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UNICEF HUMANITARIAN ACTION

DPR KOREA

DONOR UPDATE 19 NOVEMBER 2002

TANGIBLE PROGRESS IS STILL OFFSET BY FUNDING SHORTFALLS IMPACTING KEY AREAS OF CHILD HEALTH AND NUTRITION

- ◆ Continuing needs for assistance in essential drugs, immunization and maternal and child health
- ◆ Nutrition assessment gets underway
- ◆ New strategies in water and sanitation show the way forward to sustainability
- ◆ Malnutrition is widespread among infants, as well as pregnant and nursing mothers

1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

International/inter-Korean developments

The past few months have seen roller-coaster developments in external relations. Talks at various levels between the Democratic People's Republic of Korea (DPRK) and the Republic of Korea led to concrete steps to re-establishing road and rail links, setting up of a permanent site for family reunions and hosting sporting and cultural exchanges. The visit of Japanese Prime Minister Junichiro Koizumi in September paved the way for negotiations towards the establishment of diplomatic relations between Japan and the DPRK, and a possible future package of much needed investment from Japan. At the beginning of October, US Assistant Secretary of State James Kelly made a visit to the DPRK, ushering in the prospect of increased engagement between the two countries. Unfortunately, the most recent developments, surrounding a number of security concerns, have led to a situation of uncertainty. With current engagement now focused on security concerns and a number of donor countries now reviewing their relations with the DPRK, the impact on already under-funded humanitarian assistance programmes remains uncertain.

Economic reforms

From 1 July 2002, the Government has taken a series of measures aimed at boosting the economy. These have included: increases in the price of foodstuffs (almost to the levels prevailing in private markets in the country), transport and utilities; wage increases relative to productivity; reduction of state subsidies from loss-making enterprises; currency reform; experiments in new forms of land tenure; liberalization of rules on foreign ownership in joint ventures; and establishment of a special economic region in Sinuiju, an area on the Chinese border, to run on free market principles. Essential social services, including health care, childcare and education are still provided free of charge to the population. It is too early to assess the impact of these changes, though change itself is a positive development. Some trends to watch will be how the reforms impact differently on various segments of the population and what will happen to workers (and their families) in enterprises that may now fold with the withdrawal of subsidies.



The boundaries and names shown do not imply official UN endorsement.

Funding gaps limit outreach of food and medical assistance

The World Food Programme's emergency appeal for 2002 has remained less than 50 per cent funded and has led to the cessation of distribution to a number of target beneficiaries in the western part of the country. WFP has maintained its distributions to eastern and

northern areas, where populations are more vulnerable due to scarcity of agricultural land. However, the entire population is, in fact, vulnerable to food shortages, and malnutrition is still widespread, especially among the youngest children, as well as pregnant and nursing mothers.

The shortfalls in availability of food and micronutrient inputs for local production of fortified therapeutic and complementary foods, reported in the last Donor Update of 29 May 2002, have now been made up. UNICEF notes in particular generous contributions from the European Commission Humanitarian Office (ECHO) and the Government of Australia.

Infections, particularly diarrhoeas and respiratory infections (pneumonia), however, still abound in young children. This year, UNICEF has managed to maintain greater continuity in supply of essential drugs by reducing drastically the range of drugs. This leaves important gaps. Also to assure continued throughput of drugs into 2003, further contributions to this project are urgently needed.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Nutrition survey: data collection completed

Data collection for the 2002 Nutrition Assessment, conducted jointly by the Government, UNICEF and WFP, got under way on 7 October and was completed by the end of the month. The survey covered 6,000 randomly selected households in seven provinces and three municipal cities. The provinces of Kangwon and Chagang were omitted due to the high proportion of people living in inaccessible counties. Two data collection teams covered each province or city, making a total of twenty teams. Each team was comprised of one official from the Central Bureau of Statistics, one from the Institute of Child Nutrition, one WFP or UNICEF government-seconded national officer, one international staff member from WFP or UNICEF and a driver. In addition, a data entry team in each province or city entered each day's data into a computer with software that automatically checks for any anomalies that might arise from errors in recording children's weights, heights, etc. Data analysis is now underway and preliminary results will be published in December 2002. Technical support for the survey comes from the DPRK institutions named above, as well as from the Centre for International Child Health, London, and the Thailand Research Foundation Bangkok, funded by UNICEF.

The results of this survey will provide extremely important information on how the nutritional status of children and women has changed since the last jointly conducted survey in 1998. On the basis of field observations over the past year, UNICEF anticipates a reduction in acute malnutrition (wasting) but continued high levels of chronic malnutrition (stunting) - with its attendant negative effects on early childhood growth and development. Also of great concern is the condition of women. Malnourished women are more likely to have babies with low birth weight, thus starting life already malnourished, and to have greater difficulty in feeding and caring for their children and themselves.

Essential drugs supply: combating the most common childhood diseases

The availability of simple medicines such as antibiotics and oral rehydration salts (ORS) in health clinics can be life-saving for many children, especially for those who are already vulnerable due to malnutrition. Improving the availability of the most essential medicines for children and women has, therefore, been given a high priority for the programme this year. Unfortunately, the widespread shortages that were common in 2000 and 2001 continued into the first four months of this year. In the two-thirds of the country relying on UNICEF assistance, health facilities were out of stock of basic medicines since late last year and unable to properly treat life-threatening problems such as acute respiratory infections (pneumonia) and diarrhoea. With early funding this year from the UK Government and the Korean Committee for UNICEF, new medicines have been brought into the country and deliveries have restarted on a regular quarterly basis to all the targeted health institutions: 3,060 *ri* level health clinics/*ri* hospitals and 117 county hospitals in six provinces and two cities – the other three provinces and one city are being covered by the International Federation of Red Cross and Red Crescent Societies – and 24 provincial paediatric and maternity hospitals nationwide. Limited funding, however, means that only 12 medicines classed as “very vital” can be provided with basic kits. There are also concerns over continuity of supply into 2003.

National child health days: successful outreach for children; eradicating polio

Identified as one of the most successful features of the programme, two further “national child health days” were planned for 20 October and 20 November. The Ministry of Public Health was fully geared-up to ensure success for the first phase. On 20 October, all children under five years of age – around 2.5 million – were targeted for oral polio vaccinations. On 20 November they will all receive a second dose of oral polio vaccine, along with vitamin A supplements (for 6 months to 5 year olds) and de-worming medicine (for 2 years to 5 year olds). Past experience has shown that this strategy reaches over 95 per cent of its target. As a result of the polio immunization and improved surveillance, DPRK is now thought to be polio free, though official certification is to be done for the WHO Southeast Asia Region as a whole. The health days always receive good support through monitoring teams made up of embassy, Red Cross, EU, UN and NGO staff.

Water and environmental sanitation (WES): new strategy shows way to sustainability

Environmental factors play a great part in determining whether children can survive and grow and develop healthily. Inadequacies of water supply and hygiene underlie many childhood infections that also aggravate malnutrition. This Donor Update illustrates an example of how humanitarian assistance can lead on towards “preparation for development” and sustainability.

UNICEF support to the WES sector was earlier scattered and focused on addressing only immediate problems with supplies of water

containers and disinfectants. Later, a drilling programme was started to assure independent water supplies in key health, childcare and educational institutions. This, however, did not tackle the wider needs of the three-quarters of the population, who depend on piped water systems. These have so degraded that access to water from these systems dropped from 83 per cent in 1994 to 53 percent in 1996. Local studies this year showed that in three counties 80 per cent of water supply needs remained unmet.

With limited available funding, UNICEF and the Ministry of City Management (MoCM) opted to concentrate on two counties (Kowon in South Hamgyong Province and Kosan in Kangwon Province) to carry out a full rehabilitation of the water system of the county town and surrounding settlements. Thanks to a new grant from ECHO, a third county (Jongpyong in South Hamgyong Province) was added. In each county, a rigorous assessment was conducted by engineers from MoCM and UNICEF (including an expert seconded from the Norwegian Refugee Council) together with the local authorities. On this basis, comprehensive plans were drawn-up and are now under implementation. Work will soon begin on the rehabilitation of sanitation facilities in the same three counties. A further two counties in North Hamgyong and Ryanggang Provinces are due to undergo the same process starting in 2003.

This approach, though limited in geographical scope, does more fully meet humanitarian needs for clean water and improved hygiene and sanitation in these focus counties. It also helps to upgrade capacities and techniques of national and local authorities, so they can carry out their functions more effectively and efficiently, as well as learn how to prepare good projects for the renovation of water and sanitation systems in other parts of the country. It is further an excellent entry-point for dialogue and wider-scale work at the local level on the full range of factors affecting the growth and development of young children.

Field visits

This year, UNICEF staff have made visits to all twelve provinces and cities in DPRK. As is the case for other UN agencies, UNICEF currently has access to 163 of 206 counties. UNICEF staff are also playing an active role in the nutrition survey, which takes them to many parts of the country over an extended period. In addition, in November a UNICEF team will undertake a visit to northeastern DPRK to assess the impact of the upcoming winter on vulnerable populations. The next Donor Update will include a focus on the observations and results from these various visits.

Programme review and planning

The DPRK Government and UNICEF conducted a mid-term review of the current Country Programme (2001-2003) at the beginning of October. Among the main conclusions of the review were:

- The continuing need for a humanitarian response to the very difficult situation of children and women, at the same time moving forward with some development strategies, particularly building capacity of national institutions and putting them in touch with new ideas and new thinking;
- Continuing the focus on the most essential needs of children and women to make the best use of limited resources;
- The importance of addressing the survival, growth and development of the *youngest* children as a basis for rebuilding human capital.

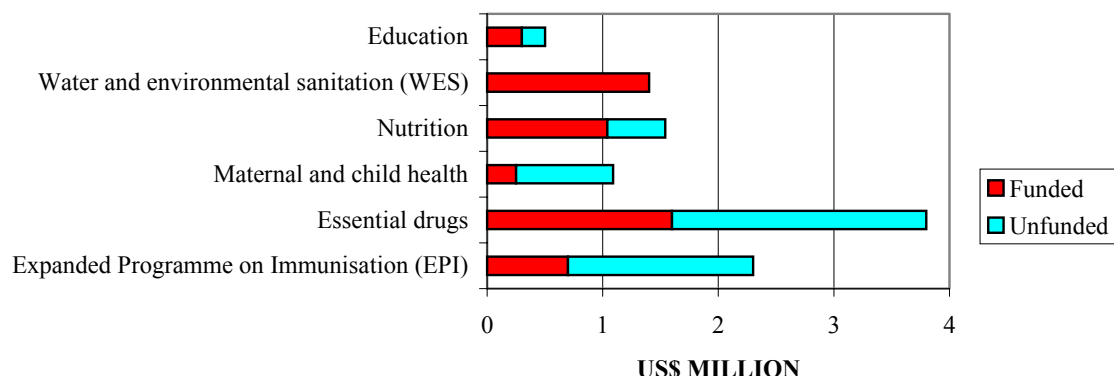
In preparation for the review, a new Analysis of the Situation of Children and Women was prepared, which also provided input to the UN Common Country Assessment and parts of the 2003 Consolidated Interagency Appeal for DPRK. In order to incorporate results from the nutrition survey, the Situation Analysis is scheduled for publication in early 2003. In March 2003, the Government and UNICEF will also conclude the strategy for the next Country Programme (2004-2008).

3. APPEAL REQUIREMENTS AND RECEIPTS

As part of the UN Consolidated Appeal for DPRK, UNICEF appealed for US\$ 10.37 million to support its Emergency Programme for children and women in the country. The table and graph below show the current funding status of the Appeal, by sector.

TABLE 1: 2002 APPEAL REQUIREMENTS AND FUNDING BY SECTOR				
AS OF 29 OCTOBER 2002				
Sector	Target (US\$)	Funded (US\$)	% Funded	Unfunded (US\$)
Expanded Programme on Immunisation (EPI)	2,220,750	657,842	30	1,562,908
Essential drugs	3,790,500	1,634,481	43	2,156,019
Maternal and child health	1,092,000	247,497	23	844,503
Nutrition	1,564,500	1,039,941	66	524,529
Water and environmental sanitation (WES)	1,176,000	1,356,687	115	(180,687)
Education	530,250	328,294	62	201,956
Total	10,374,000	5,264,742	51	5,109,258

**PROPORTION OF REQUIREMENTS FUNDED BY SECTOR
AS OF 29 OCTOBER 2002**



The following table below indicates the contributions received for the Appeal, by donor. The largest contributions to the Appeal have been received from the United Kingdom (US\$ 1.71 million) and ECHO (US\$ 1.48 million).

**TABLE 2: FUNDS RECEIVED FOR 2002 APPEAL BY DONORS
AS OF 29 OCTOBER 2002**

Donors	Income/Pledge (US\$)*	Purpose
United Kingdom	1,714,284	Essential drugs, EPI, WES
ECHO	1,480,902	Nutrition, WES
Denmark	505,040	EPI, MCH, essential drugs, WES
Sweden	469,050	Education, essential drugs, nutrition
Korean Committee	300,000	EPI, MCH, essential drugs
Australia	282,485	Nutrition
Finland	262,467	EPI, essential drugs
Norway	223,720	Education
German Committee	13,978	Nutrition
Germany (Diakonie Emergency Aid)	12,816	Essential drugs
Total	5,264,742	

*Only contributions to the Appeal. In addition to these funds, UNICEF has utilized US\$ 3.15 million from its 2002 regular programme and carry-overs from 2001.

4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

UNICEF is greatly concerned that the level of contributions to food assistance through WFP this year has been quite inadequate and encourages greater donor support in this area. Children's survival, growth and development certainly rely on sufficient availability of food, but also on adequate basic health care, proper nutritional management, increased availability of clean water and quality primary education. UNICEF DPRK is seeking funds for its emergency projects in health, nutrition, water and environmental sanitation and education. **The shortfall in funding prevents UNICEF from providing adequate support and puts children at greater risk of death and malnutrition.** The table below outlines the urgent priority requirements for the remainder of 2002.

**TABLE 3: PRIORITY REQUIREMENTS AS OF
29 OCTOBER 2002**

Project	Beneficiaries/coverage	Amount Required (US\$)
1. Essential drugs	<ul style="list-style-type: none"> • 12 million people in UNICEF-designated areas and child care institutions nationwide 	2,156,019
2. Immunization	<ul style="list-style-type: none"> • 470,000 children under the age of one year • 480,000 pregnant women • 2.5 million children under five years of age for polio National Immunization Days (NIDs) 	1,562,908
3. Nutrition rehabilitation control of micronutrient deficiencies	<ul style="list-style-type: none"> • All children below 5 years of age (approx. 2.5 million) • 480,000 pregnant and 450,000 lactating women • 10,000 severely malnourished children referred to 42 facilities • Whole population for iodized salt 	524,529

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