



Humanitarian Aid Decision

23 02 01

Title: Humanitarian Aid to improve health of vulnerable people in DPR Korea with a focus on children

Location of operation: DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Amount of decision: EUR 10,715,000

Decision reference number: ECHO/PRK/BUD/2005/01000

Explanatory Memorandum

1 - Rationale, needs and target population:

1.1. - Rationale:

The protracted crisis in DPR Korea has led to increasing vulnerability and pronounced humanitarian needs among certain parts of the population:

Insufficient food supplies, a lack of energy (power cuts), as well as poor water and sanitation provision, have created increasing morbidity and mortality in the country. Furthermore, the health system is unable to cope with these demands thereof for a number of reasons.

- The health sector in DPRK is desperately overstretched and wholly underfunded, thus unable to provide the most essential services to its population. The supply of basic and lifesaving drugs is almost entirely dependent on international aid and the special needs of handicapped and elderly people are very much neglected.
- Dilapidated health facilities do not enable doctors to maintain the necessary hygiene standards, render hospitalized patients vulnerable to cold winters and mitigate against provision of effective treatment of the sick. The lack of energy aggravates the situation leaving hospitals with few hours of electricity and running water per day.
- The health service cannot treat patients with up-to-date knowledge as health professionals have limited access to outside information resources. This leads to out-dated inefficient health care procedures.

The reasons for the ruined state of the health system need to be seen in the context of events of the past decade. The economy of the Democratic People's Republic of Korea (DPRK) had, until recently, been entirely subsidized by the central government. With the USSR's collapse in the nineties and dynamic changes in China, DPRK was left totally isolated on the world stage. This isolation, together with a series of natural disasters, compounded to cause a major food crisis in the mid-

nineties, from which it is feared that hundreds of thousands, even millions may have died.

This isolation has been aggravated by the nuclear standoff, beginning in 2002, at which time development programmes were halted. Humanitarian programmes, however, have slightly mitigated the protracted crisis as the nutritional survey recently carried out by UNICEF and WFP has shown¹.

Since UNICEF and WFP undertook the first nutritional survey in 1998, the decrease in numbers of acutely malnourished (wasted) children across four surveys from 16% to the present 7% shows a consistent trend. Also the prevalence of chronically malnourished (stunted) children has fallen from nearly 59% down to 37% in the past 6 years. However, 7.5% of children still have a low weight for their height and 1.8% is even acutely malnourished, which corresponds to some 40,000 children.

Only when comprehensive development programmes set in, or when the country develops its own capabilities, can ECHO prepare to phase out from this humanitarian programme. However, as neither condition is met, ECHO has to continue and observe all developments closely.

In 2004, ECHO's programme was independently evaluated. This confirmed the appropriateness of the programme, both in terms of institutions supported and sectors addressed. The evaluation also concluded that "the humanitarian emergency in DPRK continues" recommending an expansion of the programme, if the DPRK policies and the available budget permit. Furthermore, an internal audit of four partners was also carried out in 2004 and in these projects expenditure could be reconciled and validated.

A recent ECHO HQ mission at Head of Unit level together with RELEX confirmed the needs and the feasibility of this programme, whereby the distribution of funds among the sectors in 2005 was redesigned, to address needs identified. The DPR Korean authorities reassured the mission that ECHO partners would be allowed to provide technical assistance so as to maintain a high level of quality in the implementation of projects. Confirmed by the same mission, ECHO intends to continue with its strategy by preparing a water and sanitation decision later in the year, in order to prepare the following construction season.

1.2. - Identified needs:

General health

The economic difficulties have had a vast impact on the health and nutritional situation of the people of DPRK. This has been exacerbated by a diminishing capacity of the state to deliver health and social services in a number of sub-sectors:

Drug supply

In spite of support by international organisations, estimates suggest that not more than 50% of the basic needs for essential medicines are covered.²

DPR Korea does not produce sufficient pharmaceutical products to meet demand, and those that it does produce are not awarded international certification of quality. However, according to reports by ECHO partners, recently there has been a small increase in local pharmaceutical production like Oral Rehydration Salts (ORS), and a new pharmaceutical factory plans to resume its production of TB-medication and Paracetamol. Despite these small steps in the right direction, few drugs are available.

¹ DPRK Nutritional Assessment 2004: World food Programme and UNICEF

² OCHA: Framework for International Cooperation in 2005, DPRK

In the absence of western medicine, traditional “Koryo” medicine plays an important role in the Korean medical practice. Doctors consider Koryo medicine to be efficient for chronic ailments, but Koryo medicaments cannot replace western antibiotics, analgesics and anaesthetics for acute cases. Koryo medicines are estimated to constitute between 60 - 80 percent of the total drugs utilized. DPRK has no private health sector, e.g. pharmacies, as an alternative source of supply, and the people therefore almost entirely depend on the services provided by the state and by aid agencies.

The scarcity of many basic drugs (particularly antibiotics) also results in improper and incomplete treatments being administered; this, in turn, contributes to increased resistance of diseases to antibiotics, particularly in the case of TB.

Health institutions

Very limited investments have been made in the health sector since the early 1980s and health institutions have fallen into disrepair. Roofs are leaking, posing hygienic threats as mould affects many patients rooms. Windows are broken, which leaves hospitals cold, compounded by heating fuel not being available. Electricity supply is sporadic and often lasts only for a few hours per day. Water supply is as sporadic as the electro-power supply, or even missing entirely. Sanitation facilities are often just dry pit latrines, posing a health risk for the surrounding population.

During the winter period many hospitals administer take-home-food-rations to ill children as the in-patient wards are closed in the wintertime due to insufficient heating in the hospitals, in combination with broken windows and leaking roofs. Patients of such institutions only come to the hospital for treatment during the day, at which time they can collect their food rations before returning home. Operations in such hospitals are carried out at the high risk of the patient contracting additional infections.

Nutritional Rehabilitation

Health and nutrition are closely linked, as the UNICEF / WFP report stated: disease contributes to malnutrition and malnutrition renders individuals more susceptible to disease. This is the basis for the design of this decision, which targets the health system in general and children in particular.

Only 17% of DPRK’s land area is cultivated, which corresponds to slightly less than 2 million hectares. However, only 1.4 million ha are considered suitable for cereal cultivation. The FAO/WFP³ annual crop assessment estimates that the cereal deficit was at 897,000 tonnes, despite a 3% improvement of the harvest. Furthermore the assessment mission estimates that 6.44 million people are vulnerable and require food assistance.

The nutritional survey carried out by UNICEF and WFP underlines these findings, as 23% of the people are underweight, which is considered “high” according to WHO standards. 2% of the examined children were found to be acutely wasted, which may be life threatening.

The government has declared a particular focus on agriculture for 2005, and it will be interesting to see whether this translates into increased crop yields. However, as this

³ FAO/WFP CROP AND FOOD SUPPLY ASSESSMENT MISSION from 22 November 2004

will only have effect from 2006 onwards, the present needs in the nutritional sector are priority.

Blood supply and IV fluids

Intra-venous (IV) fluids are essential, but are still rarely available in an acceptably hygienic form. Ringerlactate, Glucose or salt solutions (such as NaOH) need to be available in ample quantities and to be of a hygienic quality. However, if they are available in county hospitals at all, local production of IV fluids uses inadequately treated water from the public water systems and they are therefore potentially dangerous. Containers used for transport and storage are also not sterilised.

Similar observations have been made for the blood supply. Blood banks with adequate hygiene and health standards do not exist, if they were not installed by international agencies. However blood banks are needed for operations and after accidents.

Elderly and Handicapped people

It is estimated that more than 600,000 people are suffering from disabilities, which corresponds to 2.9% of the DPRK population. Limb disabilities, hearing disabilities and sight-related disabilities make up more than 80% of the total. Unfortunately there is only one hospital in the whole of DPRK which is able to deal with prosthesis operations, and yet the situation even there is insufficient. Physical rehabilitation of victims of accidents requires further support, as limbs are often amputated due to the limited possibilities to treat such injuries.

The estimated 2.6 million elderly people are mostly living with their families. However for elderly without family links, DPRK authorities maintain some twenty four “old people’s homes” each hosting some 200 elderly on average.

Nevertheless these homes are often located in remote places, have insufficient hygienic conditions and lack basic infrastructure to maintain the elderly in good health. In two such institutions surveyed, 7.5% of the old people have been noted as being physically or mentally handicapped. Digestive problems, asthma, hepatitis and tuberculosis are attributed to the poor condition of the elderly in such homes. 900,000 elderly people are belonging to WFP’s core beneficiaries.

Children

This target group is considered to be the most vulnerable. A history of diarrhoea was reported for 18.9% of children less than two years of age in the two weeks preceding the UNICEF/WFP nutritional survey in 2004. Particularly urban children were suffering from such medical conditions with a rate of 20%.

12% morbidity for acute respiratory infections (ARI) for children under two years of age was reported for the period 2 weeks previous to the survey. This rate is significantly higher in the provinces of South Phyongang, Ryanggang, North Hwangae with 12 to 18%. Nearly 85% of these children suffered also from fever and most of them sought treatment in medical facilities. Such episodes of respiratory diseases contribute to a lower weight gain during the child growth.

Vaccination

UNICEF’s national vaccination programme that targets 235,000 children of less than one year of age is running out of funding in mid 2005. Vaccinations against TB

(BCG), Polio (OPV) and Measles (TT) are widespread as 90% of the children are immunized. However, only 70% of the children are vaccinated against Diphtheria, Whooping Cough and Tetanus. Therefore some two hundred thousand children run the risk of being infected with vaccine-preventable diseases, which are difficult to treat once contracted. In coordination with other donors, ECHO will intervene where necessary.

Maternal health

The UNICEF/WFP nutritional assessment confirmed again that the health of children is strongly linked to the health of their mothers. One reason is the prenatal growth and the second reason is the state of health of the mother when she is lactating. Furthermore a healthy mother can care better for the children. However there are many threats to maternal health.

Anaemic women often fail to withstand even a minimum blood loss associated with childbirth. In addition, anaemia and poor health during pregnancy are reported to be resulting in increased cases of miscarriage, stillbirths and low birth weight babies. In average the nutritional survey undertaken by UNICEF and WFP revealed that 34,7% of the mothers with a child under 2 had a Haemoglobin levels less than $HB < 12g/dl^4$. 0,5% of the women even showed severe anaemia, particularly in rural areas. There has been no improvement since the last survey in 2002.

Vitamin A deficiency in pregnancy has been associated with an increased risk of maternal morbidity and mortality. Night blindness, or difficulty with vision after sunset, is an indicator of vitamin A deficiency. 5.7 % of the women in the survey reported night blindness during their last pregnancy.

1.3. - Target population and regions concerned:

This programme will target all 9 provinces, but consider the different vulnerabilities in the different provinces and provide medical supplies for more than 8 million people. The UNICEF/WFP nutritional survey 2004 showed that chronic malnutrition is the highest in South Hwanghae, in South Hamyong, in North Hamyong and Ryangang. Anaemia was measured to be the highest in South Pyongan (61%) and North Pyongan (48%). These and other indicators suggest a higher vulnerability in those provinces and require a specific intervention.

The nutritional survey added also arguments to the question whether vulnerability is higher for rural or urban populations. It seems that rural areas show more children with acute-stunting and stunting, while urban children were at higher risk of diarrhoea diseases.

According to UNFPA, the 0-14 age group constitutes 26.5% of the total population, amounting to 6,014,851 children. Out of these, 4.3 million school aged children show a poor health and nutritional status. Their learning capacity and mental development are therefore affected. The 2.3 million children below 2 years of age encounter a high risk of malnutrition and mortality. The disease burden with acute respiratory infections and diarrhoea is very high.

⁴ WHO threshold for any anaemia.

1.4. - Risk assessment and possible constraints:

ECHO experienced in the past years that working in DPRK involves operational difficulties and constraints to basic humanitarian standards in terms of access to the population, possibility of carrying out proper needs assessments and random monitoring and evaluation of the aid delivered. Base line data, including water quality analysis and health statistics, are difficult for humanitarian agencies to obtain. Since an announcement of the government authorities on 15 September 2004, asking for a discontinuation of the CAP and a reduction of international presence, only the CAP has been stopped but replaced with a “Framework for International Cooperation” FFIC. ECHO- financed programmes have not experienced restrictions that would prevent continuation of the health programme. Furthermore the joint RELEX/ECHO EC mission in March 2005 has been reassured by DPRK authorities that EU NGOs would not experience restrictions that would endanger the quality of the work.

As in the past, ECHO and the organisations working for this programme will sign a specific Letter of Understanding (LoU) covering each ECHO operation with the relevant authorities and possible local partner associations. As with all LoUs since 2000, it will contain an “EC clause” on the need to meet the above mentioned humanitarian standards. Although the situation continues to be well below internationally acceptable standards, some progress has been achieved during the implementation of programmes in 2003. In some cases statistics for water quality have either been collected by ECHO partners or been provided by the DPRK Anti Epidemic Stations, which have shown a greater flexibility in the provision of data.

No assistance is provided to any areas where field access for monitoring and project management is not granted. This means that if authorities deny access for monitoring, the aid is suspended.

This restricted access to the DPR Korean population permitted to international agencies limits the ability of these agencies to ensure increased access to health care for the population, as well as hindering the measurement of the accomplishment of the specific objectives and thus the formulation of quantifiable indicators.

2 - Objectives and components of the humanitarian intervention proposed:

2.1. – Objectives:

Principal objective:

Improve health of vulnerable people, particularly of children

Specific objectives :

- Improve access to and quality of health care
- Contribute to a reduction in the morbidity and mortality of targeted children
- Maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations

2.2. - Components:

The proposed decision comprises the following activities, which serve the purpose described above:

- Rehabilitation of orthopaedic workshop, provision of orthopaedic devices and physiotherapy, equipment and supplies

- Distribution of basic medical kits in 2200 Ri-clinics and county hospitals in 5 provinces Light rehabilitation of 15 county hospitals; 1 Rehabilitated blood bank; 5 hospital labs
- Rehabilitation of 1 additional IV fluid line; maintaining IV fluid production in 9 hospitals
- Rehabilitation of at least 3 old people's homes
- Rehabilitation of the hospitals in the 2 counties, maternal health
- Rehabilitation of operation-theatres; improvement of medical waste; distribution of hygiene items
- Rehabilitation of the hospital with procurement of small medical equipment
- Rehabilitation of sanitation facilities, kindergartens and schools + training of nurses
- Vaccination of 235,000 children of less than 1 year, improvement of maternal health, distribution of kits essential drugs for 2963 primary health care facilities

In order to maximise the impact of the humanitarian aid for the victims, the Commission will **maintain** an ECHO support office located at Pyongyang. This office will appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office will provide technical assistance capacity and necessary logistics for the achievement of its tasks.

3 - Duration foreseen for actions within the framework of the proposed decision:

The duration for the implementation of this decision will be 18 months.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from 15/06/2005 in order to allow humanitarian agencies to launch necessary tender procedures in summer. In this way medical supplies will reach clinics and hospitals before winter 2005/2006.

Start Date: 15/06/2005

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 decision.

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 crisis concerned herewith

List of previous ECHO operations in KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF

[illegible]

Dated : 08/03/2005

Source : HOPE

5 - Other donors and donor co-ordination mechanisms

Donors in DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	50,000	ECHO	16,750,000		
Belgium	0	Other services			
Denmark	537,634				
Finland	500,000				
France	50,000				
Germany	3,687,788				
Greece	30,000				
Ireland	200,000				
Italy	0				
Luxembourg	0				
Netherlands	500,000				
Portugal	0				
Spain	0				
Sweden	1,329,800				
United Kingdom	0				
Subtotal	7,032,722	Subtotal	16,750,000	Subtotal	0
		Grand total	23,782,722		

Dated : 08/03/2005

(*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>

Empty cells means either no information is available or no contribution.

According to the Financial tracking system of OCHA, out of the 303 million dollars that were given to DPRK in 2004, which equals EUR 230 million, some 39% is given by the neighboring Ro Korea. The second biggest donor for humanitarian aid projects in DPRK is Japan with nearly 47 million EUR. However this may change as the Japanese Government has been criticized because of the unsatisfying abductees' issue. The third biggest donor is the European Commission with its 24.748 million EUR which makes up 10.8% of all registered donations to DPRK.

Among European Member States Denmark, Germany, Finland, Sweden, United Kingdom, Netherlands and Ireland are the largest European donors for DPRK. Compared with 2003, European Member States have increased their donations to DPRK by 36% to 26,320,506 EUR in 2004.

Food aid and other activities in the sector made up a third of the funding donated to DPRK which amounted to 132 million EUR. Budgets of all donors for agricultural programmes amount to 62 million EUR. Medical relief (29 million EUR) and water/sanitation projects (19 million EUR) are the smallest sectors of intervention in DPRK.

6 –Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 10,715,000

6.2. - Budget breakdown by specific objectives

Principal objective: <i>Improve health of vulnerable people, particularly of children</i>				
Specific objectives	Allocated amount by specific objective (EUR)	Possible geographical area of operation	Activities	Potential partners⁵
Specific objective 1: Improve access to and quality of health care	6,265,000	South Hamgyong, North Pyongan, South Pyongan, Chagang, Kaesong, Ryangang, North Hamgyong, North Pyongan, Pyongyang, North Hwangae, South Hwangae, Kangwong	<ul style="list-style-type: none"> Rehabilitation of orthopaedic workshop, provision of orthopaedic devices and physiotherapy, equipment and supplies Distribution of basic medical kits in 2200 Ri-clinics and county hospitals in 5 provinces Light rehabilitation of 15 county hospitals; 1 Rehabilitated blood bank; 5 hospital labs Rehabilitation of 1 additional IV fluid line; maintaining IV fluid production in 9 hospitals Rehabilitation of at least 3 Old people's homes Rehabilitation of the hospitals in the 2 counties, maternal health Rehabilitation of operations-theatres medical waste; distribution of hygiene items Rehabilitation of the hospital with procurement of small medical equipment 	<ul style="list-style-type: none"> - ADRA - DEU - CESVI - CONCERN WORLDWIDE - CROIX-ROUGE - DNK - HANDICAP (BEL) - PREMIERE URGENGE - TRIANGLE - WHO - OMS
Specific objective 2: Contribute to a reduction in the morbidity and mortality of targeted children	4,100,000	All accessible provinces and counties	<ul style="list-style-type: none"> Rehabilitation of sanitation facilities, kindergartens and schools + training of nurses Vaccination of 235,000 children of less than 1 year, Improvement of maternal health, Distribution of kits essential drugs for 2963 primary health care facilities 	<ul style="list-style-type: none"> - SAVE THE CHILDREN - UK - UNICEF-INT
Specific objective 3: Maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	200,000	Countrywide	<ul style="list-style-type: none"> appraise project proposals and to coordinate and monitor the implementation of operations 	
Reserve, max. 10% of the total amount	150,000			
TOTAL	10,715,000			

⁵ Adventistische Entwicklungs- und Katastrophenhilfe e.V., CESVI cooperazione e sviluppo onlus, CONCERN WORLDWIDE, (IRL), DANSK RODE KORS, (DNK), HANDICAP INTERNATIONAL (BEL), PREMIERE URGENGE, (FR), THE SAVE THE CHILDREN FUND (GBR), TRIANGLE Génération Humanitaire, (FR), 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 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.

8 –Budget Impact article 23 02 01

	CE (EUR)
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	
Transfers	
Reinforcement from Emergency aid reserve	100,000,000
Total Available Credits	576,500,000
Total executed to date (by 11/04/2005)	395,846,370
Available remaining	180,653,630
Total amount of the Decision	10,715,000

COMMISSION DECISION

of

on the financing of humanitarian operations from the general budget of the European Union in

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

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 aid⁶, and in particular Article 15(2) thereof,

Whereas:

- (1) DPR Korean people do not benefit from Government services in the energy, water supply and health service, as the country has not recovered as yet from the disintegration of former communist block economies and natural disasters.
- (2) The health system is not in a position to deliver essential services to the DPR Korean people, because of lack of supplies, training and poor maintenance of health facilities.
- (3) Children are particularly vulnerable and require enhanced relief.
- (4) In order to maximise the impact of humanitarian aid for the victims, it is necessary to maintain a technical assistance capacity in the field.
- (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 EUR 10,715,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 8,000,000 **Korean 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 26 May 2005.

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 10,715,000 for Humanitarian Aid to improve health of vulnerable people in DPR Korea with a focus on children by using line 23 02 01 of the 2005 general budget of the European Union.

⁶ OJ L 163, 2.7.1996, p. 1-6

2. In accordance with Articles 2 and 4 of Regulation (EC) No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:
 - Improve access to and quality of health care
 - Contribute to a reduction in the morbidity and mortality of targeted children
 - Maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations

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

Article 2

Without prejudice to the use of the reserve, 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 and does not exceed EUR 2 million.

Article 3

1. The duration for the implementation of this decision shall be for a maximum period of 18 months, starting on 15/06/2005.
2. Expenditure under this Decision shall be eligible from 15/06/2005.
3. 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.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Principal objective :Improve health of vulnerable people, particularly of children	
Specific objectives	Amount per specific objective (EUR)
Improve access to and quality of health care	6,265,000
Contribute to a reduction in the morbidity and mortality of targeted children	4,100,000
to maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations	200,000
Reserve	150,000
TOTAL	10,715,000

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 Article110 thereof, and its Implementing Rules in particular Article168 thereof.⁷

Rate of financing: In accordance with Article169 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

⁷ 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.