



## **Humanitarian Aid Decision**

23 02 01

**Title:** Humanitarian Aid for the people of DPR Korea through improved water and sanitation

**Location of operation:** DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

**Amount of decision:** EUR 3,885,000

**Decision reference number:** ECHO/PRK/BUD/2005/03000

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### **Explanatory Memorandum**

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

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

Access to adequate water, sanitation and drainage are three inter-related basic needs, which impact significantly on morbidity and mortality in DPRK. The effect upon the population of the poor state of these facilities is compounded by the overall poor nutritional status of the population - and made worse by the crumbling health infrastructure and services. This chronic humanitarian situation continues to affect the great majority of the population in DPRK due to the sustained economic downturn, which seriously constrains the government's ability to feed and care for its people.<sup>1</sup>

The political tension caused by the nuclear standoff has worsened DPRK's isolation from the international community. Recent new attempts to revive the stalled talks may give reason to hope that the standoff can be solved and that better relations between DPRK and the international community pave the way for development aid that could replace humanitarian assistance.

In the meantime the already poor power supply is aggravated by the interrupted oil supplies and through the suspended KEDO<sup>2</sup> programme, which foresaw the delivery of 500,000 tonnes of heavy oil. The economic reforms, which were introduced in summer 2002, have not improved the situation, but have rather increased the vulnerability of parts of the population.

Since DPRK's large-scale reconstruction programme after the Korean War in the 1960s, most of the water and sanitation facilities have not been properly maintained. The production of fresh water is very limited in terms of both quantity and quality as water is often unfiltered or taken from unsafe sources. As a consequence, hygiene and

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<sup>1</sup> DPRK's population totals 22,697,553 according to the WHO - DPRK Emergency Health Profile from 27 July 2004.

<sup>2</sup> Korean Peninsula Energy Development Organization (KEDO)

sanitation is equally difficult to achieve for the population, contributing to a higher risk of ill health and malnutrition. However, following a series of floods and natural disasters that may have caused death of many hundreds thousands of people, humanitarian programmes have slightly mitigated the protracted crisis, as the nutritional survey recently carried out by UNICEF and WFP has shown<sup>3</sup>. Although malnutrition has decreased slightly since the last survey in 2002 to an average of 37 % chronic malnutrition, a relatively large proportion of children - 2 % on average - remains acutely wasted. This creates a risk of higher morbidity and mortality. Furthermore, the figures are much higher in the provinces of South Phyongang, Ryanggang, and North Hwangae with figures of 12-18 %. 23 % of the people are underweight, which is considered “high” according to WHO standards.

As a result, the Commission decided to finance a nutritional programme supporting pregnant/lactating mothers and children. Furthermore a health programme has been launched for a large part of the population.

The independent evaluation of ECHO’s programme in 2004 confirmed the general appropriateness of the water/sanitation intervention and even recommended an expansion where possible. Concerning the water/sanitation sector, the recommendation was to strengthen the gravity-assisted water supply and emphasized the importance to aim for higher reliability together with lower costs. In fact this remains a long term objective, while within the participatory approach, which ECHO and its partners have adopted, it appears appropriate to continue to work towards increasing the local acceptability for hygiene actions in particular, through adapted technology.

In March/April 2005, ECHO and RELEX undertook a joint mission at Head of Unit level. It confirmed the needs and the feasibility of this programme, and subsequently 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. Since this mission, the working conditions for humanitarian agencies have remained sufficiently good and even encouraging.

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

Water, health and nutrition are closely linked, as the UNICEF / WFP report clearly demonstrated: disease contributes to malnutrition and malnutrition renders individuals more susceptible to disease.

Elderly, handicapped and children are 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. In particular 20 % of urban children were suffering from such medical conditions.

By targeting the water/sanitation sector, this Decision aims at reducing losses of micronutrients and preserving the ability of the beneficiaries to withstand the otherwise poor environment with stronger health. It reaches a large part of the population with a relatively low cost and sustained impact.

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<sup>3</sup> DPRK Nutritional Assessment 2004: World food Programme and UNICEF

## **Water supply**

The entire water supply system is in need of a major overhaul, from the energy supply down to the house connection:

The scarce availability of electrical energy leads to interrupted power for pumps. This is particularly devastating, as most water supply systems have been designed with energy dependant pumps, which are out of order most of the time. As a consequence, the end users of water supply systems receive water for only a few hours per day, sometimes at night. Many pumps are damaged by the interrupted power supply, as low voltage and high amperage burn the coils. The interrupted pumping itself poses a huge risk on pipes as pressure shocks often burst the pipes, particularly if they are built with plastic material, which has become brittle due to the perspiration of softening agents since they were laid decades ago. While pumps cannot pressurize the pipes, unsafe fluids, often from sewage, seep into the fresh water network, contaminating the water and posing a risk for consumers. Consequently, although 82 % of households in DPRK have water piped into the dwelling, many lack a sufficient amount of safe water.

Within the distribution system, corroded pipes leak and lose pressure, also because they are several decades old. This prevents the water supply from reaching many people, particularly in towns. Taking a closer look at water supply in urban areas, where nearly two thirds of the DPR Korean population lives, there is no alternative for the people to find water, as the towns are densely populated. Therefore, wells are dug or drilled with access to only unsafe water or sometimes surface water is taken from streams in the cities. All these sources are dangerous, as this water contains faecal coli-form bacteria or other germs that cause diarrhoea.

In rural areas, the situation is not much better, because of pumps, transformers and other necessary equipment being damaged and out of order. The population often takes water from surface sources, which is vulnerable to contamination. The risk for the population is very high, and the health system is not in a position to provide the necessary treatment. As a result, diarrhoea weakens people through loss of vital nutrients, rendering them even more vulnerable to other compounding diseases.

With a dysfunctional water supply system, vital facilities such as kindergartens, schools and hospitals remain without the necessary water for hygiene. Therefore, patients lack hygiene, kitchens cannot provide hygienic food and doctors cannot wash their hands before and after treatment.

## **Hygiene**

Lack of hygiene is not only a result of lack of access to sanitation facilities and to water, but also an issue of knowledge, attitude and practice. If fetching water takes long time, while crucial food collection takes even longer, people are less inclined to carry out crucial hand washing. Furthermore people lack the necessary knowledge that they can change their attitude and practice. An example follows, that resulted from the UNICEF/WFP assessment in 2004: Up to 3.7 % of mothers with a young child 0-3 years disposed of their children's stools simply outside in the yard. Even in the smallest amounts, this behaviour is particularly risky, as the immune systems of such small children are less effective and faecal coliform bacteria are found particularly in

those childrens' stool. By disposing of the stool in such an unsafe way, the risk for other humans is considerable.

Approximately 57 % of households have flush toilet systems and 43 % have pit toilets with only one quarter of the households not having the facility within the dwelling. However these figures are misleading, as the necessary water to run the flush toilets is lacking. In particularly the rural population, which depends more on the latrines, considers human waste as an asset. In DPRK, where fertilizer is rarely available, manure is taken to the fields and used to fertilize agricultural production, particularly for the family gardens. It can be assumed that most of the food for families is produced in families' gardens outside the towns. The problem is that most of the human waste is not dealt with in a safe way causing all kinds of water borne diseases.

Urban sewage systems that were installed more than 30 years ago have meanwhile broken and leak risky fluids that often reach drinking water, which is therefore contaminated. These sewage systems would normally be subject to a complete rebuilding or development programme and require enormous amounts of funding. However, in the absence of development projects, ECHO can only tackle a few priorities. Repairs are necessary to unblock the systems, which spill into the drinking water system, often laid into the same trench. Where water supply is rehabilitated, it is imperative also to provide for proper drainage, which can be achieved with relatively small interventions.

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

This programme will target at least 150,000 people in all 9 provinces, by improving access to sufficient potable water and enhancing the quality of the water. Water intakes, spring catchments and wells will be repaired and where necessary replaced. Within ECHO's mandate waste water systems will be rehabilitated, where this is a priority and necessary for the project's success, because with the increase of fresh water there is also the responsibility to safely drain the water.

Public facilities such as hospitals, kindergartens and schools are a priority, but the project will also reach out to the household level. Both in the drinking water but also in the sanitation sector, potential UN agencies, NGOs and the Red Cross societies will respect the results of the 2004 evaluation, but keep in mind the special constraints in the country.

As for sanitation, ECHO partners will work on the hardware side with latrines and on the software side through health awareness and hygiene training. Ventilated-Improved-Pit-latrines (VIP), Biogas latrines and other solutions will be applied as appropriate, while further increasing the readiness to discuss issues related to hygiene and sanitation.

In the discussion with local authorities, ECHO will particularly emphasize the importance of quality and advocate for an intensive technical support by its partners.

#### **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, the possibility of carrying out proper needs assessments, and that of 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 Consolidated Appeals Process (CAP) and a reduction of international presence, the CAP has been replaced by a “Framework for International Cooperation” (FFIC). However, 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 was 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 was 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, and hinders 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:**<sup>4</sup>

### **2.1. – Objectives:**

Principal objective:

Contribute to better health by provision of water and sanitation facilities and training.

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<sup>4</sup> 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 Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

Rate of financing: In accordance with Article 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 the 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)

Specific objective:

- Decrease morbidity by improving access to clean water and sanitation.

## **2.2. - Components:**

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

- Rehabilitation of water distribution system with water storage 2,000m<sup>3</sup> and repairs on wastewater collection system; Munchon town. Hygiene training and health promotion for at least 20,000 people.
- Rehabilitation of water supply system for a small town, sanitation facilities
- Rehabilitation of Anju's, Hoichong's and Dokchong's town water supply, rehabilitation of at least 400 communal latrines and hygiene awareness training. Assessment of Water/sanitation projects in the North East
- Provision and rehabilitation of rural water supply systems and improvement of hygienic behaviour in North/South Pyongan and South Hamgyong Provinces, Capacity building elements through the training of 7 WAT/SAN technicians
- Rehabilitation of water distribution system in Kujang town including replacement of 10 km of pipes and fittings; Improvement of wastewater and drainage in the Western part of town; construction of latrines, hygiene training

## **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 15/10/2005 in order to allow humanitarian agencies to launch necessary tender procedures in winter 2005/2006. During construction season 2006, project related works will be possible particularly when workers are not needed in their cooperatives.

Start Date: 15/10/2005

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.



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 Republic of Korea. The second biggest donor for humanitarian aid projects in DPRK is Japan with nearly EUR 47 million. However this may change as the Japanese Government has criticized the DPRK government, as the abductees' issue has not been solved in Tokyo's view. The third biggest donor is the European Commission with its EUR 24.748 million which makes up 10.8 % of all registered donations to DPRK.

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

Food aid and other activities in the sector made up a third of the funding to DPRK which amounted to EUR 132 million in this sector. Budgets of all donors for agricultural programmes amount to EUR 62 million. Medical relief (EUR 29 million) and water/sanitation projects (EUR 19 million) 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 3,885,000**

## 6.2. - Budget breakdown by specific objectives

<b>Principal objective:</b> <i>Contribute to better health by provision of water and sanitation facilities and training.</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>5</sup></b>
Specific objective 1: • Decrease morbidity by improving access to clean water and sanitation.	3,885,000	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"> <li>• Rehabilitation of water distribution system with water storage 2000m<sup>3</sup> and repairs on wastewater collection system; Munchon town. Hygiene training and health promotion for at least 20000 people.;</li> <li>• Rehabilitation of water supply system for a small town, sanitation facilities;</li> <li>• Rehabilitation of Anju's, Hoichong's and Dokchong's town water supply, rehabilitation of at least 400 communal latrines and hygiene awareness training. Assessment of Water/sanitation projects in the North East</li> <li>• Provision and rehabilitation of rural water supply systems and improvement of hygienic behaviour in North/South Pyongan and South Hamgyong Provinces, Capacity building elements through the training of 7 WAT/SAN technicians</li> <li>• Rehabilitation of water distribution system in Kujang town including replacement of 10km of pipes and fittings; Improvement of wastewater and drainage in the Western part of town; construction of latrines; hygiene training.</li> </ul>	- CONCERN WORLDWIDE - CROIX-ROUGE - NLD - GERMAN AGRO ACTION - TRIANGLE
<b>TOTAL</b>	<b>3,885,000</b>			

<sup>5</sup> CONCERN WORLDWIDE, CROIX-ROUGE – NLD, GERMAN AGRO ACTION, TRIANGLE

## **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 organized 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 (EUR)
Initial Available Appropriations for 2005	476,500,000
Supplementary Budgets	
Reinforcement from Emergency aid reserve	100,000,000
Transfers	-3,500,000
<b>Total Available Credits</b>	<b>573,000,000</b>
Total executed to date (by 19/07/2005)	457,756,370
Available remaining	115,243,630
<b>Total amount of the Decision</b>	<b>3,885,000</b>

## **Indicative payment Schedule**

Year	2005	2006	2007
Amount EUR	1,942,500	1,165,500	777,000

## 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 aid<sup>6</sup>, and in particular Article 15(2) thereof,

Whereas:

- (1) DPR Korean people are not sufficiently provided with services in the energy, health service and water supply sectors, as the country has not recovered as yet from the disintegration of former communist block economies and natural disasters;
- (2) Water supply systems and drainage systems have fallen into disrepair and sanitation provision is poor, both posing an enormous health risk;
- (3) A detailed analysis of the humanitarian situation in DPRK has identified acute needs in the water and sanitation sector;
- (4) 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;
- (5) It is estimated that an amount of EUR 3,885,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to over 200,000 DPR Korean people taking into account the available budget, other donors' interventions and other factors;
- (6) In accordance with Article 17 (3) of Regulation (EC) No.1257/96 the Humanitarian Aid Committee gave a favourable opinion on 22/09/2005.

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 3,885,000 for Humanitarian Aid to improve the 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.

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<sup>6</sup> 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 objective:
  - Decrease morbidity by improving access to clean water and sanitation

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

*Article 2*

1. The duration for the implementation of this Decision shall be for a maximum period of 18 months, starting on 15/10/2005.
2. Expenditure under this Decision shall be eligible from 15/10/2005.
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.

*Article 3*

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

Done at Brussels,

*For the Commission*

*Member of the Commission*