



EUROPEAN COMMISSION

Brussels
C(2009) XXX final

COMMISSION DECISION

of

**on the financing of humanitarian actions in the Sahel region of West Africa from the
general budget of the European Union**

(ECHO/-WF/BUD/2009/04000)

COMMISSION DECISION

of

on the financing of humanitarian actions in the Sahel region of West Africa from the general budget of the European Union

(ECHO/-WF/BUD/2009/04000)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on European Union and 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 Articles 2, 4 and Article 15(2) thereof;

Whereas:

- (1) The most vulnerable populations in the Sahel region of West Africa are exposed to an extraordinary high level of risk of crisis due to this year's erratic rains and continued high local food prices;
- (2) GAM (Global Acute Malnutrition) rates in the region remain constantly above the alert threshold for humanitarian action and the deteriorating asset status of the most vulnerable households provides considerable cause for concern that the next "hungry" period in 2010 will be a difficult one;
- (3) The Sahel region is one of the poorest and most underdeveloped regions in the world. It includes six of the 24 countries ranked lowest of the 182 countries listed in the 2008 UN Human Development Index as having the lowest human development indicators
- (4) Food production in good years is barely adequate to keep pace with demographic growth² and rapid urbanisation. The most vulnerable populations live permanently on the edge of a humanitarian crisis with the slightest external shock quickly tipping them into crisis;
- (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) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid Actions should be financed by the Union for a period of 12 months;

¹ 1- OJ L 163, 2.7.1996, p. 1.

² The United Nations believe natural population growth in the Sahel to be among the highest in the world. It is estimated that by 2030 the population will be 12 times what it was in 1950. The world's population could grow by a factor of only 3.6, with the corresponding figure for Africa being 8.6.

- (7) For the purposes of this Decision the West African countries of the Sahel region involved are Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria, Senegal and Togo.
- (8) It is estimated that an amount of EUR 10,000,000 from budget article 23 02 02 of the general budget of the European Union is necessary to provide humanitarian assistance to over 1,000,000 victims, taking into account the available budget, other donors' contributions and other factors. Although as a general rule Actions funded by this Decision 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;
- (9) The present Decision constitutes a financing Decision within the meaning of Article 75 of the Financial Regulation (EC, Euratom) No 1605/2002³, Article 90 of the detailed rules for the implementation of the Financial Regulation determined by Regulation (EC, Euratom) No 2342/2002⁴, and Article 15 of the internal rules on the implementation of the general budget of the European Union⁵;
- (10) In accordance with Article 17(3) of Council Regulation (EC) No.1257/96 of 20 June 1996, the Humanitarian Aid Committee gave a favourable opinion on 12 November 2009.

HAS ADOPTED THIS DECISION:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 10,000,000 for the financing of humanitarian actions in the Sahel region of West Africa from budget article 23.02.02 of the 2009 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 provide humanitarian assistance and relief to people affected by erratic climatic conditions and continued high local food prices in the Sahel Region of West Africa. The humanitarian Actions shall be implemented in the pursuance of the following specific objective:
 - To provide multi-sector assistance to help reduce acute malnutrition and mortality of the most vulnerable population and in particular children under 5 years and pregnant and nursing women

The full amount of this Decision is allocated to this specific objective.

Article 2

1. The period for the implementation of the Actions financed under this Decision shall start on 1 November 2009 and shall run for 12 months. Eligible expenditure shall be committed during the implementing period of the Decision.
2. If the implementation of individual actions is suspended owing to force majeure or other exceptional circumstances, the period of suspension shall not be taken into

³ 2- OJ L 248, 16.9.2002, p.1.

⁴ 3- OJ L 357, 31.12.2002, , p.1.

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

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.
4. The Authorising Officer may, where this is justified by the humanitarian situation, extend the duration of the Decision for a maximum of 6 months provided that the total duration of the Decision does not exceed 18 months, in accordance with Article 90.4 of the Implementing Rules of the Financial Regulation.

Article 3

1. As a general rule, Actions funded by this Decision should be co-financed.
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 Decision and with due consideration to the nature of the activities to be undertaken, the availability of other donors and other relevant operational circumstances.
2. Actions supported by this Decision will be implemented either by Non-profit-making organisations which fulfil the eligibility and suitability criteria established in Article 7 of Council Regulation (EC) No 1257/96 or International organisations.
3. The Commission shall implement the budget:
 - either by direct centralised management, with Non-governmental Organisations;
 - or by joint management with international organisations that are signatories to the Framework Partnership Agreements (FPA) or the 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*



Humanitarian Aid Decision
23 02 02

Title: Commission Decision on the financing of humanitarian actions in the Sahel region of West Africa from the general budget of the European Union

Description: Humanitarian aid in response to the adverse impact of erratic climatic conditions and continued high local food prices in the Sahel region of West Africa

Location of Action: Sahel region of West Africa

Amount of Decision: EUR 10,000,000

Decision reference number: ECHO/-WF/BUD/2009/04000

Supporting Document

1 - Rationale, needs and target population.

1.1. - Rationale :

The most vulnerable populations in the Sahel region of West Africa are exposed to an extraordinary high level of risk of crisis due to this year's erratic rains (climate change) and continued high local food prices. GAM (Global Acute Malnutrition) rates remain constantly above the alert threshold of 10% for humanitarian action and the deteriorating asset status of the most vulnerable households provide considerable cause for concern that the next "hungry" period in 2010 will be a difficult one.

The Sahel region is one of the poorest and most underdeveloped regions in the world. It includes ten of the 24 countries listed among the 182 nations in the UN Human Development Report¹ as having the lowest human development indicators. Food production in good years is barely adequate to keep pace with demographic growth² and rapid urbanisation. The most vulnerable populations live permanently on the edge of a humanitarian crisis with the

¹ UN Human Development Report 2009, Overcoming barriers: Human mobility and development.

² The United Nations believe natural population growth in the Sahel to be among the highest in the world. It is estimated that by 2030 the population will be 12 times what it was in 1950. The world's population could grow by a factor of only 3.6, with the corresponding figure for Africa being 8.6.

slightest external shock quickly tipping them into crisis. The cyclical pattern of good years/bad years appears to be rapidly shortening with the gaps between the good years and the bad years now so short that the most vulnerable populations do not have time to recover from one crisis and rebuild their household assets, reserves and coping mechanism before another external shock aggravates their situation.

Recent erratic rains 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 such as that caused by the abrupt massive increase in food prices in the 2008 food price crisis has depleted household reserves thus increasing vulnerability and reducing coping capacity. While high local food prices are of benefit to local food producers it should be noted that the most vulnerable populations are often those without access to land and are therefore not producers and rely on cash to access food. Many are also dependent of remittances from abroad and these have dropped significantly due to the international financial crisis. The caseload of very vulnerable households at risk of falling into a nutrition crisis is increasing as a result.

Emergency food stockpile reserves have been depleted in response to the food, fuel and financial crises and for political ends (distribution to supporters or for electoral gain). This political and security instability in some Sahel countries has prevented the replenishment of the emergency stockpiles which has increased food insecurity in these countries and reduced massively the in-country capacity to deal with a crisis.

DG ECHO³ field assessment of the additional risks, 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. It should be noted that the gradual introduction of the new WHO growth standards to measure malnutrition is having an impact on the size of the acutely malnourished caseload.

Comparing the disaggregated figures for Niger and Mauritania shows the extent of the risk of a nutritional crisis. The most recent nutritional survey in Niger was carried out in June 2009^[3] using the new WHO child growth standards for the identification and treatment of malnutrition. This showed that amongst others, the regions of Diffa and Zinder can be considered to be in an emergency situation with 17.4% and 15.4% of under-five children suffering from acute malnutrition with the youngest children between 6 and 35 months the most affected with malnutrition rates of 19% and 21.6%. The last nutritional survey in Mauritania which was carried out in July 2009 using the previous standards showed a significant increase of Global Acute Malnutrition (GAM) with 11.8% of under-five children affected by GAM (lean period) when compared with the malnutrition levels in December 2008 (8.6% of GAM). This global figure masks dramatic differences among the regions. The nutritional situation in the South region (16.8%), Centre (19.2%) and South-East (12.5%) are beyond the emergency thresholds whereas in the Northern parts of the country the malnutrition level ranges from 6% to 7%. It is possible that if Mauritania had used the new WHO standards that Mauritania might have had higher malnutrition levels than Niger.

Overall malnutrition rates in the Sahel region are as follows.

³ Directorate General for Humanitarian Aid - ECHO

Sahel Countries	Total population ⁴	Population < 5 y	(%) GAM	(%) SAM	Children suffering GAM	Children suffering SAM
Burkina Faso-ENIAM⁵ 2009 (NCHS standards)	14 784 000	2 897 644	12.4	3.8	359 307	110 110
Chad- DHS⁶ 2004 (NCHS standards)	10 781 000	2 091 514	13.5	3.1	282 354	64 836
Mali – ⁷ 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 DHS⁸ 2008⁹ (WHO Standards)	48 786 263¹⁰	8 098 519	20.7 (a)	10.9 (a)	1 684 087	883 653

(a) GAM and SAM are averaged by population figures.

1.2. - Identified needs :

Multi-sector assistance needs to be provided to the most vulnerable populations. This will include a mix of activities to improve access to food and specialised nutrition products, support to food assistance and nutritional care operations, improved access to basic health services and to clean water, support for livelihoods recovery and the strengthening of coping mechanisms and logistic support to humanitarian operations including humanitarian air services.

1.3. - Target population and regions concerned :

Target populations

The main intended beneficiaries are the most vulnerable populations and in particular the estimated over 1.2 million acutely malnourished children under 5 years of age and the estimated 1 million pregnant or nursing women suffering from under-nutrition in the

⁴ Source of the population figures: The state of the world's children 2009, estimated population figures in 2007

⁵ ENIAM : Enquête Nationale sur l'Insécurité Alimentaire des ménages et la Malnutrition (ENIAM)

⁶ Plusieurs enquêtes nutritionnelles SMART récentes par ACF-F continuent à démontrer des chiffres de malnutrition aiguë dépassant largement les seuils d'urgence, comme par exemple au Kanem en septembre 2009. Selon critères OMS 2006: 23.7 % GAM, 7.2 % SAM et selon critères NCHS 1977: 20.0 % GAM, 2, 8 % SAM.

⁷ Commissariat à la Sécurité Alimentaire, WFP, UNICEF, HKI. Etude de base de la sécurité alimentaire et de la nutrition. Juillet 2007- Mars 2009

⁸ 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 (Multiple indicators cluster) survey.

⁹ Preliminary results

¹⁰ DHS 2008 Population figures

countries concerned. The funds available under this decision, which will be drawn from the DG ECHO Food Aid budget line 23 02 02, should enable assistance to be provided to over 1 million of these.

Countries

Burkina Faso, Chad, Mali, Mauritania, and Niger and the Sahel zones of Benin, Côte d'Ivoire, Ghana, Guinea, Nigeria, Senegal and Togo are the countries and regions in the Sahel that are at most risk from acute under-nutrition. Priority will be given to the highest risk countries.

The 2008 State of The World's Children report on **Burkina Faso** estimated under five mortality in 2006 as 204/1000 live births, with infant mortality 122/1000. This is barely over the 1990 levels and a deterioration from the rates reported in the 2003 Enquête Démographique et de Santé (EDS) which estimated that 55% of under-five mortality was related to malnutrition. Successive surveys show a pattern of rising chronic and acute malnutrition. Underlying causes identified in DHS analyses include low access to safe water and sanitation; poor breastfeeding, and complementary child feeding practices; and maternal factors, specifically maternal under-nutrition, close birth spacing and low education/illiteracy. Acute malnutrition can be found throughout the country, with 5 areas identified as being the most affected (Sahel, Nord, Centre Nord, Est, Sud Ouest). These are also the regions that face high food insecurity in Burkina Faso. For instance, an estimated 61% of the population in the North-Central region depends on non-farm income to meet its food needs. The continued high prices for staple foods have continually eroded these families' access to adequate and quality foods, increasing acute malnutrition levels.

Food security conditions in **Chad** have deteriorated sharply with mass mortality of cattle in the first half of the year due to late rains and disease and drought. Despite the abundant rains later in the season, leading to a partial recovery of livestock and crops, much damage has already been done and the agricultural season on the whole 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. As an increasing part of the population, in the urban as well as the rural areas, relies on cash to access adequate quantities and quality food, the risks of food and nutritional insecurity in Chad next year are very high. Restricted access to basic healthcare, safe water and sanitation as well as poor education on best nutrition practices is further affecting the food and nutrition security and well-being for a larger part of the population in the Western Sahel, including Chad. 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.

In Niger, about one in five people face extreme food insecurity. In 2009, late and irregular rains have continued to exacerbate local production and forage deficits. Cereal prices remain well above the nominal five-year average and as a result, market-dependent households, such as pastoralists and agro-pastoralists, poor agriculturalists, and the urban poor have been particularly hit. The potential negative impact of the worrying food security situation combined with the continued high prices is of serious concern. Cereal prices in most areas are likely to remain high and rise significantly at the start of the hunger gap next year, in particular so if production results in neighbouring Nigeria are confirmed to be disappointing. In this case a repeat of the 2004-2005 crisis scenario 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. This situation is contributing to continued high acute malnutrition rates even in good agricultural production areas such as Zinder. The political context in Niger is cause of additional concern, in terms of a continued gradual reduction of good governance and freedom of expression and outside assistance including for malnutrition and food security. As the control over early warning information and national food security response mechanisms become increasingly politicized, international support for these instruments has started to diminish.

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. Analysis of the nutritional situation is being updated. A Multiple Indicator Cluster Survey (MICS) survey including nutrition will be carried out at the end of 2009. Current reference figures are those of EDS 2006 (Enquête Démographique et de Santé) which (updated to factor in the new WHO standards) shows that 15.2% of children under 5 suffer from acute malnutrition and 6% of these are classified as being severely acutely malnourished. The situation is worst in some regions such as Gao (17.4%), Sikasso (15.8%) Tombouctou (16%), Koulikoro (16.2%), regions where DG ECHO is supporting nutritional programmes. Results of localized SMART nutritional surveys confirm that the nutrition situation is of concern.

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. In 2009, DG ECHO initiated a household economy survey aiming at identifying the most vulnerable livelihood systems and the design of effective response scenarios.

The same nutritional and food insecurity problems are often experienced in the **Sahel regions of neighbouring West African states**. The 2010 lean season is expected to start earlier than normal in these already food insecure prone areas. Erratic rainfall (localized drought in Northern Nigeria, floods in northern Ghana and Togo) and dependency on regional markets with high food prices (Nigeria, Benin) are aggravating factors. Some of these areas already show acute malnutrition rates among the highest in the Sahel region. Local governments have some capacity to respond to acute malnutrition current information. But there is a need for humanitarian assistance in the Sahel northern region of Nigeria where a GAM of over 20% has been reported.

1.4. - Risk assessment and possible constraints :

The precarious security conditions in some Sahel countries notably in the northern regions of Mali, Mauritania and Niger and 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.

The effective implementation of this decision relies on active ongoing cooperation with the governments concerned and other donors and institutions.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. - Objectives :

Principal objective:

To provide humanitarian assistance and relief to people affected by erratic climatic conditions and continued high local food prices in the Sahel Region of West Africa

Specific objective:

To provide multi-sector assistance to help reduce acute malnutrition and mortality of the most vulnerable population and in particular children under 5 years and pregnant and nursing women.

2.2. - Components :

This ad-hoc Decision follows the existing DG ECHO strategy in the Sahel which is based upon three pillars of activities.

- 1. Improving the knowledge baseline** of the multi-stressor causes and extent of acute malnutrition and in particular infant mortality at national and regional level is a major goal. Without reliable and updated data, accurate needs assessment including for humanitarian aid is impossible. This will also help to differentiate that which could be dealt with through humanitarian aid and that which requires long-term development assistance. There is also an urgent need to improve the functioning of the early-warning systems. The failure of the current early warning systems to co-relate food availability data with food accessibility data is of continuing concern. There is a massive disconnect between the quantitative data gathered on harvests, crops and prices and the qualitative analysis on the actual access to the food by most vulnerable and poorest communities. Better information gathering and analysis will help improve the speed and accuracy of decision making. Early pro-active action can often mitigate rapidly the extent of a crisis. 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 and help set a baseline for each country of the specific issues affecting the nutritional status of the most vulnerable populations.
- 2. Promoting effective, innovative and replicable nutritional policies and treatment,** to improve access to basic services and restore the coping mechanisms of the most vulnerable populations is the priority objective. As a result of the innovative approach already being promoted in many DG-ECHO funded interventions, ambulatory and community-based management of severe acute malnutrition services are now the reference in the region. An important goal is the integration of the management of malnutrition into routine health services as part of the health service basic health package and the scaling up of health interventions to meet the rapidly increasing caseload of severe malnutrition as the new WHO standards are introduced. This is a real challenge in countries where qualified health staff is not available in most of the peripheral health structures. In this respect, the adoption of the new cut-off for MUAC to identify severely acute malnourished children is a useful step to facilitate simplification of service delivery in those countries where the WHO child growth standards have been adopted. Much larger-scale programmes to fight against the high prevalence of acute malnutrition among under-five children are needed to have an impact on mortality rates. More universal access to health care is an essential

requirement for this. DG ECHO will continue to support new strategies to fight against malnutrition as long as they are relevant, evidence based and well documented. In this respect DG ECHO will continue to support innovative and appropriate nutritional strategies and products, such as ready-to-use therapeutic foods (RUTF) and measures to effectively reduce child and maternal malnutrition including community based feeding centres. And to encourage operational research where these activities are subject to research protocols validated by all the concerned parties and are part of existing projects. Better access to clean water, hygiene and sanitation for the most vulnerable populations will also be assisted. Community initiated and implemented actions to reduce acute malnutrition will be encouraged. Measures to strengthen household coping mechanisms through livelihood protection will be supported. The inter-linkage between healthcare, water, sanitation, hygiene, nutrition and livelihood protection will be promoted. Improved coordination between nutritional care providers and the public health structures and professionals will be encouraged. Support to humanitarian logistics needs in the region especially humanitarian air services will be considered.

- 3. Advocacy and public awareness building** with partners, governments and civil society in the Sahel region to encourage the mainstreaming of humanitarian objectives into long-term development planning in the Sahel and so to achieve a link between relief, rehabilitation and development (LRRD) is an important element in the strategy. In this context particular attention is given to close coordination with the Commission Delegations in the Sahel states and the potential for improved articulation between humanitarian and development aid. Support to UN efforts such the REACH initiative to raise awareness of nutrition issues at Sahel government level is also a priority.

It is expected that in this Decision, as for the overall Sahel Global plans, the vast bulk of expenditure take place under the second pillar of activities thus ensuring that most of the funds are used to the direct benefit of the most vulnerable people.

Technical assistance on the field

The overall field management and supervision of the field implementation of DG ECHO's work in the Sahel is done through the DG ECHO West Africa Regional Support Office (RSO) based in Dakar, Senegal. To facilitate this work and to ensure close field monitoring of funded activities and coordination with the EC Delegations in the countries most concerned, DG ECHO has opened antennae offices for the RSO located in the EC Niger Delegation in Niamey and the EC Burkina Faso Delegation in Ouagadougou. In Chad, the existing DG ECHO country office will continue to support Sahel Decision funded activities there

3 - Duration expected for Actions in the proposed Decision:

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

Expenditure under this Decision shall be eligible from 1 November 2009

Start Date : 1 November 2009

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 - Previous interventions/Decisions of the Commission within the context of the current crisis

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

Decision Number	Decision Type	2007 EUR	2008 EUR	2009 EUR
ECHO/-AF/EDF/2007/01000 (*)	Non Emergency	0		
ECHO/-FA/BUD/2007/01000 (*)	Non Emergency	16,099,246		
ECHO/-WF/BUD/2007/01000 (*)	Global Plan	0		
ECHO/-WF/BUD/2007/02000 (*)	Emergency	0		
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/-FA/BUD/2008/01000 (*)	Non Emergency		5,665,000	
ECHO/-FA/BUD/2008/02000 (*)	Non Emergency		8,813,700	
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		1,730,000	
ECHO/GNB/BUD/2008/01000	Non Emergency		170,000	
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			1,400,000
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		38,599,246	33,378,700	60,650,000
Grand Total		132,627,946		

Dated : 6 October 2009
Source : HOPE

(*) decisions with more than one country

5 - 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	62,550,000		
Belgium	2,500,000	Other services			
Bulgaria					
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland	2,592,000				
France	3,355,311				
Germany	7,574,738				
Greece	175,000				
Hungary					
Ireland	4,504,163				
Italy	501,200				
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	1,295,452				
Subtotal	31,781,482	Subtotal	62,550,000	Subtotal	0
		Grand total	94,331,482		

Dated : 6 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.

6 - Amount of Decision and distribution by specific objectives:

6.1. - Total amount of the Decision: EUR 10,000,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>To provide humanitarian assistance and relief to people affected by erratic climatic conditions and continued high local food prices in the Sahel Region of West Africa</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Geographical area of operation	Activities	Potential partners¹¹
<p>Specific objective 1: To provide multi-sector assistance to help reduce acute malnutrition and mortality of the most vulnerable population and in particular children under 5 years and pregnant and nursing women</p>	10,000,000	Benin, Burkina Faso, Chad, Cote d'Ivoire, Ghana, Guinea, Mali, Mauritania, Niger, Nigeria, Senegal and Togo	<p>1. Improving the knowledge base to provide reliable data, notably regarding livelihoods and nutrition situations.</p> <p>2. Implementation of effective policies and practice to improve access to treatment and basic services and improved livelihoods</p>	<p><u>Direct centralised management</u> ACF-FRA, ACH-ESP, ACTED, ACTIONAID, AMI-FRA, BBC-TRUST, CAFOD, CARE-UK, CHRISTIAN AID-UK, CONCERN UNIVERSAL, CONCERN WORLDWIDE BELGIAN RED CROSS, DANISH RED CROSS, SPANISH RED CROSS, FRENCH RED CROSS, DUTCH RED CROSS, GERMAN AGRO ACTION, GOAL,</p>

¹¹ ACCION CONTRA EL HAMBRE, (ESP), ACTION CONTRE LA FAIM, (FR), ACTIONAID, AGENCE D'AIDE A LA COOPERATION TECHNIQUE ET AU DEVELOPPEMENT, (FR), AIDE MEDICALE INTERNATIONALE, (FR), ARTSEN ZONDER GRENZEN (NLD), ASSOCIAZIONE INTERNAZIONALE VOLONTARI LAICI- SERVIZIO DI PACE (ITA), BBC World Service Trust, BELGISCHE RODE KRUIS/CROIX ROUGE DE BELGIQUE, (BEL), CARE INTERNATIONAL UK, CATHOLIC AGENCY FOR OVERSEAS DEVELOPMENT (GBR), CHRISTIAN AID (GBR), COMITE INTERNATIONAL DE LA CROIX-ROUGE (CICR), CONCERN UNIVERSAL (GBR), CONCERN WORLDWIDE, (IRL), CROIX-ROUGE FRANCAISE, CRUZ ROJA ESPAÑOLA, (E), DANSK RODE KORS, (DNK), DEUTSCHE WELTHUNGERHILFE e.V., FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, GOAL, (IRL), HANDICAP INTERNATIONAL (FR), HELP- HILFE ZUR SELBSTHILFE E.V. (DEU), HET NEDERLANDSE RODE KRUIS (NLD), HOPE"87 - HUNDREDS OF ORIGINAL PROJECTS FOR EMPLOYMENT, INTERMON OXFAM, (E), ISLAMIC RELIEF WORLDWIDE, International Rescue Committee UK, MEDECINS DU MONDE, MEDECINS SANS FRONTIERES (F), MEDECINS SANS FRONTIERES (LUX), MEDECINS SANS FRONTIERES - SUISSE (CH), MEDECINS SANS FRONTIERES BELGIQUE/ARTSEN ZONDER GRENZEN BELGIE(BEL), MEDICAL EMERGENCY RELIEF INTERNATIONAL (GBR), MEDICOS SIN FRONTERAS, (E), MERCY CORPS SCOTLAND (GBR), Medair, OXFAM (GB), PREMIERE URGENCE, (FR), Rode-Kruis Vlaanderen international vzw, SOLIDARITES, (FR), STICHTING OXFAM NOVIB, TEARFUND (GBR), TELECOMS SANS FRONTIERES, TERRE DES HOMMES-CHE, THE SAVE THE CHILDREN FUND (GBR), UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, UNITED NATIONS DEVELOPMENT PROGRAMME, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES - BELGIUM, UNITED NATIONS POPULATION FUND, UNITED NATIONS, OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS, Vétérinaires Sans Frontières- Belgique - Dierenartsen Zonder Grenzen - Belgique, WORLD FOOD PROGRAM, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE, WORLD VISION - UK

			<p>to reduce malnutrition. Logistical support (flight and supply chain management, storage and handling in support of nutrition programmes).</p> <p>3. Organising and steering of advocacy and public awareness-raising to mainstream humanitarian objectives into the planning of long-term development.</p> <p>.</p>	<p>HANDICAP (FR), HELP, HOPE´87, INTERMON, IRC – UK, ISLAMIC RELIEF, LVIA, MDM-FRA, MEDAIR CH, MERCY CORPS SCOTLAND MERLIN, MSF-BEL,MSF-CHE, 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</p> <p><u>Joint management</u> FAO, ICRC, IFRC, OCHA, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO</p>
TOTAL:	10,000,000			

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.

8. 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.