Stunting, wasting, undernutrition – these harsh words should have no place in the vocabulary of childhood. Yet in the Democratic People’s Republic of Korea, they define the reality for many children and their mothers. 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. These are grim tidings in a country where an estimated 37 per cent of the population depends on food aid. Access to the population in need remains problematic in the Democratic People’s Republic of Korea, with the exception of the Expanded Programme on Immunization and micronutrient supplementation. UNICEF and other UN agencies follow the principle of ‘no access, no support’ and continue to advocate for access to people who need aid and transparency of information.

The Democratic People’s Republic of Korea is also one of the most flood-prone countries in the Asia-Pacific region. In 2010, torrential rains and floods resulted in serious damage in North Phyongan Province, affecting 7,750 families (23,651 out of 350,000 people living in Sinuiju city). Agriculture was seriously affected and a number of buildings were completely submerged in water, particularly in Sinuiju city.

UNICEF is requesting US$12 million for its 2011 humanitarian work in the country, an increase that reflects the expanded geographical reach of the organization’s programmes – which now reach more people – as well as record numbers of people affected by natural hazards and food insecurity. 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.

In 2011, UNICEF will continue to work with the Government of the Democratic People’s Republic of Korea, non-governmental partners and other UN agencies to respond to the needs of 4.4 million people, including 3.3 million women of childbearing age, 573,000 girls and 581,000 boys. The focus will be on hard-to-reach people in rural areas, where newborns, infants and pregnant women are even more vulnerable than those in urban areas. A major goal will be reducing vulnerabilities among children under age 5 and women of childbearing age, particularly pregnant and lactating women, who live in counties made accessible to UNICEF.

**CRITICAL ISSUES FOR CHILDREN AND WOMEN**

Chronic food insecurity is one reason that the Democratic People’s Republic of Korea, despite some improvements in the population’s nutritional status, has higher rates of undernutrition 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. There is a wide variation between provinces and between urban and rural settings, a clear indication of disparity issues. An estimated 28 per cent of pregnant and breastfeeding women are undernourished.

Lack of proper food in sufficient quantity continues to contribute to unnecessary deaths among women and young children. Although the mortality rate for children under age 5 fell from 45 to 33 deaths per 1,000 live births between 1990 and 2008, the infant mortality rate, calculated for babies under age 1, increased from 23 to 26 deaths per 1,000 live births during the same period. The rate of maternal mortality, at 250 deaths per 100,000 live births, has remained virtually stagnant since 1990. The high maternal mortality rate, which is partly due to the elevated proportion of women of childbearing age suffering from anaemia (one third), contributes to a high infant mortality rate. The country’s maternal and child mortality rates are among the highest in the region.

According to *State of the World’s Children 2011*, 100 per cent of DPRK population has access to improved water sources. However, the 2008 census revealed that, nationally, 22 per cent people above the age 15 spent time collecting water (often from unprotected sources) as one of their daily major activities to meet domestic needs. The situation of degraded water and sanitation infrastructure in rural clinics and hospitals has been aggravated by an absence of new investment; in schools, such deterioration compromises children’s health and education.
KEY ACHIEVEMENTS IN 2010

In the 2010 Humanitarian Action Report, UNICEF estimated that US$10 million was needed to fund its work in the Democratic People’s Republic of Korea. As of October 2010, a total of US$2,050,636 – only 21 per cent – had been received. With this funding, priority was given to key interventions that would have the highest impact. Approximately 10,000 children (75 per cent of those admitted) made full recoveries from severe acute malnutrition in 105 provincial or county hospitals. Continued commitment on the part of partners to the community-based management of acute malnutrition helped to expand these efforts to three new vulnerable counties – Jongpyong, Pyoksong and Singhe. Community management of severe acute malnutrition was also more linked to integrated management of childhood illnesses at the community level.

To help prevent micronutrient deficiencies, Sprinkles, a micronutrient powder supplementation, was added to complementary feeding for 48,000 of the most vulnerable children 6–24 months old in 14 orphanages and 1,700 nurseries at the village level. With so many pregnant women suffering from anaemia, development and implementation of a protocol for providing micronutrient supplementation was crucial in preventing or treating the condition in 280,000 out of 350,000 pregnant women, meeting 80 per cent of needs.

UNICEF efforts were crucial in the immunization of 322,000 children and 330,000 pregnant women nationwide, which surpassed the organization’s target of immunizing 95 per cent nationwide. To avert unnecessary deaths from preventable and treatable childhood diseases, UNICEF distributed 11,876 essential medicine kits in accessible areas in 154 out of the country’s 208 counties. On a nationwide scale, 1.7 million children under age 5 received vitamin A supplements and deworming tablets procured by UNICEF during Child Health Days, which have taken place twice yearly for the past 10 years. Parents have been encouraged to bring their children to specified points for key immunization and health interventions.

Safe water is a cornerstone of proper hygiene and sanitation and, therefore, UNICEF continued its work promoting and supporting the establishment of sustainable, gravity-fed water systems in the country. Six community water systems were rehabilitated to provide clean water for 46,000 people, including 16,000 children, thereby helping to curb the recurrent spread of disease.

In August 2010, children and their families affected by torrential rains and floods in Sinuiju City in North Phyongan Province received timely assistance from efforts coordinated by UNICEF, the International Federation of Red Cross and Red Crescent Societies, various NGOs and the ministry of city management. The emergency displaced 23,651 people, including 2,031 children. The rains also

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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. The organization serves as leader of the education, health and water and sanitation theme groups in the country. UNICEF expects to reach about 4.4 million people, including 3.3 million women of childbearing age and an estimated 573,000 girls and 581,000 boys. Slightly more than 60 per cent of intended beneficiaries live in rural areas.

Lack of data and limited humanitarian access to some parts of the country are expected to remain key challenges to UNICEF’s response in 2011. UNICEF and other UN agencies continue to advocate for access and transparency of information in the interest of improved planning. The UN country team follows the principle of ‘no access, no support’, except during the Expanded Programme on Immunization and vitamin A distribution.

NUTRITION (US$3,000,000)
UNICEF expects to focus on numerous nutrition-related areas to address the persistent nutritional needs of women, children and infants among an estimated 4 million people. Beginning with maternal nutrition and encompassing infant feeding practices (with an intensive effort to promote exclusive breastfeeding and appropriate 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 undernutrition, 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. UNICEF will procure Sprinkles to improve the quality of children’s diet. This work will partly take place through the community Integrated Management of Childhood Illness approach.
- For 13,000 children already suffering from severe acute malnutrition, UNICEF will provide F-100 (therapeutic milk) and ready-to-use therapeutic food. This is expected to reach 70 per cent of children with severe acute malnutrition at hospital-based facilities and 95 per cent of children in communities through community management of acute malnutrition projects in the UNICEF target areas.
- In 200 villages in 8 focus counties, an estimated 2,716 vulnerable children will receive Plumpy’doz, a lipid-based nutrient supplement. This will help prevent undernutrition associated with the hunger season, which lasts from March to June and arises because of shortage of food stocks at the household level after a long and extremely cold winter.
- Because maternal nutrition is so important to maintaining the health of women and that of their babies, UNICEF will continue to provide micronutrient supplementation for pregnant and lactating women, as well as iron and folic acid tablets for adolescent girls 16–17 years old nationwide.
- UNICEF will help partners develop communication materials, including a poster and easy reference guides, for health facilities on the advantages of F-100, Plumpy’doz, Plumpy’nut and Sprinkles.
HEALTH (US$5,000,000)
In rural areas, newborns and pregnant women are particularly vulnerable. UNICEF will focus on improving the quality of maternal and neonatal care in the rural areas of 10 counties chosen because they are accessible by UNICEF staff to benefit a target population of 4 million people.
• To protect children and women from preventable diseases, 348,000 children and all 350,000 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.12 UNICEF will distribute 11,876 essential medicine kits designed for treating these childhood killers.
• To improve the prospects for survival and growth of the tiniest and youngest babies in rural areas, UNICEF will provide 220 kits related to newborn care, midwifery and emergency obstetrics.
• 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 its partners will distribute, approximately 4 million vitamin A tablets and 3.6 million deworming tablets for biannual Child Health Days.
• The Health and Nutrition 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 three NGOs – EUPS 1, 2 and 3 – and the Government of the Democratic People’s Republic of Korea, 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 deworming 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$3,000,000)
Poor water, sanitation and hygiene are legitimate health concerns and also compound the misery brought about by undernutrition and natural disasters. 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 185,000 poor and vulnerable people, including 65,000 children, living in remote towns and villages.
• In small towns and rural villages with poor water and sanitation conditions and high rates of diarrhoeal 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, orphanages and health clinics have 24-hour running water in all project communities. This will benefit 12,000 nursery school and kindergarten-age children, 10,000 new and expectant mothers and about 15,000 infants.
• More than 200 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.

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<tr>
<th>UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011</th>
<th>ESTIMATED BENEFICIARY NUMBERS</th>
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<tr>
<td>By sector</td>
<td>US$</td>
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<tr>
<td>Nutrition</td>
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13 UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011 | ESTIMATED BENEFICIARY NUMBERS
**EDUCATION (US$1,000,000)**

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 trainers 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 extracurricular 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.

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2. Food and Agriculture Organization of the United Nations, ‘Special Report: FAO/WFP Crop and Food Security Assessment’
3. IFRC Disaster Relief Emergency Fund, ‘DREF operation update’, International Federation of Red Cross and Red Crescent Societies, 8 September 2010, p. 2.
6. Prevalence of underweight: China, 7 per cent; Mongolia, 6 per cent; East Asia and the Pacific, 14 per cent. Prevalence of stunting: China, 11 per cent; Mongolia, 21 per cent; East Asia and the Pacific, 16 per cent. World Food Programme, ‘Protracted Relief and Recovery Operations – Democratic People’s Republic of Korea 2011’, WFP, Rome, 11 May 2010, p. 6.
8. As measured by a mid-upper arm circumference of less than 22.5 centimetres. Multiple Indicator Cluster Survey, 2009.
11. IFRC Disaster Relief Emergency Fund, ‘DREF operation update’, International Federation of Red Cross and Red Crescent Societies, 8 September 2010, p. 2.
13. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.