



unicef

## UNICEF HUMANITARIAN ACTION

# DPR KOREA

DONOR UPDATE 14 SEPTEMBER 2001

## URGENT NEEDS IN HEALTH, NUTRITION AND WATER & SANITATION

- ◆ Severe flooding in main food producing areas after longest spring drought
- ◆ Severe risk of child deaths and malnutrition if health care and clean water not addressed along with food deficit
- ◆ Less than one-third of Emergency Appeal requirements funded

### 1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

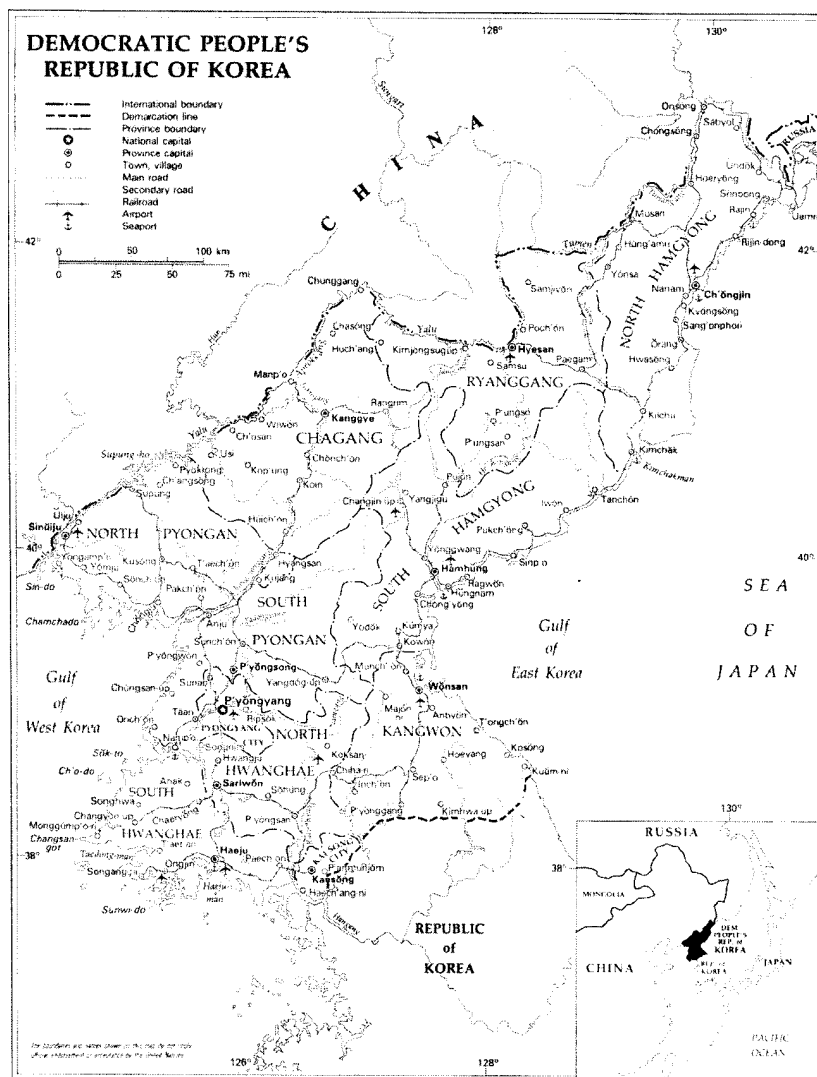
#### Food shortages due to drought and flooding

After enduring the coldest winter in 50 years, DPRK experienced its worst spring drought in 80 years with no significant rainfall in more than three months. An inter-agency assessment of the grain producing areas found that spring crops of wheat, barley and potato had been severely affected. The unprecedented dry spell is also likely to adversely affect the main harvest of rice and maize in October. Primary food producing areas in the southwest of the country have subsequently experienced major flooding, destroying a part of the main crop. It is expected that the country will not be able to meet its projected grain production targets this year. The food deficit of 1.8 million tonnes is contributing to an acute food shortage not seen since 1997.

#### Increased risk of child death and malnutrition

Young children in DPRK face increased risk of death and malnutrition not only due to food shortage. Already weakened by inadequate diets they are more susceptible to diarrhoea and other gastro-intestinal diseases, which will become more common with flooding. Food alone cannot alleviate this problem. Without greater attention to support for basic health services, clean water and sanitation, even if there is increased food availability, children's lives are still at risk and their growth and development during vital formative years will be impaired.

Recent government statistics indicate that the mortality rate for children under five years rose during the 1990s from 27 to 48 deaths per 1,000 live births. Infant mortality rose from 14 to 23 per 1,000 live births. Meanwhile, the per capita gross national product dropped from US\$ 991 to US\$ 457 in the same period. A nutrition survey conducted by the Government in 2000 indicated that 45.2 percent of children under five are stunted (too short for their age) or suffering from chronic malnutrition. These figures represent a very worrying trend in the situation of children in DPRK and are an indication of their



extreme vulnerability.

The slow economic recovery also contributes to acute power shortages that affect essential services such as the refrigeration of vaccines and water pumping systems. More resources are needed to provide back-up systems and explore appropriate technologies that are not so reliant on electric power.

### **Advances and setbacks in relations with international community**

The European Union (EU) undertook a landmark visit to Pyongyang early May. The high level delegation was headed by the Swedish Prime Minister. The establishment of diplomatic relations between the EU and the country is expected to facilitate the EU's efforts in supporting reconciliation in the Korean Peninsula and assisting in economic reforms, including support to alleviate the acute food and health problems. Only two members of the EU's 15 member States, France and Ireland, have yet to open diplomatic relations with DPRK. Currently Sweden, Germany and the UK have resident diplomatic missions in Pyongyang.

Australia and DPRK have agreed to establish embassies in their respective capitals by 2003. The recently concluded joint declaration between DPRK and the Russian Federation also emphasizes the importance of progress in North-South reconciliation. A visit to Pyongyang later in the year by the President of the People's Republic of China is expected to provide further impetus in this direction from another of DPRK's regional neighbours.

While significant progress has been made at all levels after the historic inter-Korean summit in June 2000, the hiatus in contacts between the USA and DPRK has, however, adversely affected the pace of rapprochement on the Korean peninsula. This has resulted in several elements of the Joint Declaration being put on hold, including DPRK leader Kim Jong Il's reciprocal visit to the south and construction of a railway link between the two Koreas. Economic cooperation has also been hampered by current financial difficulties faced by South Korean companies, energy shortages and the low profitability of ventures begun thus far.

Despite this, a third round of family reunions was held in late February for 100 people from each side. Mail was also exchanged across the demilitarized zone for the first time for a selected 600 people.

## **2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS**

With limited funds, UNICEF has concentrated on supporting the most essential life-saving and growth-enhancing strategies. These include immunization and micronutrient supplementation to prevent disease and nutritional deficiency, treatment of common illnesses among young children, provision of essential maternity care for women, rehabilitation of severely malnourished children, and improvement of drinking water supplies. The mid-year review of cooperation, conducted with the Government on 25 and 26 July, confirmed this approach of focusing UNICEF support on areas of highest priority and beginning to give more consideration to more sustainable strategies. The following are highlights of cooperation thus far during 2001.

### **Vitamin A and de-worming campaign**

DPRK observed the first of two annual rounds of vitamin A supplementation on 22 May. Vitamin A boosts the body's natural immunity to disease and is a major part of the strategy to reduce mortality. The nationwide campaign focused on 2.1 million children aged 6-59 months. For the first time, this was combined with de-worming. All children between 1 and 5 years of age were targeted to receive one de-worming tablet (mebendazole), a contribution from the (South) Korean National Committee for UNICEF. Eleven observation teams, who visited many supplementation posts in the country, included staff from UNICEF, WHO, WFP and IFRC. A representative from the German Embassy also joined the team. A good turnout was reported from all the posts visited. Coverage figures are expected from the Government soon.

### **Expanded Programme on Immunization (EPI) /Global Alliance for Vaccines & Immunization (GAVI)**

First drafts of the five-year EPI national plan of action, hepatitis B plan of action and a revised application for GAVI funding are expected to be ready soon. A WHO consultant has helped to prepare these documents. The working group meeting attended by WHO, UNICEF and the Ministry of Public Health (MoPH) jointly reviewed and agreed on objectives, strategies and main activities for routine immunization coverage, polio eradication and measles control.

### **Integrated Management of Childhood Illnesses (IMCI)**

A four-member DPRK team participated in the WHO-organized inter-country training course on IMCI in Java, Indonesia, 4-15 June. The UNICEF health project officer accompanied the Government delegation. The training linked home management of childhood illnesses with first level case management and referral. The illnesses being studied in depth included diarrhoea, acute respiratory infections, measles, malaria and malnutrition. Country-level implementation will include the following: establishment of a working group on IMCI, adaptation of manuals from generic to country-specific and national lower-level training. An early implementation phase will be carried out in selected districts to be followed by an expansion phase. This is, however, highly contingent on funding.

### **Facts for Life**

Additional 35,000 copies of the *Facts for Life* Korean version have been printed for nationwide distribution. Some 25,000 copies are being distributed through the Ministry of Education (MoE); 5,000 through Children's Aid Direct; 2,000 through German Agro Action; and 2,000 through IFRC.

### Geographic Information System (GIS) and ChildInfo training workshop

UNICEF supported the Central Bureau of Statistics (CBS) in organizing a GIS and ChildInfo training on July 2-7 for 20 Government counterparts at the MoPH, MoE, Ministry of City Management (MoCM), State Planning Committee (SPC) and the CBS. Three external trainers from Thailand and India conducted this hands-on training. ChildInfo is a comprehensive database on the situation of children and women used by UNICEF, governments and other partners for planning and advocacy. The training will support the establishment of databases with mapping capacities in Government ministries. The database will contain multiple sources of national and sub-national information for better targeting of resources for children, including analyses on the trends and contrasts of key child development indicators.

### Fifth East Asia and Pacific Ministerial Consultation

A four-member delegation led by the Vice Minister of Foreign Affairs represented DPRK in the Fifth East Asia and Pacific Ministerial Consultation 'Shaping the Future Agenda for Children', held on May 12-14. The Vice-Minister announced DPRK's accession to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and committed his country to prepare a new National Programme of Action for Children, emphasising the need to improve quality of education. He further added that DPRK would continue to increase investment for children through appropriate policies and institutional mechanisms.

### Study visit to Cambodia

UNICEF facilitated the visit of a two-member DPRK delegation to Cambodia on a week-long mission to learn about decentralized planning from the Cambodia experience. The team, accompanied by the UNICEF Programme Coordinator, visited project sites under the UNICEF-supported Community Action for Child Rights programme and the UNDP-supported commune planning process. The experience gained by the delegation will assist Government/UNICEF co-operation in community level programme activities starting this year. The team also took the opportunity to look at how UNICEF works with the Cambodian government, particularly in education and nutrition.

### Key observations from field visits

Key observations from an extensive field visit undertaken by UNICEF project officers to North Hamgyong and Ryanggang provinces are as below:

- Diarrhoea and Acute Respiratory Infections (ARI) are still the most common diseases reported.
- Less cases of acute malnutrition were reported compared to last year.
- Most institutions visited confirmed receipt of essential drug kits.
- There are requests for more multivitamins.
- Immunization activities seem to be on schedule. Temperature monitoring was largely accomplished, but cold chain monitoring needs to be improved.
- Antenatal care was provided at county and ri-levels, but essential preventive services such as urine and blood tests are reportedly not carried out due to a lack of equipment.

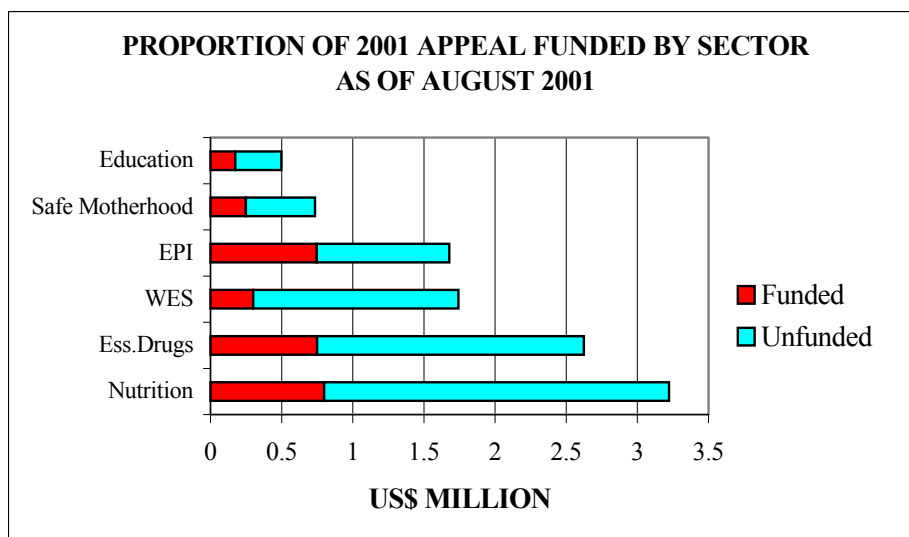
Other field monitoring also confirms that, at present funding levels, UNICEF supplies of essential drugs cover at best requirements during only four months of the year.

As is the case for other UN agencies, UNICEF currently has access to 167 out of 211 counties.

## 3. APPEAL REQUIREMENTS AND RECEIPTS

UNICEF DPRK appealed for US\$ 10.5 million to cover implementation costs of the 2001 Emergency Programme. The table and graph below show the current funding status of the Appeal, by sector. Water and sanitation sector, one of the key priority areas, remains poorly funded at only 18% of the requirement.

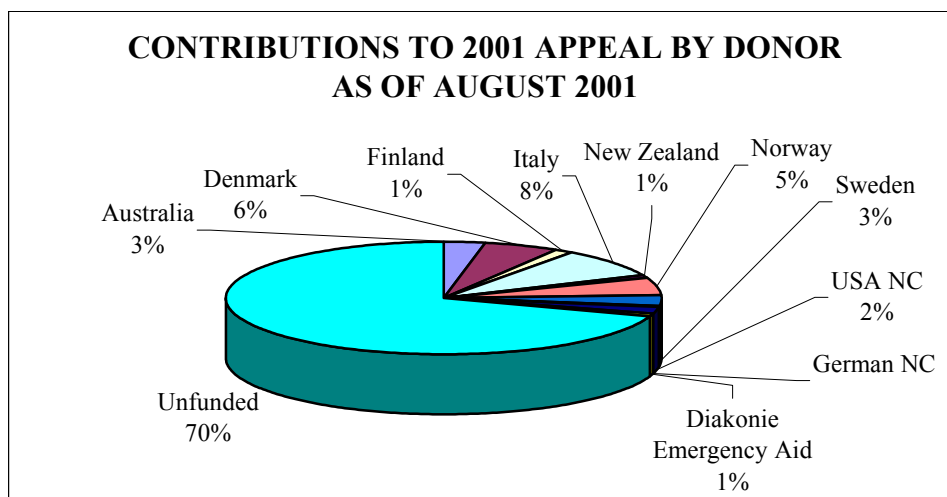
Sector	Target (US\$)	Funded (US\$)	% Funded	Unfunded (US\$)
Nutrition Rehabilitation/ Micronutrient Deficiencies	3,223,500	759,200	24	2,464,300
Essential Drugs	2,625,000	866,132	33	1,758,868
Water and Sanitation	1,743,000	312,503	18	1,430,497
EPI (Immunisation)	1,677,690	784,480	47	893,210
Safe Motherhood	735,000	264,733	36	470,267
Basic Education	498,750	182,840	37	315,910
<b>Total</b>	<b>10,502,940</b>	<b>3,169,888</b>	<b>30</b>	<b>7,333,052</b>



The following table and graph indicates the contributions received for the Appeal, by donor. As indicated, largest contributions to DPRK Emergency Programme have been received from Italy (US\$ 858,755), followed by Denmark (US\$ 592,400) and Norway (US\$ 548,250).

<b>TABLE 2: DONORS FUNDS RECEIVED FOR 2001 APPEAL AS OF AUGUST 2001</b>		
<b>Donors</b>	<b>Income/Pledge (US\$)</b>	<b>Purpose</b>
Australia	318,545	Nutrition Rehabilitation (Control of Micronutrient Deficiencies - Food fortification)
Denmark	592,400	EPI, Essential Drugs
Finland	148,710	EPI
German NC*	1,892	Nutrition rehabilitation
Germany (Diakonie Emergency Aid)	80,000	Essential drugs
Italy	858,755	Nutrition Rehabilitation, Essential Drugs, EPI, Salt iodisation
New Zealand	82,840	Education
Norway	548,250	Safe Motherhood, WES
Sweden	312,510	EPI, Education
UK NC	28,986	Safe Motherhood
USA NC	197,000	Essential Drugs
<b>Total</b>	<b>3,169,888</b>	

\* Only against CAP contribution – additional contributions were received from the donor for regular programme



#### 4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

Strong donor support to alleviate DPRK's chronic food crisis is gratefully acknowledged. However, additional resources are urgently required also to back up the impact of greater food availability. Children's survival, growth and development do not rely on food alone, but also on adequate basic health care, proper nutritional management and increased availability of clean water. With less than one-third of CAP 2001 funded, UNICEF DPRK is seeking funds for its emergency projects in health, nutrition, and water and environmental sanitation (WES). **Under-funding will prevent UNICEF from providing adequate support and put children at greater risk of death and malnutrition.** The table below outlines the urgent priority requirements.

<b>TABLE 3: PRIORITY REQUIREMENTS AS OF AUGUST 2001</b>		
<b>Project</b>	<b>Beneficiaries/coverage</b>	<b>Amount Required (US\$)</b>
1. Immunization	2.3 million children under five years and 430,000 pregnant women	893,210
2. Essential drugs	12 million people in UNICEF-designated areas and child care institutions nationwide	1,758,868
3. Nutrition Rehabilitation control of micronutrient deficiencies	Severely malnourished children in 13 baby homes, 13 provincial paediatric hospitals and 200 county hospitals; 2.1 million children for Vitamin A supplementation; whole population for salt iodisation	2,464,300
4. Water and sanitation	256 children's institutions, 13 provincial paediatric hospitals, 30 settlements in disadvantaged areas	1,430,497

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