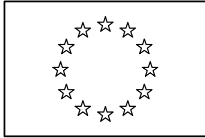

EUROPEAN COMMISSION

Brussels
C(2010) XXX final

COMMISSION DECISION

of

on the approval and financing of a Global Plan for humanitarian Actions in the Sahel region of West Africa from the general budget of the European Union

(ECHO/-WF/BUD/2010/01000)

COMMISSION DECISION

of

on the approval and financing of a Global Plan for humanitarian Actions in the Sahel region of West Africa from the general budget of the European Union

(ECHO/-WF/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[1], and in particular article 2 and 4 and Article 15(3) thereof;

Whereas:

(1) The level of the Global Acute Malnutrition rate is far beyond the internationally accepted emergency threshold in Burkina Faso, Chad, Mauritania, Mali and Niger, and in the Sahel zones of Benin, Côte d'Ivoire, Ghana, Guinea, Nigeria, Senegal and Togo.

(2) The population of the Sahel is exposed to cyclic and increasingly frequent external shocks such as high food prices, drought, epidemics and floods;

(3) In the absence of accurate baseline knowledge, there is a need to improve information gathering and analysis of the extent and impact of acute malnutrition and to ensure that this information is widely understood in the Sahel to enable the appropriate policy decisions and resource allocations to be made by the governments concerned;

(4) The health and nutritional status and the coping mechanisms of the most vulnerable population in particular children under 5 years and pregnant and nursing women need to be strengthened;

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

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

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

(7) 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;

(8) For the purposes of this Global Plan the Sahel region of West Africa includes the following countries: Burkina Faso, Chad, Mauritania, Mali, Niger, and the Sahel zones of Benin, Côte d'Ivoire, Ghana, Guinea, Nigeria, Senegal and Togo;

(9) It is estimated that a total amount of EUR 20,000,000, of which EUR 5,000,000 from budget article 23 02 01 and EUR 15,000,000 from budget article 23 02 02 of the 2010 general budget of the European Union, is necessary to provide humanitarian assistance to over 2.500,000 of the most vulnerable population taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Global Plan should be co-financed, the Authorising Officer, in accordance with Article 253 of the Implementing Rules of the Financial Regulation, may agree to the full financing of Actions;

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

(11) 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 10 December 2009.

HAS ADOPTED THIS DECISION:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a 2010 Global Plan for the financing of humanitarian Actions in the Sahel region of West Africa for a total amount of EUR 20,000,000 of which EUR 5,000,000 from budget article 23 02 01 and EUR 15,000,000 from budget article 23 02 02 of the 2010 general budget of the European Union.

2. In accordance with Article 2 and 4 of Council Regulation No.1257/96, the principal objective of this Decision is to help reduce acute malnutrition in children under the age of 5 and in pregnant and nursing women in the Sahel below the emergency thresholds and in a sustainable way.

   The humanitarian actions shall be implemented in pursuance of the following specific objective(s):

   Specific objectives:

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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

– To support the effective and replicable treatment and prevention of acute malnutrition through the provision of multi-sector assistance.

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

– To support the overall strategy for reducing acute malnutrition through the provision of food assistance.

A total of EUR 15,000,000 from budget article 23 02 02 is allocated to this specific objective.

Article 2

1. The period for the implementation of the Actions financed under this Global Plan shall start on 1 January 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 Global Plan in respect of the Action suspended.
3. In accordance with the contractual provisions ruling the Agreements financed under this Global Plan, the Commission may consider eligible those costs arising and incurred after the end of the implementing period of the Action which are necessary for its winding-up.

Article 3

1. As a general rule, Actions funded by this Global Plan should be co-financed.
2. The Authorising Officer, in accordance with Article 253 of the Implementing Rules, may agree to the full financing of Actions when this will be necessary to achieve the objectives of this Global Plan and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.
3. Actions supported by this Global Plan will be implemented either by non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No. 1257/96 or by International organisations.
4. The Commission shall implement the budget either by direct centralized management with Non-governmental organisations or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the EC/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

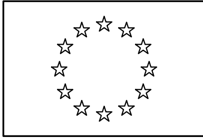
This Decision will take effect on the date of its adoption.

Article 5

This Decision is addressed to the delegated authorising officer.

Done at Brussels,

For the Commission
Member of the Commission



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

Supporting document to the Commission Decision on the approval and financing of a GLOBAL PLAN For humanitarian actions in the Sahel region of West Africa from the general budget of the European Union to reduce malnutrition

ECHO/-WF/BUD/2010/01000

Submitted to the Humanitarian Aid Committee in December 2009

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1. EXECUTIVE SUMMARY

Acute malnutrition in children under 5 years of age rapidly leads to disease and death and is an essential indicator in identifying a humanitarian crisis and highlighting the exposure to risk of the most vulnerable population. In the Western Sahel, excessive acute malnutrition levels above emergency 10% Global Acute Malnutrition (GAM) average levels (and far higher in several regions) have started to be tackled seriously by local authorities assisted by the international aid community since the 2005 nutritional crisis.

Of the current population of 55 million people in the Western Sahel, 1,225,000 children under 5 (11.1%) are considered to be at risk from acute malnutrition. 268,000 (2.4%) of these are considered to be at high risk from severe acute malnutrition (SAM) and in an immediate life-threatening situation. Poor access to basic health services and essential nutrients and foods is an important contributing factor to this. Food production still relies mainly on erratic rainfall and livestock is reared in harsh environmental conditions aggravated by climate change (droughts, floods) and other shocks (high food prices, reduced remittances, locusts) that further reduce resilience and limit household coping mechanisms. Severe malnutrition in children under 24 months does permanent damage to their physical and intellectual capacities.

Into this recurrent context of high GAM rates and deteriorating asset status of the most vulnerable households, several trends predict a difficult next "hungry" period in 2010. Food prices are likely to remain high and risk rising further and this year's rains have been excessively erratic, affecting cereal production/and fodder for livestock.

This Sahel Global Plan is a continuation of the strategy approved in March 2007 by the HAC[1] and aims to contribute significantly by way of appropriate food and nutrition assistance as well as multi-sector activities to reducing the risk of acute malnutrition in children under the age of 5 through 1*) improvement in the knowledge base* 2) *support for appropriate and innovative response activities* and 3) *effective and coherent advocacy*.

It reflects lessons learned from the Niger 2005 crisis and the commitment of the humanitarian aid community to engage governments and development partners in a Disaster Risk Reduction strategy to strengthen the resilience of local communities to cope with recurrent external shocks and make the prevention and treatment of acute malnutrition national priorities.

Much has been achieved in the last 2 years, notably the growing recognition by development partners of the importance of nutrition issues and their increasing willingness to provide support and implement concrete measures in this sector. The governments of several countries, notably Burkina Faso and Togo, have either consolidated or seriously started to support nutrition nationally. The progress is less evident in other countries such as in Niger where nutrition remains a sensitive issue.

The budget proposed in the context of this Sahel Global Plan is EUR 20,000,000 of which EUR 5,000,000 from the DG ECHO[2] general humanitarian aid budget (23 02 01) and EUR 15,000,000 from the DG ECHO Food Assistance budget (23 02 02). The proposed duration of this decision is 18 months, starting from 1 January 2010.

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[1] Humanitarian Aid Committee
[2] Directorate General for Humanitarian aid – ECHO

2. CONTEXT AND SITUATION

2.1. General context

The Western Sahel is one of the poorest and most underdeveloped regions in the world with ten[3] of its countries ranking amongst the very last of the 182 countries in the 2007 UN Human Development Index. Three quarters of the population live in rural areas and rely mainly on subsistence agriculture. Food production is not keeping up with high population growth and increasing urbanization. Pastoralist and agro-pastoralist communities are experiencing a systematic depletion of their assets (land, cattle) and competition for scarce natural resources (water and pasture). Frequent and recurring external shocks (high food and fuel prices, drought, torrential rains and floods, locusts, spill-over of unrest from neighbouring countries etc.) are aggravating the already precarious nutritional status of the most vulnerable population and weakening their coping capacity to recover before the next external shock. Desertification is rapidly destroying arable lands and recent very erratic rains have diminished agricultural production and caused considerable suffering and damage. The most vulnerable are at the highest risk and assessments of the capacity of their coping mechanisms to resist further climate change are very pessimistic. There is need for a massive investment from both humanitarian and development agencies in LRRD (Linking Relief, Rehabilitation and Development) and DRR (Disaster Risk Reduction) strategic frameworks to strengthen local communities and the efforts of local authorities to put in place sustainable measures to tackle malnutrition in a permanent way.

At the macro-level, poor governance and a lack of public resources are hampering the efficient implementation of government action to improve development indicators. The spill-over of the international financial crisis has affected many of the most vulnerable who are dependent on remittances from abroad and which have greatly decreased over the past 2 years.

2.2. Current Situation

The problem of severe under-nutrition in the Sahel is not new. The region is prone to cyclical major nutritional crises, the last one being in 2005 in Niger. But despite considerable humanitarian aid in response to these crises and the start of campaigns to mobilise long-term development polices and the allocation of development resources to tackle malnutrition in a sustainable way, progress in finding permanent and sustainable polices to combat malnutrition remains frustratingly slow. DG ECHO has been pro-active since 2007 in a comprehensive action strategy implemented through Sahel Global Plans to improve understanding of the multi-stressor causes of malnutrition, to support pilot innovative and replicable response operations and to advocate for appropriate long-term policies and actions. A fundamental objective has been to intensify the LRRD dialogue with the development services and field delegations of the Commission to encourage the allocation of more development resources to food and nutritional security especially in the context of the 10th European Development Fund (EDF) Country Strategy Papers (CSP) and National Indicative Programmes (NIP) in the Sahel.

[33] Togo, Benin, Côte d'Ivoire, Senegal, Guinea, Guinea-Bissau, Chad, Burkina Faso, Mali and Niger.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Global Acute Malnutrition (GAM) rates in the Western Sahel countries exceed the 10% emergency threshold as a trigger for emergency response[4]. In some regions of the Sahel, GAM rates are above 20%. Malnutrition is associated with nearly 60% of all child mortality[5]. Child mortality in the Western Sahel is one of the highest in the world.

Current overall malnutrition rates in the Sahel region are as follows.

Sahel Countries	**Total population[6]**	**Population < 5 y**	**(%) GAM**	**(%) SAM**	**Children suffering GAM**	**Children suffering SAM**
Burkina Faso- ENIAM[7] 2009 (NCHS[8] standards)	**14 784 000**	**2 897 644**	**12.4**	**3.8**	**359 307**	**110 110**
Chad- DHS[9] 2004 (NCHS standards)	**10 781 000**	**2 091 514**	**13.5**	**3.1**	**282 354**	**64 836**
Mali [10] - 2008 (NCHS standards)	**12 337 000**	**2 442 726**	**13.3**	**3.0**	**324 882**	**73 281**
Mauritania -SMART 2009 (NCHS standards)	**3 124 000**	**537 328**	**11.8**	**0.9**	**63 404**	**4 835**
Niger -SMART 2009 (WHO standards)	**14 226 000**	**3 015 912**	**12.3**	**2.1**	**370 957**	**63 334**
Total Sahel	**55 252 000**	**10 985 124**	**11.1**	**2.4**	**1 225 028**	**267 542**
Sahel regions of neighbouring countries	**Total population**	**Population < 5 y**	**(%) GAM**	**(%) SAM**	**Children suffering GAM**	**Children suffering SAM**
Northern Nigeria DHS[11] 2008[12] (WHO Standards)	**48 786 263[13]**	**8 098 519**	**20.7 (a)**	**10.9 (a)**	**1 684 087**	**883 653**

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[4] A 10% acute malnutrition rate, coupled with aggravating factors such as severe public health hazards – a reality throughout the region, is the international emergency threshold that should trigger an urgent response. Unfortunately in many parts of the Sahel, acute malnutrition rates of over 15% abound, requiring immediate intervention to avert massive loss of life.

[5] WHO (Bull 2000, 78 (10)).

[6] Source of the population figures: The state of the world's children 2009, estimated population figures in 2007.

[7] ENIAM: Enquête Nationale sur l'Insécurité Alimentaire des ménages et la Malnutrition (ENIAM)

[8] NCHS: National Center for Health Statistics, the institute providing the first global reference in 1977 for the measurement of Acute Malnutrition, hosted at the Centers for Disease Control and Prevention (CDC) in Atlanta, USA.

[9] Several recent SMART (Standardized Monitoring Assessment of Relief and Transition) nutrition surveys carried-out by ACF-F continue to show acute malnutrition rates far in excess of critical thresholds such as in the Kanem region in September 2008, according to the WHO curves: 23.7 % GAM, 7.2 % SAM.

[10] Commissariat à la Sécurité Alimentaire, WFP, UNICEF, HKI. Etude de base de la sécurité alimentaire et de la nutrition. Juillet 2007- Mars 2009.

[11] Demographic and Health Surveys (DHS) are nationally-representative household surveys with large sample sizes that provide data for a wide range of indicators in the areas of population, health, and nutrition. They are widely supported and used by international aid agencies. Typically, DHS are conducted every 5 years, to allow comparisons over time. In Burkina Faso there is an ongoing SMART nutritional survey. In Mali there is an ongoing MICS survey.

[12] Preliminary results.

[13] DHS 2008 Population figures.

DG ECHO field assessments, nutritional surveys carried out by partners and the increasing caseload of acutely malnourished confirm the extent of the crisis and justify an urgent humanitarian response. Over 120,000 children suffering from malnutrition have been registered in nutritional treatment centres in Niger in the first 9 months of the year of which over half of these were considered to be severely malnourished and therefore in danger of death if not treated rapidly and adequately.

There is considerable concern at the risk of a "bad" lean period in early 2010. Erratic rains in 2009 and market speculation continue to keep prices of basic food cereals about 20% above the average prices of the past five years (2003 to 2008). The carryover of high levels of household indebtedness from previous lean years (and that caused by the abrupt massive increase in prices during the 2008 high food price crisis) has depleted household reserves thus increasing vulnerability and reducing coping capacity. There has been a large and unusually early increase in admittances of acutely malnourished children in nutritional programmes in several countries.

High food prices have led to public demonstrations in recent years and political control over food security information is becoming of increasing importance in national politics. This can result in attempts to influence the content of food security early warning information and sometimes lead to the use of emergency government food stockpile reserves for political ends (distribution to urban dwellers to calm street protests or to supporters for electoral gain). This has increased the fragility of the food insecurity situation in some countries and has reduced in-country capacity to cope with a crisis. The continued reluctance of some Sahel governments to recognise the extent of malnutrition remains a problem.

Political and security instability in particular in the northern regions of Mauritania, Mali and Niger have prevented locust surveillance and control activities to be carried-out since 2007 although breeding conditions have been favourable for the past two years. A serious locust warning from Mauritania was issued in October.

Priority in this Sahel Global Plan will be given to Burkina Faso, Chad, Mali, Mauritania, and Niger and the Sahel zones of neighbouring countries where the populations are considered to be at most risk from acute under-nutrition. Identification of the highest risk regions will be as a function of the assessments of the situation on the ground and the estimates of emergency needs as shown in the GAM rates and other nutritional surveillance survey data.

4. PROPOSED DG ECHO STRATEGY

4.1. Coherence with DG ECHO´s overall strategic priorities

This Sahel Global Plan conforms to overall DG ECHO strategic priorities as laid out in the EU Consensus for Humanitarian Aid. It will help to save lives and reduce suffering and will assist the most vulnerable to prepare better to cope with external shocks and sudden natural disasters. Disaster Risk Reduction is an underlying policy objective and major emphasis is given to promoting the Link between Relief, Rehabilitation and Development (LRRD) as outlined in the Commission Communication on the subject of April 2001.

4.2. Impact of previous humanitarian response

EUR 25,000,000 was allocated to the first Sahel Global Plan in 2007 to which a further EUR 18,000,000 was added in 2008. A second Sahel Global Plan was adopted in 2009 for which a total allocation was made in 2009 of EUR 33,000,000 through a number of decisions. This brings the total to date in the fight against malnutrition in the Sahel to EUR 76,000,000 EUR.

These funds have substantially contributed to the improvement of emergency nutrition and health care services in the region. Humanitarian operations have evolved from a re-active quick-impact oriented emergency mode substituting for ill-equipped national structures to a more pro-active and more sustainable integrated approach involving local health and nutrition structures from the beginning thus generating not only increased ownership at national level but also providing the conditions for an exit strategy for humanitarian aid as development actors increasingly engage in long term support to the nutrition sector.

On top of the specific objective of reducing acute malnutrition rates, DG ECHO has helped pilot sustainable medico-nutritional early detection and health care systems which have been complemented by action to improve livelihoods protection, access to clean water and improved analysis of early warning data. The promotion of free-access to basic health care for children under 5 years of age and for pregnant and nursing women was an early and important objective. At the policy level there is now broader acceptance in government and development circles that providing free health access for the most vulnerable reduces the economic and social costs of malnutrition. However, much more work and investment is needed before this free-access policy is translated into the concrete delivery of services at village health centre level. Initiatives to promote the wider use of Ready to Use Therapeutic Foods (RUTF) have been encouraged as well as innovative measures to simplify the treatment of large-scale caseloads through community based proactive ambulatory early detection and basic nutritional care action. Amongst the important lessons learned in Niger in 2005 was the importance of treating children before they fall into the severely malnourished category where survival rates were much lower and the risk of permanent damage much higher.

DG ECHO successfully spearheaded the implementation of routine rapid nutrition surveys (SMART) with a number of partners to improve access to reliable baseline information. These have now have become a standard tool in the Sahel. In addition following a successful pilot project in Niger with a Household Economy Analysis (HEA), partners are now being encouraged to carry out similar analyses in other countries in the region. HEA enables humanitarian agencies and increasingly many development actors to target more accurately those population groups most at risk with food assistance and prepare effective social transfer operations using cash and vouchers.

4.3. Coordination with activities of other donors and institutions

DG ECHO is fully committed to improved coordination with other donors and institutions in the Sahel. There is a constant regular exchange of information and experience with other donors and humanitarian actors on the ground. Considerable support has been provided to the UN cluster system notably through the joint UNICEF,

WFP, FAO and WHO initiative on nutrition called REACH[14]. NGO partners have been encouraged to work more closely together and their willingness and ability to do this has been taken into consideration in funding decisions. Member State missions in the region are regularly kept informed on DG ECHO's work in the Sahel and a number of operations have been co-funded.

The articulation of aid instruments in a coherent and coordinated LRRD aid strategy in addressing nutrition issues is a priority goal. DG ECHO has actively participated in the many recent initiatives on nutrition promoted by major institutional donors including EU Member States, the UN family, the World Bank and US aid agencies.

4.4. Risk assessment and assumptions

The risk of another major external shock could divert attention and resources into a response to the immediate needs of the people affected. In this event, DG ECHO would use a separate decision to respond to urgent humanitarian needs. The precarious security conditions in Chad remain a cause for concern, as does the risk of negative development and a domino effect caused by instability in neighbouring countries such as Guinea. Security risks in northern Mali and Niger need to be continually assessed. The recent political instability in Niger and in Mauritania is also of concern.

The Global Plan relies on active ongoing cooperation with the governments concerned and other donors and institutions.

4.5. DG ECHO Strategy

Principal objective:

> To help reduce acute malnutrition in children under the age of 5 and in pregnant and nursing women in the Sahel below the emergency thresholds and in a sustainable way.

Specific objectives:

- To support the effective and replicable treatment and prevention of acute malnutrition through the provision of multi-sector assistance.

- To support the overall strategy for reducing acute malnutrition through the provision of food assistance.

Strategic approach / Activities proposed

This Sahel Global Plan is a continuation of the strategy approved in March 2007 by the HAC and aims to contribute significantly to the reduction of acute malnutrition of children under the age of 5 in the Western Sahel. The previous plan's three strategic pillars in the fight against malnutrition have been retained for both budget lines[15].

1. **Improving the knowledge base** of the multi-stressor causes and extent of acute malnutrition and consequent infant mortality is a major goal. Without reliable and

[14] Global Framework for Action, Renewed Effort Ending Child Hunger and Malnutrition.

[15] General budget for humanitarian aid under specific objective 1 and food aid budget under specific objective 2.

updated data, accurate needs assessment for humanitarian aid is impossible. Cross sectional surveys such as SMART will be encouraged as will socio-economic baseline (HEA) studies of the most vulnerable livelihoods, including in urban and peri-urban systems, further exploring a wider range of aid modalities such as vouchers and cash. The failure of the current early warning systems to cross-relate food availability data with food accessibility data is of continuing concern. Better and timelier information gathering and analysis will help improve the speed and accuracy of decision making, aided by tools such as the IPC[16] model, introduced with DG ECHO support in West Africa from 2007. Early pro-active action can often mitigate rapidly the extent of a crisis and save lives. DG ECHO will continue to encourage partners to work more closely together at country and regional level to improve the functioning of the existing early warning systems.

2. **Promoting effective, innovative and replicable nutritional policies and treatment** is central to this strategy. Effective treatment is possible and can be replicated and the actions financed under this strategy aim to demonstrate this, administering live-saving assistance to many children. Moreover, the high human and financial cost of curative care underlines the obligation of authorities and all long-term actors to invest in prevention and mitigation of malnutrition, an inevitable expression of disaster risk reduction. Without such a comprehensive, fundamental engagement in nutrition no lasting reduction in acute malnutrition below critical levels may be achieved. Innovative approaches supported by DG ECHO have improved the ambulatory and community-based management of severe acute malnutrition services and are now the reference in the region. The integration of the management of malnutrition into national health services as part of the health service basic health policy is fundamental to this, a real challenge in countries where qualified health staff is not available. DG ECHO will continue to support new strategies to fight against malnutrition as long as they are relevant, evidence based and well documented. Context continued support will thus be given to innovative and appropriate nutritional strategies and products, such as ready-to-use foods (RUF). Better access to clean water, hygiene and sanitation for the most vulnerable populations will also be assisted and humanitarian logistics needs in the region especially humanitarian air services will be considered. It is expected that the majority of proposals will comply with the criteria for the food assistance budget line. It is expected that the vast bulk of expenditure in this Decision, as in previous Sahel decisions, will take place under Pillar 2 thus ensuring that that most of the funds are used to the direct benefit of the most vulnerable people.

3. **Advocacy for effective and coherent LRRD and the articulation of aid instruments** with partners, governments and civil society in the Sahel to encourage the mainstreaming of humanitarian objectives into long-term development planning in the region and so to achieve a link between relief, rehabilitation and development (LRRD) underlies the whole strategy. Particular attention is given to close coordination with the Commission delegations in the Sahel states and to the potential for improved articulation between humanitarian and development aid. Continued support will be given to UN efforts such the REACH initiative to raise awareness of nutrition issues at Sahel government level. Emphasis on Disaster Risk Reduction is an important cross-cutting theme with the aim of strengthening local resilience to cope with recurrent external

[16] Integrated Phase Classification makes livelihoods risks comparable between countries in a same region.

shocks and the negative impact of climate change which is very apparent in the increasingly fragile ecology of the Sahel. The capacity of the most vulnerable to cope with further stress from climate change needs to be strengthened.

The strategy reflects the many lessons learned from the Niger 2005 crisis especially in the appreciation of the multi-sector approach needed to tackle malnutrition, the importance of RUFs and the need to treat malnourished children as early as possible before they slide into the severe acute malnutrition status where survival chances are much lower and the risk of permanent disability much higher.

The Sahel Global Plans are designed to complement Global Plans in adjacent countries, notably Chad where DG ECHO humanitarian aid in the Chad Global Plan is programmed to address the adverse humanitarian consequences of regional and national conflict and insecurity. Actions under the Sahel Global Plan will complement this by providing humanitarian aid to the most vulnerable populations in other parts of Chad (especially the Eastern Kanem region), equally affected by acute malnutrition as elsewhere in the Western Sahel. The implementation of this Sahel Global Plan will be in parallel to the recent ad-hoc response decision for the Sahel taken by DG ECHO to provide an immediate response to the current erratic climate conditions (poor rains and floods) and to the continued local high food prices. Activities funded under the ad-hoc decision will focus on a short-term immediate response while activities funded under the Global Plan will focus on the LRRD and DRR objectives of achieving a sustainable reduction in acute malnutrition rates in the long term. Coordination with activities run by DG DEV is crucial towards that goal. The management of the Sahel and Chad decisions is coordinated through the DG ECHO Sahel task force which includes all the Desks and Technical Assistants in the region.

Under this Global Plan, it is envisaged to fund the components described in the table of section 4.7.2. Most nutrition interventions are multi-sector with components including food assistance, improves access to water and health care and livelihoods protection etc. The DG ECHO Food Assistance Policy Paper will provide clear guidelines as to the type of operations that can be funded under the Food Assistance budget line 23 02 02. As proposals are received they will be evaluated as to which of the two budget lines they best fit in and those where the bulk of the expenditure fits clearly with the food assistance budget guidelines will be charged to that line. Those where food assistance components are in the minority will be charged to the general humanitarian budget line

Target population

The main potential beneficiaries in the fight against malnutrition are in particular the 1,200,000 children under five years of age suffering from acute malnutrition and pregnant and nursing women and vulnerable households most at risk from acute malnutrition.

Technical assistance

The field management of this Global Plan will be carried out by the DG ECHO Regional Support Office for West Africa based in Dakar, Senegal with the help of the DG ECHO antennae located in the Delegations of the Commission in Niamey and Ouagadougou and the DG ECHO field office in Chad.

4.6. Duration

The duration for the implementation of this Decision will be 18 months. Humanitarian actions funded by this Decision must be implemented within this period, required to cover humanitarian needs over 2 agricultural seasons, trying to better strengthen coping mechanisms. It will also allow for more opportunities for transition from humanitarian to development aid in the current process of real engagement by longer-term actors.

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.

4.7. Amount of Decision and strategic programming matrix

4.7.1 Total amount of the Decision: EUR 20,000,000

4.7.2. Strategic Programming Matrix STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal objective		*To help reduce acute malnutrition in children under the age of 5 and in pregnant and nursing women in the Sahel below the emergency thresholds and in a sustainable way.*			
Specific objectives	**Allocated amount (EUR)**	**Geographical area of operation**	**Activities proposed**	**Expected outputs / indicators**	**Potential partners**
Specific objective 1: To support the effective and replicable treatment and prevention of acute malnutrition through the provision of multi-sector assistance	**5,000,000**	Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Guinea, Mali, Mauritania Niger, Nigeria, Senegal and Togo	1. Improving the knowledge base to provide reliable data, notably regarding livelihoods and nutrition situations. 2. Implementation of effective policies and practice to improve access to treatment and basic services and improved livelihoods to reduce malnutrition. 3. Organising and steering of advocacy and public awareness-raising to mainstream humanitarian objectives into the planning of long-term development. 4. Logistical support (flight and supply chain management, storage and handling in support of nutrition programmes).	(R1) * Socio-economic surveys (HEA) introduced to improve targeting and definition of preventive action * Timely and regular dissemination of nutrition and household economy data and analysis * National and regional EWS analysis carried out in a timely and transparent manner to include food availability and accessibility information * EW alert thresholds are in place at country level and respective bulletins/ alerts are issued regularly (R2) * Malnutrition management integrated into routine health services as part of the health service basic package * Health care systems able to meet the rapidly increasing caseload of severe malnutrition as new WHO standards are introduced * Therapeutic and supplementary input supply chain improved * Accreditation of innovative nutritional strategies and products (RUTF) supported * Access to clean water, hygiene and sanitation for the most vulnerable populations improved (R3) * Humanitarian objectives are mainstreamed into long-term development planning in the Sahel * REACH plays an active role in promoting nutrition issues at national and regional policy and operational levels (R4) * Humanitarian logistics in support of GAM are substantially improved.	Direct centralised management ACF-FRA, ACH-ESP, ACTED, ACTIONAID, AMI-FRA, ASF, BBC-TRUST, CAFOD, CARE-FR, CARE-UK, CHRISTIAN AID-UK, CONCERN UNIVERSAL,CONCERN WORLDWIDE, CORDAID, BELGIAN RED CROSS, DANISH RED CROSS, DUTCH RED CROSS, FRENCH RED CROSS, SPANISH RED CROSS, GERMAN AGRO ACTION, GOAL, HANDICAP (FR), HELP, HOPE´87, ICCO, INTERMON, IRC – UK, ISLAMIC RELIEF, LVIA, MDM-FRA, MEDAIR UK, MERCY CORPS SCOTLAND, MERLIN, MSF-BEL, MSF-CH, MSF-ESP, MSF-FRA, MSF-LUX, MSF-NLD, NOVIB, OXFAM-UK, PREMIERE URGENCE, SAVE THE CHILDREN-UK, SOLIDARITES, TEARFUND UK, TERRE DES HOMMES-CHE, TROCAIRE, TSF-FRA, VSF-BE, WORLD VISION – UK Joint management FAO, ICRC, IFRC, IOM, OCHA, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO Other GROUPE DE RECHERCHES

Specific objective 2 To support the overall strategy for reducing acute malnutrition through the provision of food assistance	**15,000,000**	Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria, Senegal and Togo	1. Improving the knowledge base to provide reliable data, notably regarding food assistance, livelihoods and nutrition situations. 2. Implementation of effective policies and practice to improve food assistance and reduce malnutrition, notably providing appropriate food products. 3. Organising and steering of advocacy and public awareness-raising to mainstream humanitarian food assistance objectives into the planning of long-term development. 4. Logistical support, with an emphasis on supply chain management, storage and handling of products in support of nutrition programmes.	(R1) * National nutritional surveys conducted in high prevalence countries/ regions on a regular basis, following the SMART methodology to determine the need for food assistance * Socio-economic surveys (HEA) introduced to improve targeting and definition of preventive action * Timely and regular dissemination of food assistance, nutrition and household economy data and analysis * National and regional EWS analysis carried out in a timely and transparent manner to include food availability and food accessibility information * EW alert thresholds are in place at country level and respective bulletins/ alerts are issued regularly to ensure the early mobilisation of food assistance (R2) * Therapeutic and supplementary food input supply chain improved * Accreditation of innovative food assistance, nutritional strategies and products (RUTF) supported (R3) * Humanitarian food assistance objectives are mainstreamed into long-term development planning in the Sahel * REACH plays an active role in promoting food assistance and nutrition issues at national and regional policy and operational levels (R4) * Humanitarian logistics in support of GAM and with the aim of improving access to food assistance are substantially improved	Direct centralised management ACF-FRA, ACH-ESP, ACTED, ACTIONAID, AMI-FRA, BBC-TRUST, CAFOD, CARE-UK, CHRISTIAN AID-UK, CONCERN UNIVERSAL, CONCERN WORLDWIDE, CORDAID, BELGIAN RED CROSS, DANISH RED CROSS, SPANISH RED CROSS, FRENCH RED CROSS, DUTCH RED CROSS, GERMAN AGRO ACTION, GOAL, HANDICAP (FR), HELP, HOPE´87, INTERMON, IRC–UK, ISLAMIC RELIEF, LVIA, MDM-FRA, MEDAIR, MERCY CORPS SCOTLAND, MERLIN, MSF-BEL, MSF-CH, MSF-ESP, MSF-FRA, MSF-LUX, MSF-NLD, NOVIB, OXFAM-UK, PREMIERE URGENCE, SAVE THE CHILDREN-UK, SOLIDARITES, TEARFUND, TERRE DES HOMMES CHE, TSF-FRA, VSF-BE, WORLD VISION–UK Joint management FAO, ICRC, IFRC, OCHA, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO
Risk assessment		Political instability, the risk factors like the drought, epidemics and floods or socio-economic instability or market speculation could stop or disturb the operations. The serious security problems in Chad could prevent operations.			
Assumptions		The regional strategy will allow for a more successful integration of humanitarian concerns into the development agenda.			

Total cost	20,000,000

5. 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.

6. 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 EC/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.

7. ANNEXES

Annex 1: Statistics on the humanitarian situation and malnutrition in the Sahel
Annex 2: Map of the countries and location of DG ECHO Actions
Annex 3: List of previous DG ECHO Actions
Annex 4: Overview of donors' contributions
Annex 5: List of abbreviations

Annex 1: Statistics on the humanitarian situation and malnutrition in the Sahel

Four of the five main countries targeted in this Sahel Global Plan - Burkina Faso (177), Chad (175), Mali (178) and Niger (182) - belong to the group *of the least advanced countries* in the world, based on their human development level, according to the 2009 UNDP Human Development Report.

- Life expectancy is well below of the average of low income countries (58.7), from Mali (48.1) to Mauritania (56.6), UNDP idem. 2009.
- Infant mortality rates and that of children under 5 years in the Sahel are among highest in the world. That of children under 5 years in Chad is classified as 3rd last in the world (209/1000). Infant mortality rates in Burkina Faso (104/1000), in Mali (117/1000) and in Chad (124/1000) are above the average of the least advanced countries (98/1000 of new-born babies). See "The state of the world's children 2009", http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf.
- The maternal mortality rates are among highest in the world, notably in Niger (1,800/100,000), Chad (1500) and Mali (970). Ibidem, "The state of the world's children 2009", http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf.
- *At any moment of the year* in the Sahel, 1,200,000 children under 5 years suffer from acute malnutrition; of which around 300,000 are severely malnourished according to the official DHS and MICS surveys which are regularly carried out in several countries in the Sahel. Acute malnutrition levels have remained stable or worsened during the last decade, while the chronic malnutrition levels are rising even as the population increases. 60% of the deaths of children are linked directly or indirectly to malnutrition according to WHO (Bull 2000, 78 (10)).
- Sub-Saharan Africa will not achieve most of the Millennium Development Goals and is the only region where child malnutrition is not declining (World Bank, 2006).
- Most of the countries concerned by this decision belong to the Meningitis and Malaria belt of the Sahel. Malaria is the principal cause of death and disease among the young children. Appropriate malaria treatments are not generally available. Meningitis is hyper-endemic throughout the year and recurring epidemics occur during the drought season.
- Access to water and to sanitation in the region is among the worst in the world. Many communities do not reach the minimum SPHERE standards for emergencies, i.e. 15 liters of drinking water by person per day (Global evaluation of water, WHO/2002 UNICEF).
- Natural disasters have increased by 94% in the Sahel region during the last three decades. Epidemics caused the majority of suffering and deaths, accounting for 40% of all the disasters in the Sahel over this period (the Sahel is in the middle of the Meningitis and Malaria belt and Yellow Fever is also a recurring threat). In comparison, floods and

droughts account for 20% of the crises, with drought being predominant in terms of numbers of people affected and damage to the livelihoods (ECOWAS, 2006).

- The 2009 State of The World's Children report on **Burkina Faso** estimates under five mortality as 191/1000 live births, with infant mortality 104/1000. Successive surveys show a pattern of rising chronic and acute malnutrition. 5 areas have been identified as being the most affected by acute malnutrition (Sahel, Nord, Centre Nord, Est, Sud Ouest). The continued high prices for staple foods are eroding access to adequate and quality foods.

- Food security conditions in **Chad** have deteriorated sharply due to late rains, disease and drought. Despite a partial late recovery of livestock and crops the agricultural season is not expected to be a good one. A second year of high staple food prices of at least 20% above the last 5-year average and around the level of last crisis-year in 2004 is expected. Recent regional nutritional surveys carried-out by ACF-F, in anticipation of a next national exercise, confirm emergency levels of acute malnutrition, such as in the Kanem region to the North of the capital N'Djamena and in the region of Abeche to the East.

- Late and irregular rains in **Niger** in 2009 have had a negative impact on local food production and aggravated fodder deficits. Cereal prices remain well above the five-year average and market-dependent households, such as pastoralists, agro-pastoralists and the urban poor have been particularly hit. Food prices in most areas are likely to remain high and rise significantly at the start of the hunger gap next year, in particular if food production results in nearby Nigeria are confirmed to be disappointing. In this case a repeat of the 2004-2005 crisis is possible. Food accessibility remains the main issue. A recent Save the Children Household Economy Analysis (HEA) conducted in southern Niger found that half of the targeted population could not afford a balanced diet in a "typical" year not to mention a "bad" year. This is one of the factors underlying the continued high acute malnutrition rates even in normally good agricultural production areas such as Zinder. There has been a sudden increase in acute malnourished cases requiring intensive therapeutic treatment whilst the process of integrating nutritional care into the national health system has so far proved to be slow and not very efficient. The current political context in Niger is also of great concern. There has been a continued gradual deterioration in good governance and consequent slow down in international assistance. Control over early warning information and national food security response mechanisms is becoming increasingly politicized and international support to these instruments is now under question.

- In **Mali**, current preventive and curative efforts to tackle acute malnutrition are not sufficient to cover the most urgent needs. Implementation of the national protocols on the treatment of acute malnutrition is still very incomplete in many areas of the country and the integration of the treatment of malnutrition into the healthcare system is complicated by the poor quality of local services. A Multiple Indicator Cluster Survey (MICS) including nutrition will be carried out at the end of 2009. Current reference figures are those of EDS 2006 (Enquete Démographique de Santé) updated to factor in the new WHO standards, which show that 15,2 % of children under 5 suffer of Global Acute malnutrition (GAM), and 6 % are severe acute malnourished. The situation is worst in some regions as Gao (17.4 %), Sikasso (15.8 %) Tombouctou (16 %), Koulikoro (16.2 %), regions where DG ECHO is supporting aid programmes.

- In **Mauritania**, in 2008 a SMART nutritional survey supported by DG ECHO confirmed that post-harvest acute malnutrition in the Centre and the South of the country had reached alert levels (12.7%). A follow-on survey in June 2009 demonstrated further increased GAM rates during the lean season in the southern and central zone of the country reaching

up to 19%. DG ECHO will continue supporting the integration of curative nutritional care into the national health structures of the country. DG ECHO funded a household economy survey in 2009 to identify the most vulnerable livelihood systems and design effective response scenarios. This has enabled targeted safety net operations to be supported that address the most vulnerable with a focus on mothers of malnourished children.

- High acute malnutrition rates have also been recorded in the **Sahel zones of neighbouring West African countries.** DG ECHO has already previously supported action to reduce malnutrition in **Cote d'Ivoire**, **Guinea and Togo** in a re-active response mode in order to ensure appropriate nutritional treatment of those in need encourage full integration of nutritional care into the health system and promote LRRD with development aid instruments. This strategy proved to be particularly successful in Togo, in term of achieving a reduction in acute malnutrition with the GAM rate dropping from 32% in 2006 to 9.3% in 2009 in the Savanna region. Current available data show that malnutrition rates remain high in Northern **Ghana** and in some pockets in **Senegal** whilst GAM rates in northern **Benin** are currently below the 10% emergency threshold. All 3 countries are already advanced in integrated malnutrition case management so should not require humanitarian intervention unless there is a rapid degradation or a sudden crisis.
- The main country of concern remains **Nigeria** where the most recent. DHS survey show a GAM rate of over 20% with severe acute malnutrition (SAM) rates of up to 10.9%in some northern states. The potential caseload is enormous (possibly more than 880.000 children under five years of age suffering from severe acute malnutrition). This is also impacting on nutritional care programmes in southern Niger where assessments show that a substantial part of children being treated are from Nigeria.
- Apart from Burkina Faso, Ghana and Niger that are listed with an average Vulnerability Index (VI) in the 2009-2010 DG ECHO Global Needs Assessment (GNA), all other 9 listed countries in the Western Sahel have a high VI of three and a relatively low Crisis Index (CI), with the exception of Chad and Côte d'Ivoire. Niger is the only country with an average VI and a high CI of 3.

Annexe 2: Map of the countries and location of DG ECHO Actions

Annex 3: List of previous DG ECHO Actions

List of previous DG ECHO operations in BENIN/BURKINA FASO/COTE D'IVOIRE/GHANA/GUINEA/MALI/MAURITANIA/NIGER/NIGERIA/SENEGAL/CHAD/TOGO

		2007	2008	2009
Decision Number	Decision Type	EUR	EUR	EUR
ECHO/GIN/BUD/2007/01000	Non Emergency	2.000.000		
ECHO/TCD/BUD/2007/01000	Global Plan	15.000.000		
ECHO/TCD/EDF/2007/01000	Non Emergency	5.500.000		
ECHO/-WF/BUD/2007/01000	Global Plan	15.000.000		
ECHO/-FA/BUD/2007/0100 0	Global Plan	10.000.000		
ECHO/-WF/BUD/2007/02000	Emergency	2.000.000		
ECHO/-FA/BUD/2008/01000 (*)	Non Emergency		6.000.000	
ECHO/-FA/BUD/2008/02000 (*)	Non Emergency		6.000.000	
ECHO/-WF/BUD/2008/01000 (*)	Non Emergency		0	
ECHO/-WF/BUD/2008/02000 (*)	Non Emergency		0	
ECHO/-WF/BUD/2008/03000 (*)	Emergency		0	
ECHO/-WF/BUD/2008/04000 (*)	Non Emergency		2,000,000	
ECHO/GNB/BUD/2008/01000	Emergency		500,000	
ECHO/TCD/BUD/2008/01000	Global Plan		17,000,000	
ECHO/-WF/BUD/2009/01000 (*)	Global Plan			18,000,000
ECHO/-WF/BUD/2009/02000 (*)	Non Emergency			1,640,000
ECHO/-WF/BUD/2009/03000 (*)	Emergency			2,800,000
ECHO/-WF/EDF/2009/01000 (*)	Non Emergency			3,000,000
ECHO/NER/EDF/2009/01000	Emergency			1,900,000
ECHO/NGA/BUD/2009/01000	Emergency			1,550,000
ECHO/TCD/BUD/2009/01000	Global Plan			30,000,000
ECHO/TCD/EDF/2009/01000	Non Emergency			2,000,000
	Subtotal	49.500.000	31.500.000	60,890,000
	Grand Total			141.890.000

Dated : 06 October 2009
Source : HOPE

Annex 4: Overview of donors' contributions

Donors in BENIN/BURKINA FASO/COTE D'IVOIRE//GHANA/GUINEA/MALI/MAURITANIA/NIGER/NIGERIA/SENEGAL/CHAD/TOGO the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	63,390,000		
Belgium	2,500,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland	2,592,000				
France	2,855,311				
Germany	8,073,055				
Greece	25,000				
Hungary					
Ireland	4,504,163				
Italy	644,200				
Latvia					
Lithuania					
Luxemburg	2,519,404				
Malta					
Netherlands	3,999,760				
Poland					
Portugal					
Romania					
Slovakia					
Slovenie					
Spain	470,000				
Sweden	2,294,607				
United kingdom					
Subtotal	30,477,500	Subtotal	63,390,000	Subtotal	0
		Grand total	93,867,500		

Dated : 06 October 2009
(*) 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 5: List of Abbreviations

ACF	Action Contre La Faim France
ACH- E	Action Contre La Faim Espagne
ACTED	Agence d'Aide à la Coopération Technique et au Développement France
ACTION AID	Action Aid International UK
DG AIDCO	EuropeAid Cooperation Office
AMI FR	Aide Medicale Internationale
BBC TRUST	British Broadcasting Corporation Trust
CARITAS FRA	Caritas France
CNCN	Conseil National de Coordination de la Nutrition au Burkina Faso
CONCERN	Concern Worldwide
CILSS	Comité Inter-Etats de lutte contre la Sécheresse dans le Sahel
CR-B	Belgian Red Cross
CR E	Spanish Red Cross
CR F	French Red Cross
DFID	Department for International Development UK
DG ECHO	European Commission Directorate General for Humanitarian Aid
DHS	Demographic Health Surveys
DRR	Disaster Risk Reduction
EC	European Commission
ECOWAS	Economic Community of West African States
FED/EDF	European Development Fund
FAFA	Financial and Administrative Framework Agreement
FAO	Food and Agriculture Organisation
FEWSNET	Famine Early Warning System Network
FPA	Framework Partnership Agreement
GAM	Global Acute Malnutrition
GAA	Action Agro Allemande/German Agro Action
GNA	Global Needs Assessment index of DG ECHO
GOAL	Goal International Ireland
HAC	Humanitarian Aid Committee
HEA	Household Economy Analysis
HELP	Help International Germany
HDI/IDH	Human Development Index
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent
INTERMON	Intermon Oxfam Spain
IPC	Integrated Phase Classification
IRC	International Rescue Committee
LRRD	Linking Relief, Rehabilitation and Development
LVIA	Associatione Internazionale Volontari Laici
MDM FRA	Médecin du Monde France
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MSF-B	Médecins Sans Frontières- Belgium
MSF-CHE	Médecins Sans Frontières –Switzerland

MSF-ESP	Médecins Sans Frontières- Spain
MSF-FRA	Médecins Sans Frontières – France
MSF-L	Médecins Sans Frontières – Luxembourg
MSF-NLD	Médecins Sans Frontières – Netherlands
NCHS	National Center for Health Statistics
NOVIB	Oxfam-Netherlands
OCHA	Office for the Coordination of Humanitarian Affairs UN
OFDA	Office for Foreign Disaster Assistance USA
OMS	Organisation Mondiale de la Santé
OXFAM GB	Oxfam Great Britain
PAM/WFP	World Food Programme
REACH	Global Framework for Action- Renewed effort Ending Child Hunger and Malnutrition
RUF	Ready to Use Foods
RUSF	Ready to Use Supplementary Foods
RUTF	Ready to Use Therapeutic Foods
SC-UK	Save the Children UK
SAM	Severe Acute Malnutrition
SIDA	Swedish International Development Agency
SMART	Standardized Monitoring Assessment of Relief and Transition
SNIS	Système National Information Sanitaire - Health Information and Decision Making Network
TSF-F	Télécoms Sans Frontiers- France
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund.
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Childrens Fund
VSF	Vétérinaires sans Frontières
WHO	World Health Organisation