

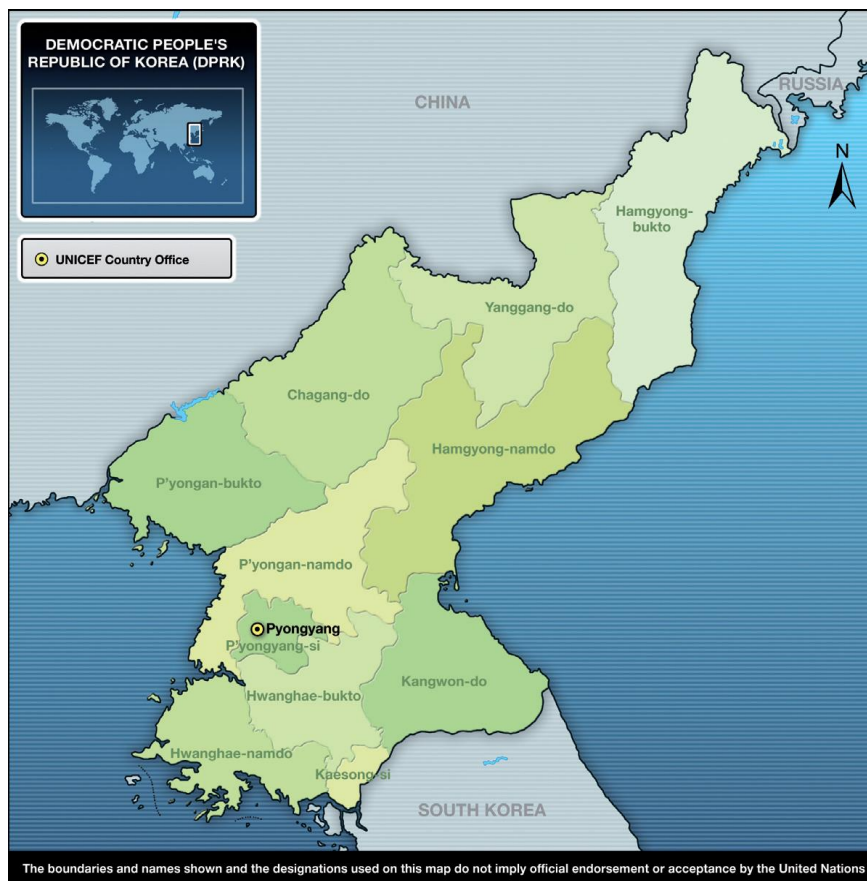
UNICEF HUMANITARIAN ACTION UPDATE

Democratic People's Republic of Korea

15 April 2011

UNICEF requires US\$20.4 million to prevent a full scale nutrition crisis from emerging, particularly among the children.

- A February 2011 Joint WFP/UNICEF/FAO Rapid Food Security Assessment Mission highlights an alarming situation emerging.
- 6,100,000 people, the most vulnerable being pregnant and lactating women, children under five and children living permanently in institutions, are at risk due to the interruption of food supply by the Public Distribution System.
- If no action is taken now, 88,400 children who are now moderately malnourished are in danger of becoming severely malnourished.
- Given the already poor public health indicators in DPRK, UNICEF will not only address the emerging nutrition crisis, but also target underlying issues related to DPRK's decades of chronic malnutrition.



1. ISSUES FOR CHILDREN

A joint FAO/WFP/UNICEF Food and Nutrition assessment carried out in February 2011 showed that 6,100,000 vulnerable people, the most vulnerable being pregnant and lactating women, children under five years and children living in institutions, were particularly vulnerable to the foreseen interruption of food supply by the Public Distribution System (PDS) at the beginning of the lean season, thus substantially increasing the risk of malnutrition and other diseases, particularly in food deficit counties. As it stands right now, PDS is only able to provide about 50% of people's minimum daily energy needs. Yet the worsening food security situation in the country means this will be reduced even further. Coping strategies are being stretched to the limit. Children living in institutions are even more vulnerable as they cannot rely on extended families resilience strategies.

While national prevalence of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) are currently low, should no action be taken to combat the current food and nutrition crisis, children who are now mild to moderately malnourished can rapidly become severely malnourished and decrease their chance of survival or full development potential.

Maternal nutrition is of great concern as well, as over a quarter of women in DPRK aged 15-49 are undernourished. This greatly increases their risk of delivering low birth weight infants. Low birth weight babies are far more likely to suffer from diseases and malnutrition than babies born at a healthy weight.

The back-drop of the current crisis is that persistent domestic food shortages, brought about by recurrent natural disasters and decreased international food aid to the country, have added new dimensions to a landscape marked by food insecurity and chronic under-nutrition, in a context of political and economic isolation and international increase of food and fuel prices. Chronic food insecurity is one reason that the DPRK has higher rates of under-nutrition than other countries in the region. The 2009 Multiple Indicator Cluster Survey showed rates of stunting at 32 per cent (45 per cent in Ryanggang Province), underweight at 19 per cent and wasting among children under age 5 at 5 per cent. An estimated 28 per cent of pregnant and lactating/breastfeeding women are undernourished.

While DPRK has succeeded in reducing deaths among children under-five years, it is estimated that even today some 11,406 children (31 children per day) die before their fifth-birthday; out of which almost 6,000 (16 children per day) die in the first 28 days of life. Despite the gains of the 1980s, the current levels of maternal mortality (85 per 100,000 live births) remain considerably higher than in the 1990s (50 per 100,000 live births).

According to *State of the World's Children 2011*, 100 per cent of the DPRK population has access to improved water sources. However, the 2008 census revealed that nationally some 22 per cent people over the age of 15 spent time collecting water—often from unprotected sources. Lack of water and poor sanitation has led to high rates of diarrhoea and pneumonia, which can lead to malnutrition which in turn complicates and worsens a child's condition and may even contribute to death in the absence of timely and adequate medical care. Unless we improve water quality and hygiene practices, poor health conditions of children and women will be exacerbated.

In February, UNICEF launched its Humanitarian Action for Children 2011, with an appeal of US\$ 12 million for DPRK. Due to significant changes in the food security situation, UNICEF is requesting US\$ 20,435,477 to respond to the urgent needs of women and children in DPRK. Without funding for key activities, the adverse effects of a lack of food will continue to haunt the country's women and children, with no sign of abating. If no action is taken now to prevent future deterioration, 88,400 children under five who are estimated to be moderately malnourished are at risk of becoming severely malnourished, and are more susceptible to major childhood diseases, particularly ARI and diarrhoea.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

UNICEF, together with the Government of the Democratic People's Republic of Korea, NGOs and other international agencies, will focus on assisting the most vulnerable and hard-to-reach people in rural areas as well as children living permanently in institutions. Given the already poor public health indicators in DPRK, UNICEF will not only address the emerging nutrition crisis, but also target underlying issues related to DPRK's decades of chronic malnutrition. The links between Health, Nutrition, Food Security, and Water, Sanitation and Hygiene (WASH) will be vital.

In addition to targeted supplementary feeding, preventive and curative measures need to be rapidly put in place and should include a minimum package of combined health, WASH and nutrition interventions. Together, these interventions provide the best chance of avoiding a nutrition crisis and saving lives. Most of UNICEF interventions will complement and will be coordinated with WFP, associated NGOs food distribution interventions, as well as other agency interventions, targeting the same institutions, counties and provinces.

Overall UNICEF serves as leaders of the education, health and water and sanitation theme groups in the country. UNICEF expects to reach about 6.3 million people, including 4,694,031 which is calculated nationally women of childbearing age and an estimated 746,637 girls and 762,118 boys in addition to 121,960 community members. Slightly more than 60 per cent of intended beneficiaries live in rural areas.

UNICEF and other UN agencies continue to advocate for access and transparency of information in the interest of improved planning and programme implementation in DPRK. The UN country team follows the principle of 'no access, no support', except during the Expanded Programme on Immunization and vitamin A distribution. Over the last few years, UNICEF has been provided extensive access to monitor the Global Fund to Fight AIDS, Tuberculosis, Malaria (GFATM) funded activities. Out of 208 counties, 190 counties are accessible to UNICEF staff. The Joint FAO/WFP/UNICEF Food and Nutrition Assessment Mission was also granted an expanded and unprecedented access to the counties and institutions which were never accessible earlier. With the increased number of international staff to 16 in 2011 from 10 in 2010, UNICEF has increased its monitoring capacity. UNICEF will also advocate for an assessment of the impact of its combined interventions.

NUTRITION (US\$ 5,668,000)

UNICEF expects to focus on numerous nutrition-related areas to address the persistent nutritional needs of women, children and infants among an estimated 6.3 million people. Beginning with maternal nutrition and encompassing infant feeding practices (with an intensive effort to promote exclusive breastfeeding and optimal complementary feeding), multiple micronutrient supplementation and treatment of severe acute malnutrition within communities, this work can have a life-saving impact on some of the country's most vulnerable people. There is no routine nutrition surveillance apart from field visits and the exchange of information between agencies.

- To combat child death and sickness related to chronic under-nutrition, UNICEF will promote adequate infant and young child feeding practices, including exclusive breastfeeding until babies are 6 months old, breastfeeding until age 2 and timely introduction of age-appropriate complementary foods hygienically prepared within 125 food insecure counties. UNICEF will provide multiple micronutrient powders (Sprinkles) or lipid based nutrient supplements (LNS) for 250,000 children aged 6-24 months in all nurseries and baby homes in food assistance targeted provinces to improve the quality of diets.
- Treatment of severe acute malnutrition will expand within communities through (CMAM) to target 4,000 SAM children under five in the 25 most food insecure counties and 11,500 SAM children through hospital-based facilities in the most food insecure areas. UNICEF will provide F-100 (therapeutic milk) and ready-to-use therapeutic food (RUTF). This is expected to reach 70 per cent of children with severe acute malnutrition in hospital-based facilities and 95 per cent of children in communities through community management of acute malnutrition projects in the UNICEF target areas.
- Because maternal nutrition is important to maintaining the health of women and that of their babies, UNICEF will continue to provide multiple micronutrient supplements for 364,000 pregnant women and 85,000 lactating women nationwide, as well as iron and folic acid tablets for adolescent girls 16–17 years old nationwide.
- UNICEF will support capacity building and assist partners develop communication materials, including easy reference guides, for health facilities on the advantages of F-100, RUTF, lipid based nutrient supplements and Sprinkles along with key messages on appropriate feeding and hygiene practices. A CFSAM and SMART survey will be planned for end of 2011.
- The Food and Nutrition theme group, led by WFP and comprising UNICEF and FAO as well as NGOs, will provide the forum for coordination.

HEALTH (US\$ 5,214,000)

In rural areas, newborns and pregnant women are particularly vulnerable. UNICEF will focus on improving the quality of maternal and neonatal care, in particular in the rural areas of 10 focus counties and in 5 most food insecure provinces chosen because they are accessible by UNICEF staff to benefit a target population of 6.3 million people.

- To protect children and women from preventable diseases, 348,000 under one children and all 364,000 pregnant women in the country will be vaccinated, with the goal of reaching 95 per cent of those in need for all vaccines.
- Every year, diarrhoea accounts for 11 per cent of under-5 mortality, while respiratory infection accounts for 17 per cent. UNICEF will distribute 11,876 essential medicine kits designed for treating these childhood killer diseases. In addition, provision of ORS and zinc tablets in all hospitals and health facilities will be ensured.
- To improve the prospects for survival and growth of the newborn babies in rural areas, UNICEF will provide 250 kits related to newborn care, midwifery and emergency obstetrics care.
- In addition, household doctors, who are also called section doctors, are required to cover small sections of the population countrywide. A total of 1,000 doctors will be trained in phases on essential newborn and maternal care.
- UNICEF will procure, and along with its partners will distribute, approximately 4 million vitamin A capsules and 3.6 million de-worming tablets nation-wide through biannual Child Health Days.
- The Health Theme Group, led by UNICEF and comprising three United Nations agencies – the World Health Organization, the United Nations Population Fund and the World Food Programme – as well as four INGOs – EUPS 1, 2, 3 and 7 – together with the Food and Nutrition Theme Group and Ministry of Public Health, will update its inter-agency contingency plan and develop a joint health and nutrition preparedness plan to be introduced in disaster-affected areas.
- The ministry of public health will generate biannual status reports that look at key indicators, such as Expanded Programme on Immunization coverage, number of diarrhoea and pneumonia cases, and number of children receiving vitamin A and de-worming tablets for children under age 5. These will be shared with other partners during the theme group meetings for programme monitoring purposes.

WATER, SANITATION AND HYGIENE (US\$ 7,817,852)

Lack of water and poor sanitation has led to high rates of diarrhoea and pneumonia, the two main killers of children under the age of five. Both diarrhoea and pneumonia can lead to malnutrition which in turn complicates and worsens a child's condition and may even contribute to death in the absence of timely and adequate medical care. Unless we improve water quality and hygiene practices, poor health conditions of children and women will be exacerbated.

In 2011, UNICEF, together with the Ministry of City Management and its partners, expects to meet the basic needs for safe WASH for up to 226,920 poor and vulnerable people, including 106,920 children.

- In small towns and rural villages with poor water and sanitation conditions and high rates of diarrheal disease, UNICEF will continue to promote gravity-fed water supply systems aimed to provide clean water to about 110,000 people, with a new emphasis on reaching rural areas.
- Demonstration latrines will be built and more than 110,000 persons will receive hygiene promotion lessons in communities and schools.
- More than 15,000 schoolchildren will gain access to running water in about 30 schools.
- Special attention will be given to ensure that nurseries, kindergartens, and health clinics have 24-hour running water in all UNICEF supported project communities. This will benefit 12,000 nursery school and kindergarten-age children, 10,000 new and expectant mothers and about 15,000 infants.
- About 10,200 children living in permanent institutions (baby homes, children's homes and primary and secondary boarding schools) and 13,100 children from 160 day-care centres (nurseries and kindergartens) and 5,000 children attending primary schools from food-insecure provinces will have access to improved WASH facilities.
- A total 4,000 children admitted in the paediatric unit and 9,600 pregnant and delivering women attending hospitals and clinics will also benefit from improved WASH provisions from 20 selected hospitals/clinics from food-insecure provinces.
- Provision of IEC materials and soap to all institutions for promoting safe hygiene practices.

- More than 250 local engineers and technicians will receive training on construction, repair and maintenance of water and sanitation facilities. Monitoring and surveillance and water quality will be strengthened through the provision of training and necessary consumables, such as chemicals, for water quality testing.
- UNICEF will procure and pre-position water and hygiene kits to help 50,000 people from 10,000 families in cases of emergency, targeting 50 per cent of the affected population, especially in flood-prone provinces.
- UNICEF expects to restore access to clean water and appropriate sanitation in education facilities and health centres in the event of future emergencies; this will benefit about 25,000 people.

EDUCATION (US\$ 1,264,825)

In partnership with the Government of the Democratic People Republic of Korea's Education Commission, UNICEF will concentrate on supporting emergency humanitarian aspects of education to benefit 250,000 children.

- UNICEF will help the Government and other partners finalize and implement a national emergency preparedness and response plan for the education sector. UNICEF will also pre-position supplies including school kits and tents for schools to benefit 20,000 schoolchildren and kindergarteners in case of emergency.
- The learning environment in kindergartens and primary and secondary schools will be more child friendly and child centred when 10,000 teachers and teacher train-ers are trained in multi-level teaching techniques and child-friendly parameters, as well as by addressing the issue of equity in learning.
- At least 250,000 children will participate in extra-curricular activities that focus on developing life skills and good health and hygiene practices. These activities will be piloted in health and hygiene clubs in selected schools.
- In the most food insecure provinces, 26 Institutions (baby homes and children's homes) and 160 day care centres (nurseries and kindergartens) will be supported for effective early stimulus interventions by providing early childhood development (ECD) kits and training to the teachers. This will benefit 17,450 children in 0-6 age group.

3. FUNDING REQUIRED AND RECEIVED

Since the launch of the Humanitarian Action for Children 2011 appeal, the DPRK has received US\$ 500,000, or 4 per cent, of its initial needs of US\$ 12 million. Only one humanitarian contribution has been received from the Central Emergency Response Fund (CERF) to the amount of US\$ 500,000. UNICEF has also received pledges from the governments of Sweden (US\$ 2.2 million) and Italy (US\$ 340,000).

With the additional requirements to meet the urgent needs of children and women, UNICEF will need a total of US\$ 20,435,477, i.e. US\$ 8,435,477 additional to the original appeal of US\$12 million. So far, UNICEF is only 2 per cent funded against the revised needs of US\$ 20.4 million.

Table 1: Funds Received Against the 2011 UNICEF Humanitarian Action for Children Dated April 2011*

Table 1: Funds Received against Appeal

Appeal Sector	HAC 2011 Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Health	5,214,000	500,000	4,714,000	90%
Nutrition	5,668,000	0	5,668,000	100%

Water, Sanitation and Hygiene	7,817,852	0	7,817,852	100%
Education	1,264,825	0	1,264,825	100%
Monitoring and Evaluation	470,800	0	470,800	100%
Total*	20,435,477	500,000	19,935,477	98%

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

Table 2: Funding Priorities for 2011

Project	Beneficiaries/coverage	Amount Required (US\$)
1. Health	5.9 million (children under five, children under one and pregnant and lactating women)	5,214,000
2. Nutrition	-364,000 pregnant women -85,000 lactating women/ national -25 most food insecure counties -250,000 children aged 6-24 months/ all nurseries and baby homes in food assistance targeted provinces -All TB patients in sanatorium/ national -4,000 SAM children under five/25 most food insecure counties -11,500 SAM children/Hospitals in the most food insecure areas	5,668,000
3. WASH	- 185,000 people (including 65,000 children) living in underserved remote areas. - 10,200 children permanently living in state institutions. The following from food insecure provinces: 13,100 children from daycare centres, 5,000 children from primary schools and 4000 young children admitted in hospitals and 9,600 pregnant and delivering women attending hospitals/clinics	7,817,852
4. Education	250,000 children 6-17 17,450 children 0-6	1,264,825
5. Monitoring and Evaluation		470,800
Total Priority needs		20,435,477

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

UNICEF DPRK wishes to express gratitude to all donors who continue to provide the unwavering support that enables UNICEF to address the humanitarian issues of the most vulnerable children and women in DPRK.

Further information on the UNICEF emergency programme in Democratic People's Republic of Korea can be obtained from:

Bijaya Rajbhandari UNICEF Representative UNICEF DPRK Tel: + 850 2 381 7234 Email: brajbhandari@unicef.org	Dermot Carty Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 E-mail: dcarty@unicef.org	June Kunugi Deputy Director Public Sector Alliances and Resource Mobilization (PARMO) UNICEF New York Tel: + 1-212 326 7009 Email : jkunugi@unicef.org
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