)		2. EU	
	EUR		EUR
Belgium	1,000,000	DG ECHO	15,406,515
Finland	1,405,500		
Germany	3,709,710		
Ireland	414,353		
Italy	170,000		
Luxembourg	500,000		
Subtotal	7,199,563	Subtotal	15,406,515
TOTAL	22,606,078		

Date : 17/08/2010

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

Empty cells : no information or no contribution.

Annex 4 – Maps

