



## 1. ISSUES FOR CHILDREN

The Democratic People's Republic of Korea has an extensive network of basic social services. The marginal improvements in the economy over the last few years, however, did not translate into additional investments in the provision of these services for children and women. This has led to a general deterioration of infrastructure and especially shortages of essential medicines, medical consumables and other supplies. Child and maternal mortality rates have increased sharply since the early 1990s and malnutrition rates, while improved over the last decade, are still high by WHO standards. About 20 per cent of children under the age of two suffer from diarrhoeal diseases caused by contaminated water and poor hygiene practices. Shortages of textbooks and the deterioration of school infrastructure affect the education of children especially during the long sub-zero winters. Learning methods have also not evolved in step with international standards. All these factors have combined to affect negatively the quality of education.

On 15<sup>th</sup> of February, 2007 the government of DPRK requested UNICEF and WHO for help in responding to a large measles outbreak. Over 3000 cases were reported by then from all the provinces in the country. The outbreak had resulted in four deaths including two children and had occurred over a wide age group, with children and youth between 11 and 19 years of age being the most affected (40% of all reported cases).

The impact of the current high levels (95%) of measles immunization is evident in that relatively few of the youngest children were affected. The group that was most affected are obviously those who missed out on routine immunization during the years of the humanitarian crisis in the late 90s.

The nation wide measles vaccination campaign experience is a graphic illustration of the capacity of the UNICEF team in DPRK to respond swiftly and effectively to issues affecting the lives and well being of children when resources are available. The immediate access to funds under the Rapid Response window of the Central Emergency Reserve Fund (CERF) was key to make this possible.

The concern about food security continues. The World Food Programme has recently drawn attention to the estimate that there could be a shortfall of a million tons of food grains this year. A shortfall of this magnitude, along with the drastically reduced inflow of food from other countries will seriously jeopardize the already fragile situation of malnourishment among children and pregnant women.

The early part of the year also saw the suspension of UNDP's operations in DPRK. While this has no direct impact on UNICEF's plans and programmes, the UN Country Team as a whole is weakened in our efforts to work together to address key issues. The reluctance of the donors to re-engage following the UN Security Council sanctions on the country also continues, adding further urgency to the funding appeals detailed in this Update.

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

In DPRK, 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, formulation or strengthening of policies and guidelines and implementation of national programmes such as immunization, essential drugs deworming and vitamin A supplementation. In a limited number of focus counties, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modeling that could later be replicated or taken to scale with the Government's own or external resources.

Contributions to UNICEF in DPRK are mostly used to procure vital supplies for the provision of basic services such as essential drugs, vaccines, micronutrients, pipes and fittings for water supply systems. Most of these supplies are procured outside of DPRK though the UNICEF Supply Division in Copenhagen or through the UNICEF China office. Ten international staff members are working in the DPRK office to manage the funds received for the various programmes. International staff plays a critical role to monitor the use of UNICEF support and to provide technical assistance to their counterparts to improve their technical and managerial skills in the provision of basic services for children and women.

## Health and Nutrition

The main achievement is the response to the measles outbreak. Working together with WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF supported the nation wide immunization campaign of 6 million children between the ages of 6 months and 15 years. This first phase was completed by the 16<sup>th</sup> of March, 2007. The younger children were provided with Vitamin A supplements to bolster their immunity. A high level technical team from WHO and UNICEF came to DPRK during this phase and advised government on different aspects of prevention and follow up. A second phase covering 10.2 million people of the age group 16 to 29 is expected to begin on the 10<sup>th</sup> of April.

In the regular programme, vaccination coverages were obtained for the first three quarters of 2006. As a result of the introduction in 2006 of a combined vaccine for DTP+Hep B, the coverage of DPT3 rose to 88% in the 3<sup>rd</sup> Quarter giving a mean of 84%, for three quarters. Coverage of more than 90% for all other antigens among children under one year old was maintained. Supplies for the first half of 2007 of the regular vaccination programmes, including vaccines, auto disposable syringes and cold chain equipment have been procured and arrived in country.

In 2006, UNICEF, IFRC, WHO and the Ministry of Public Health agreed on a common list of critical essential medicines which will be provided to health facilities in accessible counties. UNICEF and IFRC will support health facilities at the county and ri (village) levels while WHO will support provincial city hospitals. In January the government started the distribution of UNICEF supported essential medicines for the first quarter started to 2,800 health facilities in six provinces and one municipality with a population of 11.3 million, representing 57% of the population of accessible counties. Procurement for essential medicine for the second quarter is completed and the drugs are expected to arrive in country in April.

In 2007 UNICEF is planning to support the increase of the local production of ORS for the treatment of childhood diarrhoea to 7 million sachets which will represent 90% of the nationwide needs. In February testing of the local production by an independent laboratory outside DPRK confirmed the quality of samples of the local production collected in 2006. The delivery of raw materials for the production of an initial 3 million sachets is currently under way.

In the area of nutritional supplementation 5 million tablets of iron and folic acid for 70% of 24-28 years old young women before pregnancy and 45 million tablets of multi micronutrients for 70% of the 420,000 estimated pregnant women during the first 6 months of pregnancy have been procured. For 2006 the final coverage reported by government was 74.8% for iron and folic acid and 99.6% for multi micronutrients.

Mebendazole has been procured for the deworming of 2 million children under five which will be undertaken during child health days to be conducted in May and November. Additional deworming tablets are being procured to cover 3 million primary school children. Vitamin A was also procured. Normally it is also delivered during child health days but this year it was administered to children during the first phase of the measles campaign. Vitamin A coverage for 2006 was 99.5% for children under five and 78.7% for women after pregnancy.

Progress has been slower than expected in the area of universal salt iodization. In 2006 the government reported a production of 23.7 MT up to November which represented only 59% of the yearly national table salt requirement of 40 MT. The main constraint appears to be the shortage of energy in the salt iodization factories. In order to mitigate the lower production of iodized salt, 28,000 capsules of iodized oil were distributed for pregnant women in high risk areas.

To further improve caring practices for pregnant women and young children, UNICEF has started working with the Ministry of Public Health to develop an information package for newly wed couples which will contain key messages and information for the first year of marriage on topics such as gender relations, family planning, HIV/aids, pre-natal care and nutrition during pregnancy.

Support to growth monitoring in all child care institutions will continue through piloting a new growth chart with developmental milestones in 3 focus counties.

Finally in January UNICEF procured and delivered 4.3 MT of vitamins and 13.1 MT of minerals to seven WFP supported factories for the production of fortified blended foods which will benefit over 600,000 pregnant women and children. Starting from the second quarter of 2007, UNICEF and WFP have agreed to revise their collaboration on food fortification. WFP will take over the direct procurement of vitamins

and minerals, while UNICEF will focus on training caregivers on how to make best use of fortified foods, on improving care practices and on growth monitoring.

### **Water and Environmental Sanitation**

During the first three months of 2007, UNICEF and its counterparts worked on preparing the construction of gravity fed systems in three focus county towns which are expected to benefit over 60,000 people. Assessments were carried out in several counties to identify suitable locations where the deteriorated existing pump system could be replaced by a gravity fed water supply system. Two counties have now been identified and a third one is expected to be selected by the end of April. Detailed designs are being prepared by Korean engineers who were trained in the last quarter of 2006. Procurement of supplies has been initiated for one of the three counties with contributions which were received at the end of 2006. However for the remaining counties, funding is still not available to start the procurement of supplies.

In the area of sanitation preparatory work has also been undertaken but rehabilitation work can not yet start due to shortage of funding. In the meantime UNICEF staff and their counterparts are collaborating to improve designs and develop guidelines and training tools for engineers at the county level.

Finally emergency water supply kits ordered at the end of 2006 have been pre-positioned in government warehouses to be used in case of emergencies such as last years floods. A total of 500 kits have been procured to meet the immediate needs of 5.000 families over a month period in case of a future emergency.

### **Basic Education Quality**

Basic school materials, including papers and consumables, for the printing 75,000 sets of textbooks for primary and secondary schools, have been identified. Partnerships and modalities for the increase of technical skills of 50 Ministry of Education officials, at central and local level, on expanding the learning assessment pilot project and developing other initiatives such as curriculum revision, in service teacher training and life skills based education with a focus on health and hygiene, have been identified. In particular, the process of Mathematics Curriculum Revision has started and the three year plan elaborated in 2006 with UNICEF technical assistance has now been adopted.

The methodology for conducting school self assessments in order to improve the learning environment in primary schools and kindergartens in three focus counties is under elaboration. Rehabilitation activities will focus improving winterization through installation of double-glazed windows, improving hygiene through improvements in kitchen and toilet facilities and renewing basic school furniture. The improvement of the learning environment is expected to benefit about 30,000 children. However despite some carry over funds from 2006, the full rehabilitation is not yet possible due to funding shortages. In addition identification of quality-related activities for in-service teacher training and life skills based education is also underway.

## **3. APPEAL REQUIREMENTS AND RECEIPTS**

Funding remains a constraint. In the absence of the Consolidated Emergency Appeal (CAP), UNICEF is seeking emergency funds through the Humanitarian Action Report (HAR). To date, US\$ 3,645,572 or 37 per cent of the total requirement of US\$ 10,000,000 has been met. In addition, a contribution of US\$ 3,100,000 was provided by the Central Emergency Response Fund (CERF) to support a nation wide vaccination campaign in response to a measles outbreak. However this contribution is not counted in the funding received as it was used to procure emergency supplies which were not included in the HAR requirements. UNICEF would like to take this opportunity to express gratitude to the European Commission Humanitarian Aid Office (ECHO) and CERF for their contributions to support UNICEF programmes. The tables below show the current funding status of the requirements, by sector and donor.

**TABLE 1: FUNDS RECEIVED AGAINST HAR REQUIREMENTS BY SECTOR AS OF 5 APRIL (IN US\$)**

Appeal Sector	Requirements by Sector	Funds Received	Unmet Requirements	% Unfunded
Health and Nutrition	6,450,000	3,645,572	2,804,428	57%
Water Sanitation and Hygiene	2,600,000	0	2,600,000	100%
Education	950,000	0	950,000	100%
<b>Total*</b>	<b>10,000,000</b>	<b>3,645,572</b>	<b>6,354,428</b>	<b>63%</b>

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

**TABLE 2: FUNDS RECEIVED BY DONOR (IN US\$)**

Donor	Funds Received	Sector
CERF Under-Funded Emergencies	1,700,000	Health and Nutrition
European Commission (ECHO)	1,945,572	Health
<b>Total</b>	<b>3,645,572</b>	
<b>Other contribution</b>		
CERF Emergency Response*	3,100,000	Measles Vaccination Campaign
<b>Grand Total**</b>	<b>6,745,572</b>	

\* Contribution used to respond to the measles outbreak which was not planned in the Humanitarian Action Report

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

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

About 37 per cent of funds were received as of April 5, 2007. This funding has enabled UNICEF to initiate procurement and delivery of essential supplies for the provision of critical basic social services in the first half of 2007. The priority requirements for the coming months include the provision of vaccines, essential drugs and nutritional supplements for the second half of 2007 as well as supplies to build a gravity fed water system and rehabilitate schools and nurseries in two counties.

**Table 3: URGENT PRIORITY REQUIREMENTS FOR THE START OF 2007**

Project	Beneficiaries/coverage	Amount Required (US\$)
1. Provision of essential medicines for health facilities for two quarters	• More than 11 million people in six provinces and one city	1,600,000
2. Vaccines and syringes for the Expanded Programme on Immunization for two quarters	• 200,000 children under one year • 100,000 pregnant women	600,000
3. Supplies for construction of two gravity fed water supply system in two counties	• About 50,000 people	1,200,000
4. Rehabilitation of schools and nurseries in two counties	• 30,000 school children	200,000
<b>Total Priority Needs*</b>		<b>3,600,000</b>

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

#### **Details of the UNICEF DPRK Programme can be obtained from:**

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