

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# UNICEF HUMANITARIAN ACTION DPR KOREA IN 2008



CORE COUNTRY DATA	
Population under 18 (thousands)	6744
U5 mortality rate (2006)	55
Infant mortality rate 2006)	42*
Maternal mortality ratio (2000-2006, reported)	n/a
Primary school enrolment ratio (2000-2006, gross)	108**
Primary school enrolment ratio for girls	101**
% U1 fully immunized (DPT3)	98***
% population using improved drinking water sources (total)	100****
% U5 suffering moderate and severe underweight/stunting	23/37

Source: *The State of the World's Children 2008*  
 \* Government data (1993-1998): 23  
 \*\* Ministry of Education data  
 \*\*\* Ministry of Public Health 2006: 82 %  
 \*\*\*\* Government data, but field observation indicates much lower coverage.

Despite improvements in the political context, the availability and quality of basic social services in health, nutrition, water supply and education for women and children, especially for over 2 million under-five children and 300,000 pregnant women, will continue to rely critically on the support of the international community. The devastation caused by the floods in 2007 has further increased the vulnerability of children despite the progress made over the last decade in areas such as reduction of severe child malnutrition. Child and maternal mortality and chronic malnutrition of pregnant women and under-five children remain high as a result of prolonged poverty, under-resourced health systems, decaying water and sanitation systems, inadequate caring practices for young children and pregnant women and fragile food security.

Summary of UNICEF financial needs for 2008	
Sector	US\$
Health and nutrition	8,000,000
Water, sanitation and hygiene	6,000,000
Education	1,000,000
<b>Total*</b>	<b>15,000,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

### 1. CRITICAL ISSUES FOR CHILDREN

Despite the political progress over the past year, the devastation caused by the floods in August 2007 has further increased the vulnerability of the children of the Democratic People's Republic of Korea (DPR Korea). The floods directly impacted the lives of over 1 million people but many more have been indirectly affected through the destruction and serious damage of basic service infrastructure such as schools, health centres and water supply networks and, among them, young children and pregnant women tend to be the most vulnerable.

According to government figures, from 1993 to 1998, the under-five mortality rate rose from 27 to 55 per 1,000 live births and has remained at that level since then. This increase resulted from acute food shortages, combined with heightened morbidity and reduced capacity of the health system to manage childhood illnesses caused by shortages of essential drugs and decaying water and sanitation systems. Though government figures indicate that the majority of the population gets drinking water from piped networks, which are considered as improved drinking water sources, field observations show that most of the networks are in very poor condition, often contaminated and provide water only for a limited number of hours per day. This situation has been exacerbated by the floods, causing significant increases in the cases of diarrhoea among young children and jeopardizing the progress made in the area of nutrition over the past decade.

In fact considerable progress has been achieved in the area of child malnutrition since the crisis of the mid-nineties. As documented in the nutrition surveys, between 1998 and 2004 acute malnutrition fell from 16 per cent to 7 per cent and chronic malnutrition from 62 per cent to 37 per cent. In 2006, a government survey and field observation showed that this trend was continuing. However these levels of malnutrition are still considered high by the World Health Organization (WHO) standards. Moreover, some one third of mothers are still found to be malnourished and anaemic.

Primary and secondary schooling in DPR Korea is free and compulsory, and all children up to the age of 17 years are enrolled, with the country reporting universal literacy. However, economic difficulties have resulted in shortages of textbooks, school materials and fuel for heating during the long sub-zero winters. Learning methods have also not evolved in line with international developments. All these factors have combined to negatively affect the quality of education.

Collaboration with Government on humanitarian action improved significantly over the past year. Despite a late release of information on the measles outbreak, the Government conducted a very effective mass immunization campaign, vaccinating over 16 million people. Following the August 2007 floods, the Government extended very good collaboration to aid agencies, especially to facilitate the implementation of joint assessments, increased monitoring and additional human resources to respond to the emergency. Despite these improvements, many challenges remain and, notably, the access to the populations living in the three north-west provinces of the country which remain inaccessible to international staff since the end of 2006, and where, as a result, UNICEF had to suspend its support except in the area of immunization and vitamin A supplementation.

### 2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with national and international partners, UNICEF has continued to respond to the humanitarian needs of women and children through its regular programme and through its emergency response to an outbreak of measles and to the floods that devastated the country. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, and education. However, progress in these areas is often hindered by chronic shortages of material and financial resources due to the absence of the major investments and the large-scale assistance needed to reduce child mortality and improve maternal health.

The regular routine immunization programme maintained high vaccination coverage (more than 90 per cent for almost all antigens). Essential medicines to treat the most common childhood diseases continued to be provided to the over 2,000 health facilities serving over 10 million people, although support to the north-west provinces of North Hamgyong and Ryanggang had to be suspended as of June 2007 due to Government's refusal to grant access to international staff for monitoring purposes. Nutritional supplementation, including vitamin A, multi-micronutrients and iodine, proceeded and therapeutic milk was supplied to all paediatric and county hospitals for the treatment of severe child malnutrition cases. The availability and quality of water

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supply was improved through the construction of three new gravity-fed systems providing quality water to over 75,000 people in three counties. Finally, in addition to supplying paper for the printing of school textbooks for over 2 million schoolchildren, UNICEF helped to notably improve the quality of education by training teachers, revising the mathematics curriculum and providing life skills education focused on health and hygiene promotion.

In addition to its regular programme, UNICEF responded to two emergencies in the course of 2007. In the first quarter of the year, in collaboration with the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF supported the Government to conduct a mass immunization campaign in response to an outbreak of measles. Over 16 million people aged 6 months to 45 years were vaccinated within a period of three months.

Following the August 2007 floods, UNICEF's emergency response included the provision of essential medicine kits to affected county hospitals and health centres; extra nutritional supplementation for women and children; emergency water kits to 5,000 families, and chlorine and pump spare parts to flood-affected counties.

In addition, UNICEF supported the Government to conduct a detailed assessment of damages to submerged water pump stations and a rapid screening of the nutritional status of under-five children in the 20 most affected counties. These two assessments will enable UNICEF and Government to better address the continuing emergency rehabilitation needs in the areas of nutrition and water supply.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

Five inter-agency theme groups comprising UN agencies, development partners and Government regularly meet to strengthen coordination in key sectors. UNICEF chairs the groups on health and nutrition and water, sanitation and hygiene, which were both very active in coordinating sectoral responses to the floods. Weekly inter-agency meetings exchange information among UN agencies and other development partners.

#### **Regular programme**

Though DPR Korea stopped being part of the Consolidated Appeal (CAP) in 2005 when Government called for development assistance, the UNICEF Country Programme retains a humanitarian focus by providing direct support to basic services for women and children in health, nutrition, water and education. In the absence of the CAP, funds have been secured mostly through the *Humanitarian Action Report (HAR)*. The devastation resulting from the 2007 floods have further strengthened the humanitarian focus of the 2008 Country Programme, hence justifying an increase in the HAR appeal for DPR Korea.

In DPR Korea UNICEF is implementing a two-tier system of national and focus county interventions. At the national level UNICEF will support capacity-building of government counterparts providing basic social services and implementing national programmes, such as immunization and nutritional supplementation. In selected focus counties, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modelling that could later be replicated or taken to scale with the Government's own or external resources that might be available in the future.

#### **Health and nutrition (US\$ 8,000,000)**

All women and children, especially pregnant women and under-five children, will benefit from the following key interventions:

##### **At the national level**

- Provide vaccines and cold-chain equipment to maintain a high immunization coverage of more than 90 per cent for all antigens among children under one and pregnant women;
- Procure and distribute essential medicines to over 2,000 health facilities covering over 10 million people;
- Support the local production of oral rehydration salts (ORS) for the treatment of childhood diarrhoea;

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- Provide multi-micronutrient and vitamin A supplementation to 300,000 pregnant women;
- Provide vitamin A and deworming two times per year to 2 million under-five children;
- Provide deworming to 3 million primary schoolchildren;
- Develop and/or update information, education, communication (IEC) materials to improve the care of young children and pregnant women;
- Develop a comprehensive training package and resource manual for household doctors in collaboration with WHO and IFRC.

### ***In selected focus counties***

- Promote a model care framework for young children and pregnant women at both institutional (nurseries and health centres) and household levels in 10 counties;
- Improve the quality of child and maternal health care at facility level in 10 counties through rehabilitation, provision of equipment and training.

### **Water, sanitation and hygiene (US\$ 6,000,000)**

An estimated 5 million people will benefit from the following key interventions:

#### ***At the national level***

- Provide water treatment chemicals and spare parts for the provision of safe water to 10 million people living in urban and semi-urban areas (provincial capitals and 89 counties affected by floods in 2007);
- Develop an emergency recovery module for counties where existing pumps for provision of safe drinking water have been damaged beyond repair by the 2007 floods;
- Strengthen emergency preparedness in water supply by training partners at national, provincial and county levels and prepositioning key supplies;
- Strengthen the water quality monitoring capacity of six provincial hygiene and epidemic stations through the provision of portable laboratories and relevant trainings.

#### ***In selected focus counties***

- Rehabilitate and construct water supply systems in four focus counties to provide safe drinking water to 80,000 people through gravity-fed systems;
- Construct water supply systems based on the emergency recovery module in four flood-affected counties to provide safe drinking water to 80,000 people;
- Rehabilitate water and sanitation facilities and promote hygiene education in 20 child-care institutions benefiting 10,000 children.

### **Education (US\$ 1,000,000)**

An estimated 250,000 children will benefit directly from the following key interventions:

#### ***At the national level***

- Improve the quality of education through child-friendly approaches, such as curriculum revision, setting standards for school readiness, elaboration and printing of new life skills material;
- Provide paper for the printing of hygiene and health textbooks in primary and secondary schools;
- Improve emergency preparedness in education through the training of Ministry of Education staff, local authorities, headmasters and teachers and the identification of supplies needed for improved preparedness.

#### ***In selected focus counties***

- Provide basic rehabilitation to, at least, 16 schools in focus counties, benefiting around 16,000 children, through the rehabilitation of the roof/basic structure of the schools in order to reduce their vulnerability to heavy rains and freezing winter temperatures;
- Provide training to an estimated 10,000 teachers and headmasters on child-friendly methodologies;
- Print and distribute new life skills materials and specific innovative material/equipment for mathematics and science, benefiting 8,000 classrooms.