



EUROPEAN COMMISSION  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID - ECHO

## Humanitarian Aid Decision

23 02 01

Title: Humanitarian Aid in favour of the vulnerable population of Cambodia

Location of operation: CAMBODIA

Amount of decision: 3,500,000 euro

Decision reference number: ECHO/KHM/BUD/2004/01000

### Explanatory Memorandum

#### 1 - Rationale, needs and target population:

##### 1.1. - Rationale:

Cambodia's population is estimated at 13 million. It occupies an area of about 180,000 square kilometres. 82 % of the population live in rural areas and 41.9% are under the age of 15.

Cambodia is still recovering from three decades of warfare that have devastated the country economically and socially. The government does not have sufficient resources to invest in health and education or basic infrastructure. Poverty reduction efforts are concentrated in Phnom Penh and other provincial towns despite the fact that 90% of the poor live in rural areas. While the World Bank states that Cambodia's economy is progressing satisfactorily, with a GPD per capita below USD 300, Cambodia still ranks among the bottom 20% of countries in terms of the UNDP's Human Development Index. Cambodia is in 34<sup>th</sup> position in ECHO's Global Index for humanitarian Needs Assessment (GINA 2004), ranking second in terms of countries with moderate needs. All humanitarian organisations consulted in Cambodia emphasise that there are still pockets of extreme vulnerability which deserve urgent attention.

In 2003, economic growth was however slowed down by a reduction in tourism due to the outbreak of Severe Acute Respiratory Syndrome (SARS) in the region. Attacks on Thai interests in Cambodia and the temporary closure of the border between the two countries in January 2003 may have also had a negative impact on the arrival of tourists.

WHO claims that Cambodia is currently facing a child survival crisis<sup>1</sup>. After a strong decline in child mortality rates in the last 20 years, three recent national health surveys, the National Health Survey 1998, the Cambodia Demographic and Health Survey 2000 and the Re-enumeration Survey 2003 have shown consistently high levels of infant and under-five mortality rates. Based on the trends detected in these recent surveys, UNICEF and the World Bank estimate an under-five mortality rate of 138 per 1,000 live births in 2003. These represent the highest figures in South-East Asia.

<sup>1</sup> WHO's funding project proposal submitted to ECHO in July 2004.

## 1.2. - Identified needs:

Although UNDP reports progress in food security, youth literacy, immunization and HIV/AIDS since the 90's, Cambodia remains one of the poorest countries in the world ranking 130 out of 175 in the Human Development Index according to the 2003 Human Development Report.

According to this same report, 34% of the population live on less than one US\$ 1 dollar a day and 77.7% on less than US\$ 2 dollars a day. However, poverty in Cambodia is not exclusively linked to low income. Poor access to basic social services implies for example that an average of 10% of family income is spent on health care.

The following indicators show that access to safe water and basic health care are among the main needs of the Cambodian population. As already stated, particularly alarming are the high rates of infant and child mortality:

- Population without access to an improved water source, 2000	70%
- Population without access to improved sanitation, 2000	83%
- Children under height for age 1995-2002	45%
- Children under weight for age 1995-2002	45%
- Infant mortality rate (per 1,000 live births), 2002	96
- Under-five mortality rate (per 1,000 live births) , 2002	138
- Births attended by skilled health personnel, 1995-2002	32%
- Population with sustainable access to affordable essential drugs	0-49%

In Mondolkiri and Ratanakiri, provinces with a high percentage of ethnic minorities, the under-five mortality rate increases to 229.3 per 1,000 live births or in Kampong Cham, 160 per 1,000 live births<sup>2</sup>. Regarding access to water, in Mondolkiri, Ratanakiri, and Oddar Meanchey over 60% of the population were exclusively using water from springs, rivers or other sources (compared to 28.2% at national level) in 1998<sup>3</sup>.

In its funding proposal to ECHO, WHO states that every year over 60,000 children die in Cambodia, mostly from preventable causes such as diarrhoea and acute respiratory infections. In addition almost half of Cambodian children under 5 are malnourished, which in turn makes them more likely to suffer and/or die from disease.

Lack of access to safe water and adequate sanitation is one of the main causes of diarrhoea and malnutrition. Ingestion of un-safe water, inadequate availability of water for hygiene, and lack of access to sanitation contribute to about 1.5 million child deaths and 88% of deaths from diarrhoea worldwide. In Cambodia 70% of the population do not have access to safe water and 83% do not have access to adequate sanitation (1998 Census). There is a clear difference between rural and urban areas. While, according to the Census, 60% of households in urban areas had access to safe water sources, this figure was only 24% in rural areas. Access to sanitation also remains very low, particularly in rural areas where only 9% have access to adequate sanitation facilities (1998 Census). Rural families often pay little attention to hygiene and sanitation, mostly as a result of poverty.

Apart from diarrhoeal diseases, other causes of child mortality are acute respiratory infections and vaccine preventable diseases, particularly measles. Furthermore, 33% of children are moderately malnourished and 13.4% severely. This means that improving access to safe water is not in itself sufficient to reduce the child mortality rate.

<sup>2</sup> Cambodia Demographic and Health Survey, 2000.

<sup>3</sup> 1998 Census of Cambodia.

The Government of Cambodia is committed to increasing access to safe water and has set, as a Millennium Development Goal, halving the proportion of people without sustainable access to safe drinking water and improved sanitation. Having said that, there are some provinces that seem to be particularly neglected by the Government and by the Development donors. These provinces are those with high rates of ethnic minority groups and territories that were until relatively recently under Khmer Rouge control .

Cambodia is one of the most heavily land mined and UXO affected countries. 24 provinces in the country are affected and the total suspected contaminated area covers approximately 2.5% of the country's land area. In 2002, 98 % of mine casualties were civilians. Access for civilians living in rural areas to essential resources and facilities such as water, roads, bridges, and cultivable land is restricted and hazardous.

Since 1994, ECHO has spent EUR 60,194,094 in Cambodia, mainly for victims of the conflict such as returnees, IDPs and victims of mines, but also for victims of natural disasters (drought and floods). In addition ECHO has supported disaster preparedness projects including support to the preparedness and response to Severe Acute Respiratory Syndrome (SARS).

Although underdevelopment and poverty in Cambodia are directly linked with the past conflicts, most returnees and conflict related IDPs are already settled and suffer from the same deficiencies as other vulnerable groups. ECHO's strategy in the framework of this Decision is to support the needs of forgotten people, contribute to increasing access to safe water and to reduce the infant and child mortality rates, targeting post conflict regions and areas with concentrations of forgotten ethnic minorities which attract little investment from government institutions or development programmes.

ECHO will continue to actively promote linking between humanitarian interventions and development programmes with a view to a progressive disengagement from the country. ECHO will not intervene in Oddar Meanchay, Ratanakiri and Mondolkiri in the health sector where Belgium Technical Cooperation (Oddar Meachay) and DFID (Ratanakiri and Mondolkiri) are already supporting health programmes.

ECHO will not be involved in other sectors such as assistance to disabled people or the fight against HIV/AIDS where other donors with a long/medium term approach are providing considerable funding.

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

Target populations are vulnerable groups, especially children in the following provinces: Kampong Cham, Prey Veng, Stung Traeng, Svay Rieng, Oddar Meanchey, Ratanakiri, Mondolkiri and the municipality of Pailin.

The criteria for the selection of these areas are provinces with high rates of infant and child mortality, with low access to safe water and sanitation facilities and with no presence of development programmes. Oddar Meanchey and Pailin were under Khmer Rouge control until 1999. Stung Traeng, Ratanakiri and Mondolkiri have a large population from ethnic minorities, neglected by Government programmes.

It is estimated that at least 160,000 children and mothers will benefit from the health interventions and at least 90,000 people will have improved access to safe water and sanitation from the projects supported in the framework of this Decision.

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

There are no specific security threats in Cambodia. The adequate implementation of projects could be constrained by extreme weather conditions. Most of the selected locations for the projects are in remote areas with difficult access that could be isolated during the rainy season. This possibility should be already incorporated in the planning for the respective projects, but if exceptional rains occurred, the time-schedule for the implementation of the projects, especially for the WATSAN sector, could be altered.

It is assumed that partners will be able to rely upon sufficient collaboration from beneficiaries and authorities. The multiplicity of different languages and the diverse cultures of ethnic minorities may be a constraint for projects in the provinces of Ratanakiri, Mondolkiri and Stung Treng.

The de-mining of selected areas is a pre-condition for the implementation of some WATSAN activities. WATSAN and mine action partners will work together.

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

### 2.1. – Objectives:

Principal objective:

To improve the health situation of vulnerable population groups in Cambodia with particular emphasis on reducing child mortality.

Specific objectives:

- To increase access to safe water and improve hygiene conditions of targeted population groups, including humanitarian mine actions where needed.
- To contribute to reduce infant and child mortality in targeted areas.

### 2.2. - Components:

*WATSAN:*

- Construction or rehabilitation of wells or ponds for community or school use, in line with SPHERE standards (at least one water point per 25 families);
- Distribution of rain catchments systems, water storage jars and filters;
- Water quality testing;
- Construction of sanitation facilities in schools and households;
- Training in water use and hygiene education;
- Landmine and UXO removal and mine risk education.

In addition to the criteria mentioned in point 1.3 “target population and regions concerned”, priority will be given to areas prone to floods or drought where disaster preparedness measures will be included, such as the elevation of well platforms.

*HEALTH:*

- Immunisation of children with BCG, DPT/Hep B, OPV and measles vaccines;
- Supplementation with Vitamin A capsules and mebendazole tablets;
- Mass de-worming in schools;
- Promotion of breastfeeding;
- Training of health community promoters.



## 5 - Other donors and donor co-ordination mechanisms

Donors in <b>CAMBODIA</b> the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	4,000,000		
Belgium	0	Other services			
Denmark	0				
Finland	350,000				
France	45,000				
Germany	670,000				
Greece	0				
Ireland	0				
Italy	0				
Luxembourg	0				
Netherlands	0				
Portugal	0				
Spain	0				
Sweden	0				
United Kingdom	0				
Subtotal	1,065,000	Subtotal	4,000,000	Subtotal	0
		Grand total	5,065,000		

Dated : 23/07/2004

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

Almost one third of Cambodia's budget is funded by international aid. At the June 2002 Consultative Group (CG) meeting, US\$635 million in Official Development Assistance was pledged by international donors. On average since 1992, donors have disbursed around 74% of their total aid pledges. Of total disbursements between 1992 and 2001, 83% have been grants and the remainder concessional loans. Japan is by far the largest donor to Cambodia, followed by EC, World Bank, ADB and UN agencies. Important medium size donors include Australia, the US, France, the UK, Germany and Sweden.

In Cambodia there are no formal coordination fora for humanitarian actions. ECHO partners in Oddar Meanchey have established informal coordination mechanisms to discuss operational and technical issues of common interest.

With a view to improving the sustainability of the interventions, ECHO has invited its partners to coordinate better with the Cambodian authorities. The planned support to the health sector through UNICEF and WHO is a guarantee that actions will be in line with priorities set by the Government.

### 6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: 3,500,000 euro

6.2. - Budget breakdown by specific objectives:

<b>Principal objective:</b> <i>To improve the health situation of vulnerable population groups in Cambodia with particular emphasis on reducing child mortality</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>4</sup></b>
Specific objective 1: To increase access to safe water and improve hygiene conditions of targeted population groups, including humanitarian mine actions where needed.	2,500,000	Svay Rieng, Prey Veng, Oddar Meanchey, Stung Treng, Ratanakiri, Mondolkiri and Pailin	Construction or rehabilitation of wells or ponds for community or school use; Distribution of rain catchment systems, water storage jars and filters; Water quality testing; Construction of sanitation facilities in schools and households; Training in water use and hygiene education; Landmine and UXO removal and mine risk education.	- ACF-UK - CARE - DEU - GERMAN AGRO ACTION - HALO TRUST - HEALTH UNLIMITED - MAG - UK - UN - UNICEF - BEL - ZOA
Specific objective 2: To contribute to reduce infant and child mortality in targeted areas.	1,000,000	Prey Veng, Stung Treng, Svay Rieng, and Kampong Chhnang.	Immunisation of children with BCG, DPT/Hep B, OPV and measles vaccines; Supplementation with Vitamin A capsules and mebendazole tablets; Mass de-worming in schools; Promotion of breastfeeding; Training of health community promoters.	- UN - UNICEF - BEL - WHO - OMS
<b>TOTAL</b>	<b>3,500,000</b>			

<sup>4</sup> ACTION AGAINST HUNGER UK, CARE DEUTSCHLAND e.V. (DEU), DEUTSCHE WELTHUNGERHILFE / GERMAN AGRO ACTION, (DEU), HALO TRUST, (UK), HEALTH UNLIMITED, MINES ADVISORY GROUP (UK), UNICEF, WORLD HEALTH ORGANISATION - ORGANISATION MONDIALE DE LA SANTE, ZOA-Vluchtelingenorg.,.

## 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 operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of 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://europa.eu.int/comm/echo/evaluation/index\\_en.htm](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

## 8 –Budget Impact article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472,000,000
Supplementary Budgets	-
Transfers	-
<b>Total Available Appropriations</b>	<b>472,000,000</b>
Total executed to date (by 09.08.2004)	398,530,368
Available remaining	73,469,632
<b>Total amount of the Decision</b>	<b>3,500,000</b>

**COMMISSION DECISION**  
**of**  
**on the financing of humanitarian operations from the general budget of the European Union in CAMBODIA**

**THE COMMISSION OF THE EUROPEAN COMMUNITIES,**

Having regard to the Treaty establishing the European Community,  
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>5</sup>, and in particular Article 15(2) thereof,

Whereas:

- (1) In Cambodia large parts of the population remain without access to safe water, in particular in remote post-conflict regions and provinces where ethnic minorities are prevalent;
- (2) The infant and child mortality rates are the highest in the region and WHO has qualified the situation as a child survival crisis;
- (3) The Cambodian authorities do not yet have sufficient capacity to invest in the required basic social infrastructure, lacking after decades of conflict;
- (4) Development programmes are rare in remote areas of the country;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 18 months;
- (6) It is estimated that an amount of 3,500,000 euro from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 200,000 people, taking into account the available budget, other donors' interventions and other factors;
- (7) In accordance with Article 17 (3) of Regulation (EC) No.1257/96 the Humanitarian Aid Committee gave a favourable opinion on 30 September 2004.

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 3,500,000 euro for humanitarian aid operations Humanitarian Aid in favour of the vulnerable population of Cambodia by using line 23 02 01 of the 2004 budget of the European Union.

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<sup>5</sup> OJ L 163, 2.7.1996, p. 1-6

2. In accordance with Article 2 (b) and (d) of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
  - To increase access to safe water and improve hygiene conditions of targeted population groups, including humanitarian mine actions where needed.
  - To contribute to reduce infant and child mortality in targeted areas.

The amounts allocated to each of these objectives are listed in the annex to this decision.

*Article 2*

The Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein, provided that the re-allocated amount represents less than 20% of the global amount covered by this Decision.

*Article 3*

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on 01/11/2004. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision.

*Article 4*

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

Done at Brussels,

*For the Commission*

*Member of the Commission*

**Annex: Breakdown of allocations by specific objectives**

<b>Principal objective :</b> To improve the health situation of vulnerable population groups in Cambodia with particular emphasis on reducing child mortality.	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
To increase access to safe water and improve hygiene conditions of targeted population groups, including humanitarian mine actions where needed.	2,500,000
To contribute to reduce infant and child mortality in targeted areas.	1,000,000
<b>TOTAL</b>	<b>3,500,000</b>

Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Art.110 thereof, and its Implementing Rules in particular Art.168 thereof.<sup>6</sup>

Rate of financing: In accordance with Art.169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at

[http://europa.eu.int/comm/echo/partners/index\\_en.htm](http://europa.eu.int/comm/echo/partners/index_en.htm)

<sup>6</sup> Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31/12/2002.