



EUROPEAN COMMISSION

Brussels  
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**COMMISSION DECISION**

**of**

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

**(ECHO/ZWE/BUD/2010/02000)**

## COMMISSION DECISION

of

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

**(ECHO/ZWE/BUD/2010/02000)**

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 Articles 2(a) and 4 and Article 13 thereof;

Whereas:

- (1) Zimbabwe has, since September 2009, been experiencing a large-scale outbreak of measles, another symptom of the progressive deterioration of the public health system in recent years;
- (2) By March 2010, the outbreak had reached crisis proportions, with 45 of the country's 62 districts being affected, and with 110 deaths being recorded in a single week ;
- (3) The estimated Case Fatality Rate of 9.7% is far in excess of emergency thresholds, for what is a preventable disease ;
- (4) The Ministry of Health and Child Welfare on 29 March 2010 issued an appeal for donor assistance to organise an emergency mass vaccination programme for all children between 6 months and 15 years ;
- (5) 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 centralized management or by joint management;
- (6) Humanitarian aid Actions financed by this Decision should be of a maximum duration of 6 months;
- (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 to vulnerable children in Zimbabwe, 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 1605/2002<sup>2</sup>, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by

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

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

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 1,000,000 for the financing of emergency humanitarian actions in Zimbabwe from budget article 23 02 01 of the 2010 general budget of the European Union.
2. In accordance with Article 2(a) and 4 of Council Regulation No.1257/96, the principal objective of this Decision is to save and preserve the lives of vulnerable children affected by the measles epidemics in Zimbabwe. The humanitarian actions shall be implemented in the pursuance of the following specific objective :
  - To reduce morbidity and mortality among children by supporting an emergency vaccination response to the measles epidemics.

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 29 March 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.
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 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

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

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

\* or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or to 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 emergency humanitarian Actions in Zimbabwe from the general budget of the European Union

Description: Emergency response to measles epidemics in Zimbabwe

Location of Action: Zimbabwe

Amount of Decision: EUR 1,000,000

Decision reference number: ECHO/ZWE/BUD/2010/02000



## **Supporting Document**

### **1 - Rationale, needs and target population.**

#### **1.1. - Rationale :**

After years of disinvestment and adverse economic policies, the general situation in the health sector in Zimbabwe could be characterised as a severe structural crisis, with a dramatic impact on all of the social sectors. The main challenge remains how to intervene to mitigate this deterioration process in order to protect the capacity for ensuring the delivery of basic services and prevent a major humanitarian crisis which, in turn, would require major resources to save lives and massive support in the medium- to long-term for the rehabilitation and recovery of the social systems.

On the heels of the huge cholera outbreak of late 2008/2009, which saw more than 100,000 cases and 4,400 deaths, Zimbabwe has, since September 2009, been experiencing a large-scale outbreak of measles. Measles is a highly contagious virus spread by contact with an infected person through coughing and sneezing. It has been estimated that 90% of people in contact with somebody affected by measles will become infected if they are not already immune. Measles weakens the immune system, and can result in secondary problems such as pneumonia, blindness, diarrhoea and encephalitis. Furthermore, about 30% of reported cases develop one or more complications.

Routine immunisation coverage (EPI – Expanded Programme of Immunisation) in Zimbabwe has declined from its height of almost 90% in the ten years up to 1997 to below 70% in 2004. This rate is thought to have declined dramatically since 2008, a decline which is attributed to the socio-economic challenges faced by the country, and which have resulted in high attrition of health workers, closed health facilities, and shortages of fuel, vehicles, electricity (affecting the refrigeration chain), and Government funds. The current outbreak is another symptom of the progressive deterioration of the public health system over the past years.

To date, 45 districts of 62 have had at least one laboratory confirmed case of measles. As of 14 March, 1884 suspected cases and 183 deaths (Case Fatality Rate 9.7%) have been recorded, the vast majority of which were community deaths. 110 deaths were recorded in the week from 8-14<sup>th</sup> March alone. The high figure of community deaths is largely a result of the beliefs of the Apostolic sects, who refuse conventional medical treatment.

Response activities carried out by the Government and health partners (active case searches, vaccination of affected households/villages) have not succeeded in controlling the outbreak. With trends clearly on the increase, the potential for spread is enormous, including to the surrounding countries<sup>1</sup>. The Ministry of Health and Child Welfare on 29<sup>th</sup> March issued an appeal for USD 8.5 million (approx. EUR 6.4 million) to cover the cost of an emergency vaccination campaign, to take place between 10-19<sup>th</sup> May, which will reach an estimated 3-4 million children. At the same time, the Government of Zimbabwe is working on emergency measures to make it compulsory for children to be immunized in order to prevent parents from resisting immunisation on religious or cultural grounds.

## **1.2. - Identified needs :**

In the light of the spread of the epidemic, the extremely high mortality rates, and the failure of current measures to control it, the key stakeholders in the country have decided to launch a massive emergency vaccination campaign as an extension of the routine national immunization days (foreseen for May/June 2010) to include all children from 6 months to 15 years. This approach is deemed to be the only one to successfully control the outbreaks and avoid excess mortality.

## **1.3. - Target population and regions concerned :**

All children in Zimbabwe between the ages of 6 months and 15 years will be beneficiaries of this decision.

## **1.4. - Risk assessment and possible constraints :**

As the Government, and particularly the Ministry of Health and Child Welfare, fully supports the action, and assuming that the Government remains stable, it is unlikely that the vaccination campaign itself will be subject to any risks. Possible constraints are, however, legion, and will need to be robustly tackled by the implementing partners: reliability of the cold chain, procurement of vaccines, coordination, obligation of parents to present their children, etc.

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<sup>1</sup> Outbreaks of measles were reported in 2009 in South Africa, Namibia, and Lesotho. A serious outbreak is currently reported in Malawi.

## **2 - Objectives and components of the humanitarian intervention proposed:**

### **2.1. - Objectives :**

Principal objective:

- To save and preserve the lives of vulnerable children affected by the measles epidemics in Zimbabwe

Specific objective:

- To reduce morbidity and mortality among children by supporting an emergency vaccination response to the measles epidemics

### **2.2. - Components :**

Components to be funded under this decision might include :

- Provision of vaccines and associated materials for immunization ;
- Provision of cold chain components : carrier boxes, fuel for electricity, etc ;
- Provision of Vitamin A supplement ;
- Support to vaccination teams ;
- Support for social mobilisation and mobilisation teams ;
- Coordination and logistics.

## **3 - Duration expected for Actions in the proposed Decision:**

The duration of humanitarian aid Actions shall be maximum 6 months.

Expenditure under this Decision shall be eligible from 29 March 2010, to allow preparations to be made in advance of the actual vaccination campaign.

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.



## 5 - Overview of donors' contributions

### Donors in ZIMBABWE the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	27,000,000		
Belgium	2,000,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark	9,723,204				
Estonia					
Finland	1,500,000				
France	282,000				
Germany	5,668,595				
Greece					
Hungary					
Ireland	355,481				
Italy	40,000				
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands	7,216,000				
Poland					
Portugal					
Romania					
Slovakia					
Slovenia					
Spain					
Sweden					
United kingdom	13,002,298				
Subtotal	39,787,578	Subtotal	27,000,000	Subtotal	0
		Grand total	66,787,578		

Dated : 07 April 2010

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>  
Empty cells means either no information is available or no contribution.

## 6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 1,000,000

6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>To save and preserve the lives of vulnerable children affected by the measles epidemics in Zimbabwe</i>			
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Potential partners<sup>2</sup></b>
Specific objective 1: To reduce morbidity and mortality among children by supporting an emergency vaccination response to the measles epidemics	1,000,000	National	<u>Direct centralised management</u> - MSF - BEL - MSF - ESP - MSF - NLD <u>Joint management</u> - UNICEF - WHO
TOTAL: 1,000,000			

<sup>2</sup> ARTSEN ZONDER GRENZEN (NLD), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICOS SIN FRONTERAS, (E), UNICEF, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE

## 7 - 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) .

## 8. Management issues

Humanitarian aid actions funded by the EU 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 signatories to 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.